Correspondence

Unexpected myocardial disease in patients with life threatening arrhythmias

Sir:—The paper of Hosenpud et al (1986;56:55–61) showing the value of endomyocardial biopsy in patients with life threatening arrhythmias describes two cases of "granulomatous myocarditis". The possibility that this was sarcoidosis is discussed but rather dismissed in favour of giant cell myocarditis.

Sarcoidosis of the heart does commonly present as life threatening arrhythmias and this diagnosis should be considered in any such case. Of 300 cases in the United Kingdom that are known to me, 49 presented as sudden death, 24 subsequently died suddenly, 135 presented with serious ventricular arrhythmias or frequent ventricular extrasystoles, and 77 presented as complete heart block. The age of the onset of the heart block is considerably less than in cases of heart block from other causes.

Clinical evidence of sarcoidosis may be quite inconspicuous and histological proof should be sought by biopsy of any promising organ or by Kveim biopsy. When endomyocardial biopsy is positive it is diagnostic but when it is negative it is of no value.

Diagnosis is important because steroids can be useful in the treatment of sarcoid heart disease. I know of two severely affected patients in whom the successful use of steroids avoided transplantation. (M Billingham, personal communication).

Sarcoid heart disease continues to be diagnosed for the first time by the pathologist at necropsy or after transplantation in cases in which it has not even been considered. This suggests that many clinicians need to be reminded of this diagnosis.

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References