Analysis of data from the contemporary literature confirms a number of gaps in the diagnosis and treatment of myocarditis. Sufficiently accurate data on the prevalence of myocarditis are available only for individual clinical situations, as endomyocardial biopsy and viral genome testing are rarely performed in routine clinical practice. The pathways that determine the transition from myocardial inflammation to chronic ventricular dysfunction have not been definitively established in viral infections. Therapy with immune checkpoint inhibitors in oncology, vaccination, and genetic predisposition to myocarditis are the subject of active research. Cardiovascular imaging, particularly magnetic resonance imaging, plays an important role in diagnostic and therapeutic decisions. Endomyocardial biopsy may be considered on a case-bycase basis depending on the likelihood of finding treatable disease. Current clinical guidelines for the management of patients with myocarditis, based on expert opinion alone, include treatment of heart failure, rhythm and conduction disorders. Specific therapies, particularly immunosuppression, continue to be evaluated in randomized trials. Ongoing clinical trials will contribute to the development of standardized treatment regimens for patients with acute myocarditis.