Delayed-Enhanced Cardiovascular Magnetic Resonance in the diagnosis and management of Cardiac Sarcoidosis

Citation for published version (APA):

Document status and date:
Published: 01/01/2019

DOI:
10.26481/dis.20190704js

Document Version:
Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

Link to publication

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the “Taverne” license above, please follow below link for the End User Agreement:
www.umlib.nl/taverne-license

Take down policy
If you believe that this document breaches copyright please contact us at:
repository@maastrichtuniversity.nl
providing details and we will investigate your claim.

Download date: 09 Nov. 2019
Chapter 11

Valorisation

Cardiac sarcoidosis (CS) is a relatively rare but potentially devastating condition, which predominantly affects productive, middle-aged individuals. The results of the studies summarized in this thesis have helped improve the diagnosis and management of this condition. Knowledge valorization stands for the translation of academic wisdom to societal benefit. This can potentially be achieved by a broad range of products and activities. Our work made use of commercially available (imaging) technology, hardware and (post-processing) software. Its aim was to demonstrate the exciting benefits of available imaging technology, Delayed-Enhanced Cardiovascular Magnetic Resonance (DECMR), and improve patient outcomes i.e. to prevent sudden cardiac death and promote quality of life. The practical application of our work was translated into the current Guidelines. (1-7)

Findings with DECMR have been included as a major criterion in international, diagnostic and management, guidelines for CS. DECMR has been demonstrated to be a valuable diagnostic tool in sarcoidosis patients with cardiovascular symptoms and, as second line imaging technology, in patients with electrocardiographic or Doppler-echocardiographic abnormalities. Ongoing long-term prospective studies, which make use of the latest advances in CMR, may increase the success of targeted arrhythmia ablation, and result in more cost-effective implantation of cardioverter defibrillators.

The words of professor OP Sharma uttered in 1994 still ring true. “Myocardial sarcoidosis is difficult to diagnose, follows a treacherous course that may lead to death, and responds poorly and randomly to treatment.” “To deal successfully with the menace of myocardial sarcoidosis ...... , one must first learn to think of the entity ....”. “Once the presence of the wolf is suspected, further diagnostic studies should be aggressively pursued to establish the extent and severity of the illness.” (8)

Knowledge about this condition, its insidious, non-specific nature, which mimics a number of alternative systemic conditions, needs to be actively promoted amongst all medical disciplines. The threshold for cardiac referral and evaluation should be low and any delays in the diagnostic process avoided. All available platforms, analogue (brochures, lectures, workshops) and digital (websites, podcast, ebook), should be recruited, targeting healthcare workers, professional societies, medical insurers, and the greater public.
Chapter 11

References


5. A joint procedural position statement on imaging in cardiac sarcoidosis: from the Cardiovascular and Inflammation & Infection Committees of the European Association of Nuclear Medicine, the European Association of Cardiovascular Imaging, and the American Society of Nuclear Cardiology. Eur Heart J CVImaging 2017;18:1073-1089. doi:10.1093/ehjcvi/jex146

