

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

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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 criterium 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.

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