

CARDIAC SARCOIDOSIS PRESENTING WITH VENTRICULAR ARRHYTHMIAS

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ABSTRACT

Background: Clinically manifest cardiac involvement occurs in perhaps 5% of patients with sarcoidosis. The three principal manifestations of cardiac sarcoidosis (CS) are conduction abnormalities, ventricular arrhythmias, and heart failure. We report a patient whose initial manifestation of cardiovascular involvement was sudden cardiac arrest due to sustained ventricular tachycardia.

Presentation: A 40 year old lady with a history with no significant past medical history presented one year ago with haemodynamically stable RBBB morphology with inferior axis wide complex tachycardia consistent with VT which reverted to sinus rhythm with intravenous metoprolol. Echo revealed normal LV function. She was then discharged on beta blockers and advised to get CT chest on follow up. CT chest revealed bilateral hilar lymphadenopathy and she was referred to pulmonologist.

Diagnosis and Management: 6 months later she presented with incessant hemodynamically stable ventricular tachycardia that remained sustained for 24 hours despite intravenous beta blockers, amiodarone and verapamil requiring multiple cardioversions. She was sedated, mechanically ventilated and started on oral Propranolol and intravenous methylprednisolone with the suspicion of CS. Patient reverted to sinus rhythm within 24 hours of intravenous steroids. Patient's PET scan confirmed the diagnosis CS.

Follow-up and Outcomes: Though the diagnosis of early CS is difficult, detection and initiation of specific treatment is vital. Although the present case lacks a definitive tissue diagnosis, the patient meets accepted criteria for CS. ICD was implanted in this patient.

Keywords: Wide Complex Tachycardia 1, Cardiac Sarcoidosis 2, Incessant 3, ICD 4, PET 5