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.

/J. 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. Favourable 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.