

Antemortem diagnosis of cardiac sarcoidosis by abnormal uptake of ^{201}Tl in bilateral hilar lymph nodes

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The antemortem diagnosis of cardiac sarcoidosis is extremely difficult. We present a patient with congestive heart failure and cardiomyopathy of unknown cause who exhibited an abnormal accumulation of ^{201}Tl in both hilar lymph nodes in addition to a perfusion defect of the left ventricular myocardium. The findings ultimately led to a diagnosis of myocardial sarcoidosis, which was treated successfully with prednisolone. Although such uptake in the hilar nodes has rarely been reported previously, and the mechanism is not known, this was a remarkable finding in diagnosing cardiac sarcoidosis in this case. When the abnormal hilar lymph nodes uptake of ^{201}Tl is combined with the defect in the left ventricular myocardium, we should take cardiac sarcoidosis into consideration as the cause of secondary cardiomyopathy.

Key words: cardiac sarcoidosis, ^{201}Tl scintigraphy, ^{67}Ga scintigraphy