Case Presentation Commentary on “A case of longitudinal care of a patient with cardiac sarcoidosis”

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In this issue of the Journal of Nuclear Cardiology, Saab et al present a case reviewing the longitudinal care of a patient with cardiac sarcoidosis (CS) including the sequential imaging performed at different stages of the disease.¹ A key point made in the case presentation is, “If you do not suspect CS and look for it, you are unlikely to find it.” We are reminded of this from case series which show reported CS prevalence in patients with systemic sarcoidosis of < 5% compared with autopsy studies showing > 20% prevalence of CS in this population.^{2,3} In addition, cardiac imaging is advocated for having a significant role in measuring treatment response as well as exacerbations of this inflammatory, granulomatous disease.

Recently, the American Society of Nuclear Cardiology along with the Cardiovascular and Inflammation & Infection Committees of the European Association of Nuclear Medicine and the European Association of Cardiovascular Imaging published a joint procedural position statement describing the current state of imaging in cardiac sarcoidosis.⁴ Expert statements like this one should become a key part of imaging training to allow more focus on the multimodality imaging

assessment of a disease rather than becoming restricted to individual imaging techniques. We have to look for it, to find it!

Disclosure

Lawrence M. Phillips has nothing to disclose.

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