Bradycardia in the Setting of Gastric Sarcoidosis

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Sarcoidosis is a systemic granulomatous disease of unknown etiology characterized by granuloma formation. Gastrointestinal involvement is a rare manifestation of the disease that is usually clinically silent.1 When symptoms do present, they include diminished peristalsis, postprandial epigastric pain, nausea, vomiting, hematemesis, anorexia and heartburn.2 While gastrointestinal involvement is the most common presentation of sarcoidosis in the gastrointestinal tract, symptomatic involvement occurs in less than 1% of cases.2 However, gastric granulomas have been seen in up to 10% of patients with pulmonary sarcoidosis.3

**Case Report**

A 35-year-old Caucasian woman with a medical history of Systemic Lupus Erythematosus (SLE), Sjogren’s syndrome, gastrosarcoidosis s/p jejunostomy tube placement and gastric antral biopsy.3 She was referred to our hospital for palpitations and sensation of heart rate slowing. Prior to admission, her heart rate was 36 beats per minute with an 86% oxygen saturation level. Her bradycardia was thought to be secondary to a potassium level of 2.5 mEq/L detected on a lab draw by her primary care physician’s office three days prior. In addition, she reports having had persistent nausea and vomiting for the last several days. She was recommended to report to the emergency department at that time. In the emergency department, she was found to have metabolic alkalosis and a potassium level of 2.4 mEq/L. Her EKG showed normal sinus rhythm with U waves. She was treated with potassium chloride infusion, omeprazole, ondansetron, her home pain regimen (oxycodone) and normal saline. Repeated labs in the morning revealed improvement in her hypokalemia and alkalosis. She was discharged home on oral potassium chloride infusion, omeprazole, ondansetron, her home pain regimen (oxycodone) and normal saline. Repeated labs in the morning revealed improvement in her hypokalemia and alkalosis.

**Introduction**

Gastrointestinal sarcoidosis is a rare disease that places a heavy clinical burden on a patient’s quality of life. It most often presents as abdominal pain, nausea, vomiting and weight loss. For this reason, gastrosarcoidosis can be in the form of massive upper gastrointestinal bleeding.2 Studies have also found an association between gastrosarcoidosis and celiac disease,5 specifically in regards to the presence of anti-gliadin antibodies. Other fatal presentations of gastrosarcoidosis can be in the form of massive upper gastrointestinal bleeding.6

**Discussion**

Gastrointestinal sarcoidosis is a rare disease with a heavy clinical burden on a patient’s quality of life. It most often presents as abdominal pain, nausea, vomiting and weight loss. For this reason, gastrosarcoidosis is important in that misclassification of the illness may happen due to its similarity in presentation to irritable bowel syndrome.7 This can delay much-needed symptomatic relief and clinical improvement in a patient with gastric involvement of their sarcoidosis.

**References**