



Sarcoidosis with multiple involvement: A clinical case image

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Description

A 31-year-old male patient admitted to the hospital with complaints of cough and swelling on the right inguinal region. The biopsy was done on the 7×4 cm sized lymphadenopathy in the inguinal region and non-necrotizing granulomatous lymphadenopathy was reported. Bilateral hilar fullness was on chest radiography (Figure 1). Multiple hilar and mediastinal lymphadenopathy were observed through the tomography (Figure 2a-2d). There were 4-5 red-purple-like swollen lesions on the right elbow region (Figure 3a-b). Sarcoidosis with chronic granulomatous inflammation was found in the biopsy material from the lesions. In the physical examination of the patient, the left parotid gland was found more swollen than the right. The patient had a syncope history, and first-degree Atrioventricular (AV) block was determined in his electrocardiography, but his

echocardiography was normal. Pulmonary Function Tests as follows: Forced Expiratory Volume in 1 second (FEV1): 89%, FEV1/Forced Vital Capacity (FVC):84%. In the Ga-67 scintigraphy; multiple hilar involvements were found, and an activity rise was observed, significant in the mediastinal lymphadenopathy, and mild in the left parotid gland region. It was considered to present this sarcoidosis case proceeding with multiple involvement (Figure 4).

Sarcoidosis is a chronic, granulomatous disease with unknown cause that can be seen at all ages, in both sexes and in all races. Sarcoidosis prevalence may vary by the organs involved, severity of the disease and clinical findings. The incidence of



this disease in Turkey is estimated to be 4/100.000 [1]. The first evaluation of patients suspected of sarcoidosis including as follow: complete blood count, serum biochemical parameters, urine analysis, serum protein electrophoresis, inflammatory markers, lactate dehydrogenase. Pulmonary Function Tests should be performed in patients with respiratory symptoms [2]. The diagnosis of sarcoidosis is based on clinical, radiographical findings and patho-histological evidence of epithelioid non-caseating granuloma in biopsy sample of skin, lung, lymph node and other organs [3].

Figures



Figure 1: Bilateral hilar fullness on chest x-ray.

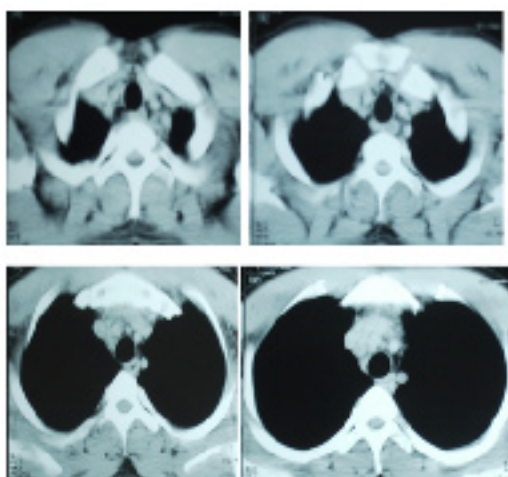


Figure 2a-2d: Multiple mediastinal lymphadenopathies in thorax tomography.

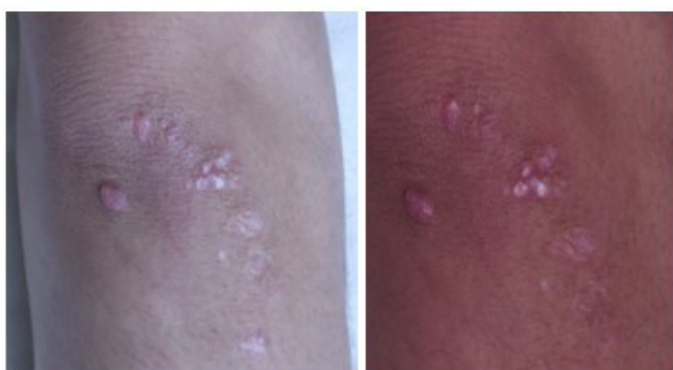


Figure 3a-3d: 4-5 pieces of fluffy skin on the right elbow, red-dish-purplish.

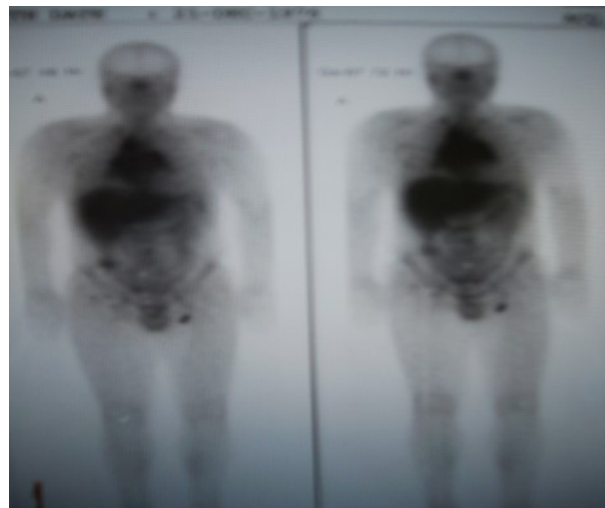


Figure 4: In the Ga-67 syntigraphy, radiopharmaceutical involvements were on the right paratracheal area, bilateral hilus, right supraclavicular lymph node, right axilla, right inguinal region and left inguinal region. Ga-67 scintigraphy is compatible with active sarcoidosis.

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