

DOI: 10.5152/TurkThoracJ.2019.242

[Abstract:0109] OP-111 [Accepted: Oral Presentation] [Clinical Problems - Diffuse Parenchymal Lung Diseases]

The Coexistence of Malignancy and Sarcoidosis or Sarcoid-Like Reactions

Elif Torun Parmaksız, Nesrin Kırıl, Coşkun Doğan, Ali Fidan, Seda Beyhan Sağmen, Sevda Cömert

Department of Chest Diseases, Health Sciences University Kartal Dr Lütfi Kırdar Training Hospital, İstanbul, Turkey

Objectives: Sarcoid-like reaction refers to the development of noncaseating epithelioid cell granulomas in patients who do not indicate systemic sarcoidosis. We aimed to evaluate clinical and radiological characteristics of patients who had diagnosis of both sarcoidosis and malignancy.

Methods: We retrospectively analysed 410 sarcoidosis patients who applied to our clinic in one year period. The files of all identified subjects were reviewed in detail. Seventeen cases with both sarcoidosis and malignancy were included in the study.

Results: The mean age of our cases was 52.53 (30-79). One subject was male and 16 were female. The type of malignancy was breast cancer in 7 (41.2%), colon cancer in 3 (17.6%), lymphoma in 2 (11.8%). The treatment modality of malignancy was chemotherapy (n=16), radiotherapy (n=7) and hematopoietic stem cell transplantation (n=1). The diagnosis of sarcoidosis preceded malignancy in 4 cases, whereas 13 cases developed sarcoidosis during the follow-up of the cancer. Considering the cases who had been previously diagnosed as sarcoidosis, one developed lymphoma, two developed colon carcinoma and one developed ovarian carcinoma. Radiological evaluation revealed only lymph node involvement in 4 cases (Stage 1 sarcoidosis), both lymph node and lung parenchyme involvement in 9 cases (Stage 2 sarcoidosis) and only parenchymal involvement in 1 case (Stage 3 sarcoidosis). The involvement of the lymph nodes are as follows: Cervical in 1, left upper paratracheal in 6, right upper paratracheal in 7, left lower paratracheal in 6, right lower paratracheal in 12, subcarinal in 7 and hilar in 12 cases. Hilar lymph node involvement was symmetrical in all cases. The mean FDG-uptake of the lymph nodes was 8.4 (0-28.3). Pulmonary parenchymal FDG-uptake was not observed. Extrapulmonary involvement was observed as uveitis in one and hypercalciuria in one subject. Both the cases had previously diagnosed sarcoidosis. Extrathoracic lymph node involvement in 2 patients (cervical and intraabdominal). Only 4 patients required systemic corticosteroid treatment for sarcoidosis and 3 of them were the subjects with known sarcoidosis prior to malignancy. Histopathological diagnosis was confirmed in all cases.

Conclusion: The most frequent type of malignancy was breast cancer. In most cases malignancy was the prior diagnosis. Typical pulmonary and extrapulmonary findings of 'sarcoidosis' were observed in subjects who were diagnosed as sarcoidosis prior to development of malignancy. On the other hand, the condition was found to be more radiological, rather than clinical, in subjects who had malignancy before discovery of granulomatous reaction, therefore should be better termed as sarcoid-like reaction.

Keywords: Sarcoidosis, sarcoid-like reaction, malignancy, cancer