Heart Conduction System Disorders in Cardiac Sarcoidosis

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Sarcoidosis is a rare, multisystem, granulomatous disease of unknown etiology. It usually presents in young adults. Sarcoidosis usually affects the respiratory system or mediastinal lymph nodes, in more than 90% of cases, but may involve almost any organ. Isolated Cardiac Sarcoidosis, that is, with no detectable evidence of Sarcoidosis in other organs, is rare. Sarcoidosis is not commonly fatal but cardiac involvement may be responsible for more than two-thirds of deaths.
The clinical manifestations of include: Conduction disorders, Congestive Heart Failure, Valvular pathology, Pericardial effusions and sudden Cardiac Death.

We describe two patients with Cardiac Sarcoidosis, which the initial presentation was heart conduction abnormality. Both patients treated successfully with Permanent Pacemaker.
A 43-year-old male, works as Park Ranger. Presented with Syncope and transient complete AV block (CAVB) on ECG.

- Chest X-ray revealed Hilar & Axillar Lymphadenopathy.
- CT & Gallium Scan Reaffirmed.
- Mediastinal LN Biopsy confirmed Non-Necrotizing Granuloma (Hallmark of Sarcoidosis).
Case 2

A 58-year-old female with hyperlipidemia, recently diagnosed with Pulmonic Sarcoidosis Presented with high degree A-V Block.

In the past months recurrent episodes of Arrhythmia, fatigue, dizziness and pre-syncope without signs suggesting cardiac ischemia.

On EPS was no evidence of inducible tachyarrhythmia
Our recommendation, supported by expert opinion, is to perform early screening to patients with Sarcoidosis - for cardiac involvement, by:

- Detailed clinical history
- A 12-lead ECG
- An Echocardiogram
- When needed, other modalities as CMR also can be performed.

Thus save lives

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