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A Sarcoidosis Case with Atypical Radiologic Manifestation

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Introduction: Sarcoidosis can occur with different radiological manifestations and often be overlooked. We present a sarcoidosis case treated with asthma for 5 months.

Case Presentation: A 43-year-old female patient was consulted for fever, dry cough, malaise and weight loss. The complaints of the patient had been going on for about 5 months. She was given inhaler treatment with the diagnosis of asthma but there was no complete recovery. On physical examination, there was bilateral roncus. Blood tests performed at the time of application; Glucose: 88 mg/dL; BUN: 11 mg/dL; Creatinine: 0.62 mg/dL; AST: 24 IU/L; ALT: 27 IU/L; CRP: 3.48 mg/dL; TSH: 1.49 mU/L; WBC: 6500/65L; Hb: 13 g/dL; [0324] Htc: 42%; PLT: 363000/36L; Sediment: 23 mm/h. Respiratory function test. FEV1: 54% (2.60 L/min), FVC: 52% (3.03 L/min), FEV1/FVC: 80.6. In the posteroanteriorlung graphy; bilateral hilar enlargement and reticulonodular appearance were present. In the thorax computed tomography (CT) of the patient; right hilar lymphadenopathy, peribronchial thickening and nonspecific nodules at right middle lobe and right lower lobe anterior, alveolar opsites, linear atelectasis in right lower lobe were observed. Bronchoscopy was performed with preliminary diagnoses of Lymphangitis carcinomatosa, Sarcoidosis and Milier tuberculosis. Diffuse, oval, psoriasis colored, puffy mucosal lesions were observed on all trachea and bronchial system mukosa in bronchoscopy. In all the trachea and both bronchial system mucosa. Biopsy was taken from these lesions and bronchoalveolar lavage (BAL) was performed in the right middle lobe. Biopsy results were reported as non-caseous granulomatous inflammation. BAL cytological examination was benign. ARB was negative in BAL fluid, there was no growth in culture. Prednisolone treatment (48 mg per day) was started with the diagnosis of sarcoidosis. At the two-week intervals, the outpatient clinical examination and radiological findings improved, so the prednisolone dose was reduced and discontinued after six weeks. Control CT scan taken 2 months after the beginning of the treatment revealed radiological improvement. The patient was followed-up without drug.

Conclusion: Sarcoidosis is generally miscible with asthma and bronchiolitis. Therefore, diagnosis can be delayed. A wide range of clinical and radiological findings should be considered in sarcoidosis. Although it is possible to diagnose clinically or radiologically, biopsy is very important for diagnosis.

Keywords: Sarcoidosis, atypical radiology, diagnosis