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Pulmonary Sarcoidosis

— A Case Report —

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Sarcoidosis is a multisystem granulomatous disease process. It oftentimes presents with hilar lymphadenopathy. However, other granulomatous diseases present with a similar finding, particularly lymphoma and tuberculosis. Because of the rarity of sarcoid in the orient, the present case is presented to alert the physician to this disease entity.

Report of a Case: A 32 year old healthy black male presented with an abnormal chest X-ray on routine physical examination. Posteroanterior chest roentgenograph (Fig. 1) revealed bilateral hilar and right paratracheal lymphadenopathy. Hospital evaluation, including intermediate strength PPD tuberculin test, sputum AFB smear, ECG, serum calcium and phosphorus, was all within normal limits. Bronchoscopy and mediastinoscopy revealed firm, matted, right paratracheal lymph nodes. Histological exam showed non-caseating granulomas with no evidence of tubercle bacilli (Fig. 2).

The patient was discharged without medication to his previous normal activity.

Discussion: Boeck's sarcoidosis is defined as a multisystem granulomatous process. It is unknown etiology, affecting most commonly young adults. The diagnosis requires histological evidence of widespread non-caseating epithe-

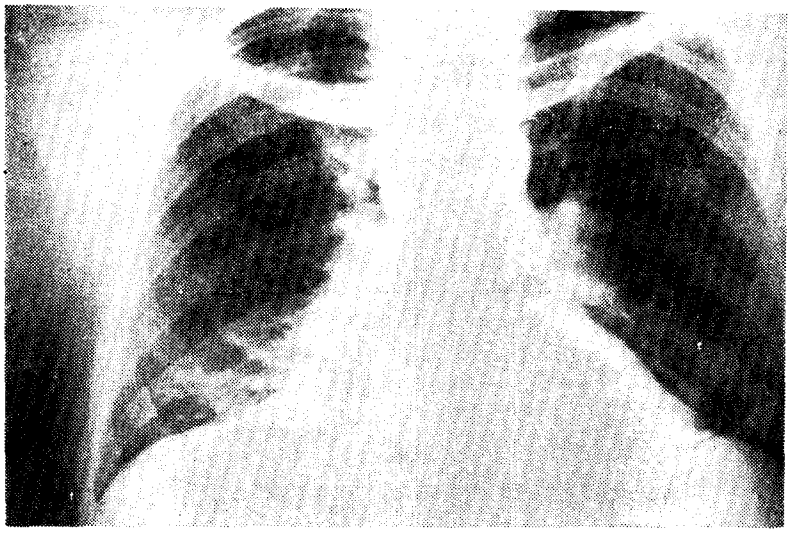

Fig. 1. Upright posteroanterior chest Roentgenograph revealing bilateral hilar and right paratracheal Lymph Adenopathy.

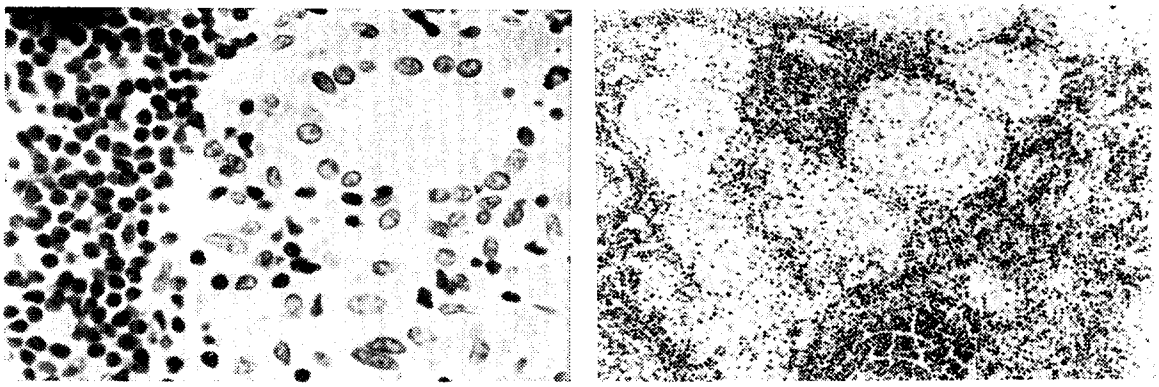

Fig. 2. Histologic section of Lymph node biopsy specimen. Non-caseating granuloma with Langhans-type giant cells (hemotoxylin-cosin ×10 and ×40).

lioid-cell granulomas. The majority of patients are asymptomatic[1].

Approximately 90% of patients show intrathoracic disease on chest X-ray[2]. Bilateral hilar adenopathy, along with right paratracheal adenopathy, should alert the clinician to the diagnosis. Because of the number of other granulomatous diseases presenting in a similar manner, a thorough search for known etiologies should be made. In the orient, tuberculosis should be highly suspect, whereas in the Ohio Valley area, fungal disease is more prevalent.

Tissue biopsy and histologic diagnosis is the only method of making a certain diagnosis. A palpable lymph node should be biopsied. In the absence of palpable lymph nodes, mediastinoscopy is another modality of obtaining tissue, especially where adenopathy is already demonstrated on chest X-ray. The tissue biopsy should be done with the highest percentage of yield, in face of the least risk to the patient.

Hypercalcemia and suttle changes in pulmonary function tests, as demonstrated by decreased compliance and loss of effective diffusing surface, should be ruled out, along with confirmation of the diagnosis.

Treatment in the form of steroids is reserved for the symptomatic patient. Asymptomatic patients require no treatment since spontaneous remission over a two year period is the usual course. Periodic clinical exam and serial chest X-ray should be carried out.

In summary, the present case illustrates the typical presentation 3 course of the majority of patients with sarcoidosis. Its relevance in the oriental literature is to balance the differential in a society where the disease is less prevalent and point out some of the relevant features of this entity.

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