

Heart A'flutter

Cardiac Involvement in Löfgren's Syndrome without Cardiac Sarcoidosis

Margaret Kruthoff, MD, Katherine Arden, MD, Erica O. Miller, MD, FACC
University of Rochester School of Medicine and Dentistry, Rochester, NY

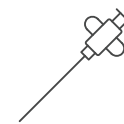
Margaret_Kruthoff@urmc.rochester.edu



Presentation



- A 56-year-old woman with a history of intracranial aneurysm, hypertension, hypothyroidism, and fibromyalgia presented to her primary care physician with:
 - tender, erythematous, raised nodules on her elbows and ankles
 - bilateral ankle swelling
 - fever
 - dry cough
 - dyspnea with minimal exertion
- Biopsy of nodular rash revealed septal panniculitis consistent with erythema nodosum
- CT of the chest demonstrated bilateral hilar lymphadenopathy



Diagnosis of Löfgren's Syndrome was made

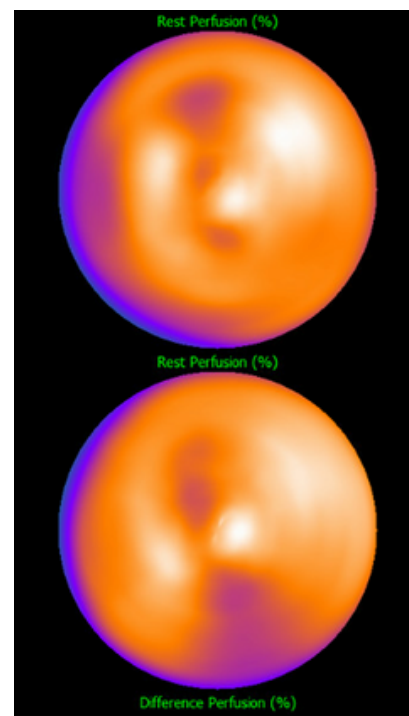
Löfgren's Syndrome = Clinical Triad of:

- 1 Migratory polyarthralgias
- 2 Erythema nodosum
- 3 Hilar adenopathy

Clinical Course

- Symptoms were not relieved with supportive care and NSAIDs
- Prednisone was prescribed
- Dyspnea worsened and she developed palpitations and diaphoresis prompting Emergency Department Visit
- ECG revealed typical atrial flutter
- Echocardiogram was normal
- Patient underwent successful transesophageal echocardiogram-guided cardioversion and cavotricuspid isthmus ablation for typical atrial flutter

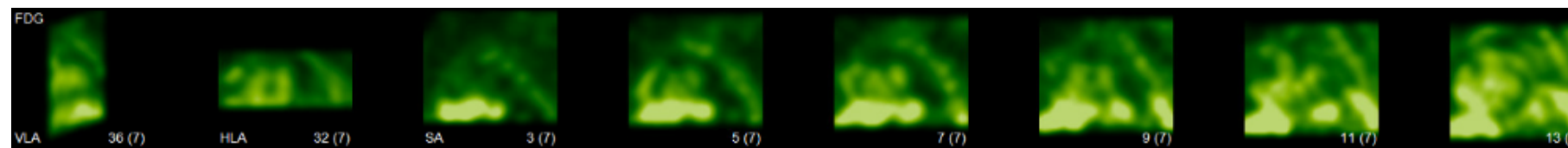
Advanced Cardiac Imaging



Due to concern for possible cardiac sarcoidosis, she underwent additional cardiac imaging:

Left: Single-photon emission computerized tomography (SPECT) polar plots in supine (top) and upright (bottom) positions. Myocardial perfusion is normal with no evidence of scar.

Below: 18F-fluorodeoxyglucose (18F-FDG) positron emission tomography (PET). Normal blood pool uptake of FDG is consistent with the absence of active inflammatory myocardial sarcoidosis.



Key Points

- Clinically apparent cardiac involvement occurs in 5% of patients with sarcoidosis, although a higher proportion (20-25%) may have clinically silent disease.
- Our patient had atrial flutter with no evidence of Cardiac Sarcoidosis (CS) on hybrid SPECT/FGD-PET cardiac imaging.
- Her atrial flutter may have been due to pulmonary involvement, corticosteroid-induced arrhythmia, or possibly, an early sign of CS.
- Sudden cardiac death was found to be the presenting manifestation in as many as 14% of new cases of CS.
- The risk for CS is significantly higher in patients with sarcoidosis presenting with an abnormal EKG or cardiac-related symptoms such as palpitations or pre-syncope.

Questions

- Given the high morbidity and mortality of CS, what are the best modalities and intervals to screen for CS in patients with extracardiac sarcoidosis?
- Without apparent myocardial inflammation or fibrosis, how to explain cardiac involvement with Löfgren's Syndrome?

Scan for References:

