Cardiac Transplantation as Surgical Treatment for Cardiac Sarcoidosis (JOCS 438)

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Sarcoidosis is a complex disease with different clinical presentations that can involve multiple organs (1). The lung is typically the most common organ involved, multiple organ involvements with pulmonary and cardiac sarcoidosis account for most of the morbidity and mortality observed with this disease (1). Cardiac sarcoidosis presents as a progressive infiltrative cardiomyopathy that can lead to heart failure, arrhythmia and death (1).

Here McGoldrick and colleagues report on their database study with data from Organ Procurement and Transplantation Network (OPTN) involving 289 cardiac sarcoidosis patients with end stage restrictive cardiomyopathy, who needed cardiac transplantation and compared them with all non-sarcoid patients undergoing cardiac transplantation for restrictive cardiomyopathy and end stage heart failure of other causes between Jan 1999 to March 2020 (n=41447).

Patients with cardiac sarcoidosis had a comparable survival to non-sarcoid patients at 1 and 5 years and a significantly longer survival at up to 10 years.

Patients with cardiac sarcoidosis had an increased chance to die from aspergillus infections at 1 year. Jackson et al showed in their multicenter trial comparable survival, rate of graft failure, and incidence of treated rejection at 1 year when compared to matched non-sarcoid patients. Sarcoid patients after heart transplantation were less likely to be hospitalized for infection in their study at 1 year (2). Liu et al performed a similar UNOS data base study showing that cardiac sarcoidosis heart transplant recipients were an older population with less underlying co-morbidities with a lower overall mortality (3).

The diagnosis of cardiac sarcoidosis in patients who undergo left ventricular assist device implantation can be confirmed by histological examination of myocardium at the time of ventricular assist device insertion, but unclear is the predictive value (4,5).

McGoldrick and colleagues excluded patients who required multiorgan transplantation in all 3 groups and we have to consider that multiorgan recipients belong to the sickest subpopulation.

McGoldrick et al and other groups confirm the role of cardiac transplantation as a viable option for patients with cardiac sarcoidosis. Considering the increasing number of the cardiac transplantation for sarcoidosis in recent years, the 10 years survival data may have to be reevaluated with more follow up time in future.

References:

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