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FIT Clinical Decision Making

DECODING A CASE OF CARDIAC SARCOIDOSIS

Poster Contributions
Hall C
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Introduction: Cardiac sarcoidosis although under diagnosed, is being increasingly recognized. The clinical sequelae can range from asymptomatic conduction abnormalities to fatal ventricular arrhythmias. We describe a case of cardiac sarcoidosis, with an initial presentation of ventricular tachycardia that illustrates the challenges in the diagnosis of cardiac sarcoidosis.

Case Presentation: A 45-year-old African American female with a history of asthma presented with two weeks of exertional dyspnea and palpitations. Associated with intermittent chest pain, lightheadedness and diaphoresis. Physical examination was normal except for a body mass index of 35, irregular heart rhythm and multiple macular, scaly, 1 cm lesions on upper extremities. Electrocardiogram showed sinus rhythm, right bundle branch block (RBBB), premature ventricular contractions, and non-sustained ventricular tachycardia (VT). Echocardiogram showed mild right ventricle dilatation and dysfunction. Chest X-ray was read normal, which in retrospect showed prominent mediastinum. A computed tomography scan of chest done 4 months prior for dyspnea, showed non-specific mediastinal lymphadenopathy.

Decision Making: The dyspnea, skin lesions and mediastinal lymphadenopathy was suspicious for sarcoidosis. The palpitations, RBBB, VT and right heart abnormality suggested cardiac sarcoidosis. Patient underwent biopsy of lymph nodes, showed non-caseating granulomas. Cardiac magnetic resonance imaging showed extensive patchy involvement of left and right ventricle. Patient was started on high dose prednisone and beta-blocker, underwent dual chamber implantable cardioverter defibrillator (ICD) given symptomatic VT. Patient was readmitted for multiple ICD shocks due to incessant VT. Despite antiarrhythmic, patient had VT and underwent ablation.

Conclusion: Sarcoidosis is known as a “masquerader”. This case demonstrates the importance of a good initial clinical evaluation followed by appropriate advanced testing to put all pieces of puzzle together in the evaluation of sarcoidosis. A high index of suspicion is needed in the diagnosis of sarcoidosis and to recognize VT as an initial presentation of sarcoidosis.