Belgian Cardiological Society

Meeting of March 11th, 1951

P. Courtoy and P. Potilieye: Primary Cancer of the heart.
Clinical history of right heart failure occurring in an old patient without previous heart disease. Post-mortem examination reveals a big heart, 825 g., with hemorrhagic pericarditis and a tumor (reticulosarcoma) destroying nearly completely the right ventricle, infiltrating the right branch of the His Bundle (terminal portion). The electrocardiogram did not show I.V. Block and the authors discuss the problem of intra-ventricular block.

A patient with Corrigan disease was found to have a sudden swelling in the right Scarpa Triangle. This tumescence rather rapidly increasing was clinically (and by means of arteriography) diagnosed as an aneurysm of the femoral artery. During surgical treatment, a rupture in the arterial wall was disclosed, which explains the origin of the swelling being a false spontaneous aneurysm. The authors consider some etiological aspects of spontaneous ruptures of peripheral arteries.

N. Boyadjian and Fr. van Dooren: Intraventricular conduction variations in so-called intraventricular block, following changes in rhythm.
The authors study 8 cases out of 140 cases of I.V. Block; in the first group of 3 cases the duration of QBS returns to normal when the heart rhythm becomes slower: this phenomenon is explained by means of the refractory phase. In a second group, 5 cases of premature systoles with normal QBS duration are found; this is probably due to the supernormal phase. The “functional” origin of I.V. Blocks is discussed.

/. Brandes: Exploration of the inferior surface of the heart.
The inferior (posterior) surface of the heart is only partially “explored” by means of the unipolar AVF lead. The author proposes the use of intra-gastric leads under fluoroscopic control. These G-leads give much more information concerning certain conduction or re-polarisation disturbances and Q3 waves.

Remarkable effect of ACTH and Cortisone in a case of pancarditis (due to rheumatic fever). Temperature, cardiac diameters and pulse rate decreased rapidly. Marked reduction of the eosinophil count. Favorable influence on the sedimentation rate. Hemoglobin %, diuresis and reticulocytes increased. Very few changes of the electrocardiograms, only a “better” T wave after 4 weeks. C. M. Callebaut.