**The problem with sarcoid – New Zealand’s contemporary experience with cardiac sarcoid**

**Background:**

Cardiac sarcoid (CS) has variable presentations and complications and is often difficult to manage and diagnose. We present an analysis of outcomes and presentations in the Auckland/Northland Region from 2019-2024

**Methods:**

Retrospective observational study of patients identified as having “probable” or “confirmed” CS as per Heart Rhythm Society (HRS) definition in Auckland/Northland over 2019-2024. Demographics, clinical presentation, treatment, and outcomes including HF hospitalization, ventricular arrythmia (VA), transplant, device therapy and death were measured.

**Results:**

60 patients met the criteria for CS from 2019-2024. Mean age of 57.9 years +/- 8.6. 42% Were female and 7% were Māori.

Clinical presentations: Conduction disease 77% (50% symptomatic and 27% asymptomatic), new decompensated heart failure (HF) 30%, VA 20%, ectopy 13% and incidental 10%.

Diagnosis was confirmed by imaging; MRI (93%) and CT-PET (85%) and positive cardiac biopsy in 17%.

Outcomes: 85% had devices implanted (n=51) and 96% (n=49) of these had defibrillator capacity. 38% had subsequent VA or device therapy, 15% HF hospitalisation, 2 patients had cardiac transplant, and 1 patient died over follow-up.

82% were managed with high dose prednisone followed by tapering dose over 12 weeks. 62% Were prescribed a steroid sparing agent. 63% showed complete disease suppression on repeat CT-PET at 3 months.

**Conclusion:**

Major adverse cardiovascular outcomes, particularly arrythmia, are common in CS. Cardiac device implantation with ICD is often required. Further data regarding alternate treatment options and outcomes could be warranted given the variable response to steroids and long-term side effects from these.