

# THE HEART OF SARCOIDOSIS

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## BACKGROUND

### Cardiac Sarcoidosis

- ❖ Underreported in clinical practice given the strict criteria consisting of histologic confirmation for diagnosis.
- ❖ Principal manifestations include advanced heart failure, ventricular arrhythmias, and conduction abnormalities.
- ❖ Isolated cardiac sarcoidosis has been found to occur in up to 25% of all cases of cardiac sarcoidosis.

## CASE DESCRIPTION

A 50-year old female with a past medical history of papillary thyroid cancer was evaluated by her cardiologist for surgical risk stratification prior to having a thyroidectomy. At the time of presentation, the patient only complained of increasing fatigue and intermittent palpitations. Holter monitor revealed complete heart block with a stable junctional escape rhythm. Autoimmune, vasculitis, and infectious work up were all nonrevealing. Cardiac magnetic resonance imaging (CMR) revealed patchy areas of abnormal delayed gadolinium enhancement in the left ventricle (Figure 2). Complete body positron emission tomography scan revealed increased fluorodeoxyglucose activity in the left ventricle and superior medial right hepatic dome (Figure 3). She was evaluated for possible liver biopsy however the site was felt to be inaccessible for biopsy. She was diagnosed with probable cardiac sarcoidosis given the lack of histologic confirmation and started on prednisone. She had an implantable cardioverter-defibrillator placed for her complete heart block.

## DISCUSSION

- ❖ The diagnosis of cardiac sarcoidosis can often be very difficult to ascertain in patients without extracardiac manifestations of sarcoidosis.
- ❖ Cardiac sarcoidosis should be considered in patients less than 60 years old who present with new onset conduction system disease or syncope that is unexplained by another etiology.
- ❖ These patients should be referred for further cardiac imaging to assist with making the diagnosis.
- ❖ The Heart Rhythm Society does recognize select cases of probable cardiac sarcoidosis without histological confirmation in the setting of the appropriate clinical presentation.
- ❖ Overall, this case highlights the perils of making an isolated cardiac sarcoidosis diagnosis in the absence of extra-cardiac manifestations that can be easily biopsied.



Figure 1: EKG in office revealing complete heart block with a stable junctional escape rhythm.

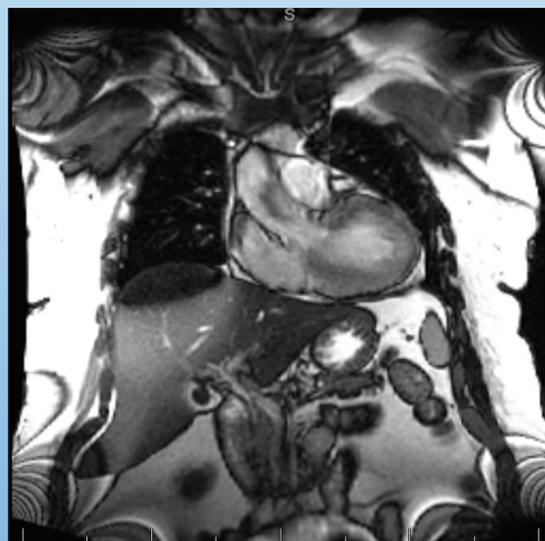


Figure 2

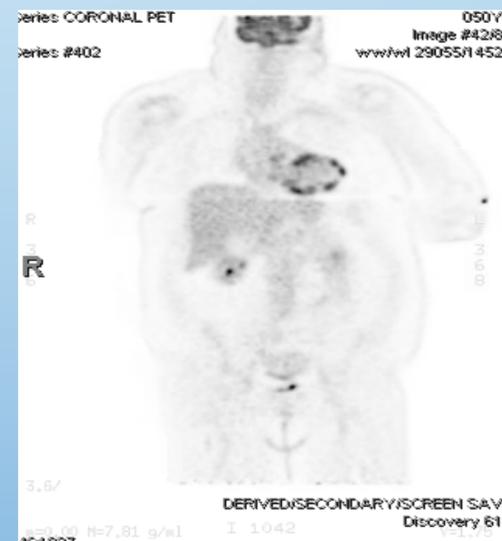


Figure 3