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## A patient with Sjögren's syndrome, fever and palpitations

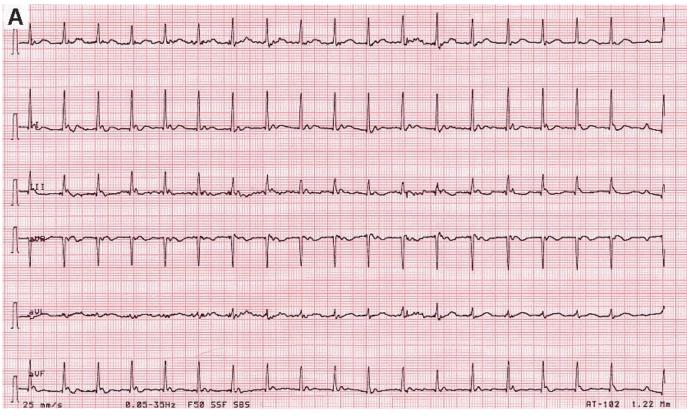
## **Case description**

A 37-year-old woman with a history of Sjögren's syndrome was admitted with fever, diffuse arthralgia and palpitations since a week. The ECG at admission is shown in figure 1.

- (1.) What is the baseline rhythm?
- (2.) What etiological differential diagnosis should be considered in this patient?

## Discussion

The ECG shows sinus tachycardia at 120 bpm with first-degree AV block (PR interval of 460ms) with occasional second-degree AV block (second to last P-wave). A junctional reentrant tachycardia is unlikely due to the variable RP intervals, the presence of a blocked P-wave (not occurring in the middle of two QRS complexes), and the morphology of the P-waves (which would be negative in the inferior leads and narrow in case of AV nodal re-entrant tachycardia).



**Figure 1** ECG at admission.

There is no conflict of interest.

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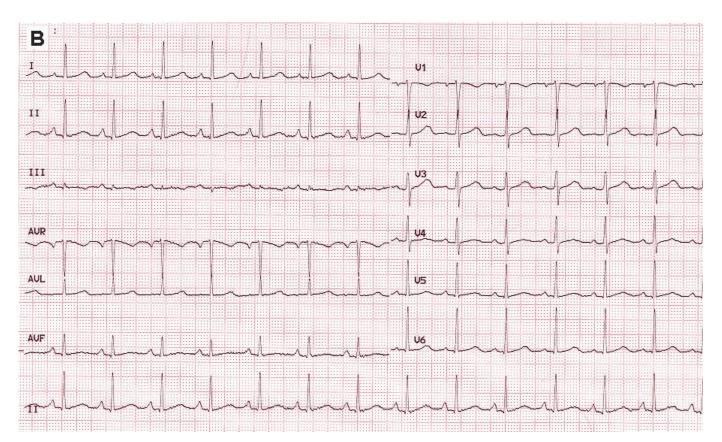
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The etiological differential diagnosis of the AV conduction disease is active Sjögren's syndrome versus infectious endocarditis with a paravalvular abcess. The latter diagnosis was ruled out by sterile haemocultures and a normal transoesophageal echocardiogram. The patient was administered intravenous corticosteroids with a rapid improvement of her clinical status and the disappearance of the AV block (ECG at day 5 is shown in figure 2).

There have been rare reports of AV block in adult patients with Sjögren's syndrome [1, 2]. The development of AV block seems to be related to disease activity [2], as well as to the presence of anti-SS-A [1] and anti-SS-B [2] antibodies, both of which were present in our patient.

## References

- 1 Lee LA, Pickrell MB, Reichlin M. Development of complete heart block in an adult patient with Sjogren's syndrome and anti-Ro/SS-A autoantibodies. Arthritis Rheum. 1996;39(8): 1427-9
- 2 Lodde BM, Sankar V, Kok MR, Leakan RA, Tak PP, Pillemer SR. Adult heart block is associated with disease activity in primary Sjogren's syndrome. Scand J Rheumatol. 2005;34(5): 383–6



**Figure 2** ECG at day 5.