

Medical Expertise

"Development of the European Network in Orphan Cardiovascular Diseases"
„Rozszerzenie Europejskiej Sieci Współpracy ds Sierocych Chorób Kardiologicznych”

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CASE SUMMARY

The authors presented a case of a 32-year-old patient with pulmonary sarcoidosis. In spite of treatment the patient suffered from increasing shortness of breath and decrease in exercise tolerance. Evaluation of circulatory system was performed in January 2013 (including magnetic resonance imaging) and cardiac sarcoidosis was diagnosed. In April 2013 systemic steroid therapy was prescribed (60 mg prednisone/day). The treatment resulted in reduction of dyspnea and improved exercise capacity. The check-up heart MRI showed partial remissions of previously described lesions. Prednisone dose was gradually reduced to 20 mg / day.

On later admission the patient's general condition was good. Physical examination revealed no abnormalities. ECG at rest was normal. 24-hours ECG monitoring showed no arrhythmias or conduction disorders. Results of laboratory tests were within normal limits. During 6 minute walk test the patient achieved distance of 615 m, without decrease in oxygen saturation. In cardiopulmonary exercise test the peak oxygen consumption was 38 ml/kg/min. The transthoracic echocardiogram (TTE) showed normal size of the heart chambers, preserved left ventricular ejection fraction (EF 60 %), increased enhancement of intraventricular septum, no valvular pathology and no fluid in the pericardium. Cardiac magnetic resonance with contrast (gadolinium) application was performed and delayed hyperenhancement area of intraventricular septum was detected. Comparison to the previous MRI images showed partial remission of the lesions in the intraventricular septum.

DISCUSSION

Circulatory system in the course of sarcoidosis is relatively rarely affected. Symptomatic cardiac sarcoidosis is diagnosed in 5% of patients suffering from pulmonary sarcoidosis. However, autopsy results show that sarcoid heart lesions are more common and (20 to 78%, depending on the population). In the course of cardiac sarcoidosis, any part of the

heart can be affected; however, the lesions most frequently occur in the myocardium, particularly in the left ventricular free wall and intraventricular septum. Because of initially asymptomatic course most cases of cardiac sarcoidosis remain undiagnosed. Without proper treatment cardiac sarcoidosis may eventually damage heart's structure. The most common manifestations are arrhythmias and conduction disorders. Other possible complications involve: dilated cardiomyopathy, heart failure, pulmonary hypertension, pericarditis, valvular defects. The risk of death among patients with symptomatic cardiac sarcoidosis is high. There is no precise data regarding prognosis. The five-year survival in those cases ranges from 60 to 90% .

EXPERT'S OPINION

Regular cardiac and pulmonary monitoring is recommended. Other organs and systems should be assessed for sarcoid lesions. Treatment with beta-blocker and ACE inhibitor should be considered. In the case of deterioration of general condition, admission to our Centre for cardiologic evaluation is indicated.

CONCLUSION

Regular cardiac and pulmonary follow-up is recommended. Further diagnostic tests should be considered.

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