Cardiac Sarcoidosis: Hidden Cause Behind Worsening of Heart Failure

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Abstract:

A 36 yrs old female came to RHC with complain of repeated falls and sycopal attack.Due to repeated falls she suffered head injury.All other metabolic causes were ruled out.Ecg holter suggestive of long sinus pauses .Other inv like 2D ECHO and Coronary Angiography was normal.She was implanted the Permanent pacemaker. For a period of 6 months she was normal and completely asymptomatic. Latter on followup, the 2D echo shows gradual decrease in LVEF upto 35%.She was then started with supportive medication including beta blockers,ARNI.After 1 month she got admitted with complains of palpitations.Ecg suggestive ill sustained ventricular tachyardia.She was started with antiarrythmic drugs like Amiadarone and mexilitine. CARDIAC PETSCAN:Cardiomegaly is seen with mildly dilated LV.Patchy increased in FDG activity seen in intraventricylar septum as well as in mid and basal lateral wall and in rt ventricular myocardium.Multiple level of lymphadenopathy and prominent hilar lymphadenopathy. Lymph node biopsy:Granulomatous inflammation consisting of lymphocyte,plasma cell,giant cell,well formed epitheloid granuloma. The lab reports:Angiotensin converting enzyme level:5.M tuberculosis interferone gamma assay :neg.M TB Gene Xpert :neg MTB Culture :neg .2D ECHO report :dilated LV,anteroseptal scar,thinned out and akinetic basal septum. Lvef =35%,well contracting other segment.CAG :Normal. We labelled it as Sarcoid because Av blocks initially,latter ventricular tachycardia.Abnormal wall motion abnormality.Pets scan s/o Lv dilation with increased uptake intraventricylar septum as well as in mid and basal lateral wall and in rt ventricular myocardium Young patients with conduction defect and deteriorating LVEF with normal angiogram rule out infilterative cause like SARCOID.Echocardiography can detect diagnostic and prognostic features of CS including LV function,wall thinning,speckle tracking.The location extent and distribution of FDG uptake on FDG PETSCAN associated with diagnostic confidence of CS.Endomyocardial biopsy is definite with many limitations.The multidiagnostic approach can reach to confident clinical diagnosis of CS.

Keywords:

Cardiac sarcoidosis CS,Granulomatous inflammation,PETS SCAN.