

Case Report

- Man, 43 years
- Mild smoker
- Family history of myocardial infarction and sudden death in young age.

He reported that during the last month when performing moderate-to-intense sport activity his heart rate suddenly halved, a finding that he never observed before.



A challenging case of infiltrative cardiomiopathy in a young man with syncope F. Grossi¹, A. Giomi¹, F. Zerauschek¹, L. Fratoni¹, G. Mascia¹, L. Zampini¹, S. Pradella², M. Emdin³, M. Giaccardi¹, M. Milli¹ - (1) Hospital of Santa Maria Nuova, Cardiology and Electrophysiology Unit, Florence, Italy

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Echocardiography

The echocardiogram showed an increased thickness of the interventricular septum – IVS (15 mm), a preserved left ventricular contractility (left ventricular ejection fraction – EF: 0.55), a mildly increased right ventricular basal diameter (RVD1: 42 mm).





Cardiac Magnetic Resonance



PSIR 4 chamber view-Biventricular foci of delayed enhancement of lateral wall septum and right ventricular wall (arrows) as a result of accumulation of gadolinium chelates in the tissue

End diastolic frame of a 4chamber view cine MRI showing areas of dyskinesia and myocardial thickening on right ventricular anterior wall interventricular septal and lateral

Sarcoid infiltrates are visible on MRI as intramyocardial focal zones with increased signal intensity on black blood T2-weighted images (white arrow)

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chest computed tomography (CT) and positron emission tomography (PET) placed the diagnosis of cardiac sarcoidosis

A therapy with prednisone was started and the patient rapidly recovered.

A myocardial biopsy guided by electroanatomical mapping system and targeted on low voltage right ventricular free wall areas showed a histological pattern of cardiac sarcoidosis.

...After 6 months follow-up no arrhythmia recurrence was detected by the ICD remote monitoring.







