Abstract: 186

Cardiac sarcoidosis

Authors:
W Camilleri¹, A Borg², A Mallia¹, S Agius¹, ¹Mater Dei Hospital of Malta - Msida - Malta, ²Mater Dei Hospital of Malta, Cardiology Department Mater Dei Hospital - Msida - Malta,

Topic(s):
Positron Emission Tomography (PET)

Citation:

Background

Sarcoidosis is a multisystem inflammatory disease of unknown etiology that manifests as noncaseating granulomas, predominantly in the lungs and intrathoracic lymph nodes. We present a 55 year old gentleman who complained of decreased exercise tolerance.

Case

55 year old male presents to the outpatient clinic with a 2 week history of worsening dyspnea on exertion and lower limb swelling. Patient claims that his exercise tolerance had significantly decreased and was feeling dizzy during exertion.

Past medical History – IgA nephropathy, Polycythamiea, Hypothyroid, Obstructive sleep apnea and sarcoidosis affecting lung and kidneys.

Imaging

Patient was investigated with Transthoracic echo but due to poor echo windows and high clinical suspicion a cardiac MR was done which showed Late gadolinium enhancement at basal to mid ventricular inferolateral (IL) left ventricle wall. Findings were consistent with early cardiac sarcoid.

We then proceeded to PET CT cardiac and NM MIBI cardiac scans which showed an area of increased metabolic activity involving the IL wall of the myocardium without any significant perfusion defect. These were consistent with early/progressive cardiac inflammation.

Discussion

Sarcoidosis most commonly involves granuloma formation in the lungs. Rarely the heart may be involved. The disease is more commonly seen in young and middle aged adults. No portion of the heart is immune to infiltration by sarcoid granulomas. The myocardium is, by far, the one most frequently involved. The clinical sequelae of cardiac sarcoidosis range from asymptomatic conduction abnormalities to fatal ventricular arrhythmias.

Conclusion

Although rare cardiac sarcoid should always be suspected in patients with a past history of sarcoidosis. The diagnosis is challenging and the role of PET-CT is crucial in excluding the differential diagnosis.
Abstract:

Cardiac sarcoidosis

Authors:

W Camilleri1, A Borg2, A Mallia1, S Agius1, 1Mater Dei Hospital of Malta – Msida – Malta, 2Mater Dei Hospital of Malta, Cardiology Department Mater Dei Hospital – Msida – Malta,

Topic(s):

Positron Emission Tomography (PET)

Citation:

Background

Sarcoidosis is a multisystem inflammatory disease of unknown etiology that manifests as non-caseating granulomas, predominantly in the lungs and intrathoracic lymph nodes. We present a 55 year old gentleman who complained of decreased exercise tolerance.

Case

55 year old male presents to the outpatient clinic with a 2 week history of worsening dyspnea on exertion and lower limb swelling. Patient claims that his exercise tolerance had significantly decreased and was feeling dizzy during exertion.

Past medical History – IgA nephropathy, Polycythemia, Hypothyroid, Obstructive sleep apnea and sarcoidosis affecting lung and kidneys.

Imaging

Patient was investigated with Transthoracic echo but due to poor echo windows and high clinical suspicion a cardiac MR was done which showed Late gadolinium enhancement at basal to mid ventricular inferolateral (IL) left ventricle wall. Findings were consistent with early cardiac sarcoid.

We then proceeded to PET CT cardiac and NM MIBI cardiac scans which showed an area of increased metabolic activity involving the IL wall of the myocardium without any significant perfusion defect. These were consistent with early/progressive cardiac inflammation.

Discussion

Sarcoidosis most commonly involves granuloma formation in the lungs. Rarely the heart may be involved. The disease is more commonly seen in young and middle aged adults. No portion of the heart is immune to infiltration by sarcoid granulomas. The myocardium, by far, is the one most frequently involved. The clinical sequelae of cardiac sarcoidosis range from asymptomatic conduction abnormalities to fatal ventricular arrhythmias.

Conclusion

Although rare cardiac sarcoid should always be suspected in patients with a past history of sarcoidosis. The diagnosis is challenging and the role of PET-CT is crucial in excluding the differential diagnosis.