2.15 Screening for Cardiac Sarcoid

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Background: It is estimated that 20-25% of systemic sarcoidosis patients have clinically silent cardiac involvement, with ~ 5-10% having clinically overt cardiac involvement. Baseline ECG in all sarcoidosis patients is recommended. We aim to identify clinical features that may identify patients at risk. **Methods:** Screening ECGs were done for all patients attending clinic. Baseline demographics, Scadding CXR stage at presentation, presence of Erythema Nodosum (EN), pulmonary function testing & need for treatment were collected. ECG were stratified as high, intermediate & normal. We assessed the relationship of clinical characteristics to stratified ECG cohorts. **Results:** We offered screening ECG to 301 patients, 91% attended screening (4% mortality, 5% DNA). 42.5% had normal ECGs. Average age of cohort was 57.7 (SD 13.1), with 57% male & a treatment rate of 50.6%. Patients with high risk ECGs were older, more likely to have fibrotic disease & greater impairment in lung function. Those with clinically overt cardiac involvement were younger, had lesser fibrotic disease (OR 0.63 p 0.66) but greater airflow limitation & were more likely male (OR 6.51 p 0.08). 44% of these patients had intermediate ECGs on screening. Majority in intermediate group (n33) reported fatigue & palpitations. **Conclusion:** Screening ECG although recommended only makes severe cardiac involvement unlikely in just over 40%. It generates the consideration of further imaging & investigations given majority patients report symptoms compatible with cardiac involvement. Our data suggested that the male gender and airflow limitation was associated with cardiac sarcoidosis. **Conflicts of Interest:** The authors declare that they have no conflicts of interest.