The Great Masquerader: Sarcoidosis

Ajay Mohinani, DO; Lyndsey Sandow, MD; Reed Nerness, MD; Mary Brooks, MD

Department of Internal Medicine, Oregon Health & Science University

OHSU

CASE PRESENTATION

43-year-old healthy Hispanic male presented to the emergency room with 1 month history of

- bilateral upper and lower distal extremity migratory polyarthralgias
- cutaneous lesions
- started after he jumped off 6 stairs when playing with his kids

3 weeks prior: ED visit # 1 for right ankle pain, no relief with oral antibiotics. Develops migratory ascending pain to knees and hips

2 weeks prior: Develops night sweats/chills/difficulty ambulating. ED visit # 2, no relief with IV antibiotics

1 week prior: New bilateral upper and lower extremity lesions, improvement with steroids, symptoms returned following steroids

On admission: "Worst I have ever felt; I cannot walk or stand up"

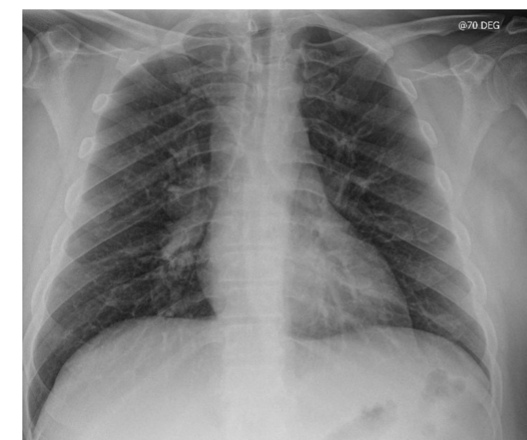
OBJECTIVE FINDINGS

Neuro exam: normal, somewhat limited by pain.
Skin exam: nodules over the bilateral lower extremities and forearms with several 2-7cm edematous, deep red-brown dermal tender indurated plaques on bilateral knees, ankles, wrists

WBC: 26.8 (11)
Na 129; K 3.7; Cl 97; Cr 1.08 (baseline)
CRP 322 (7.4; 30); ESR 61 (34); UA: 2+ proteinuria
ANA +, elevated rheumatoid factor

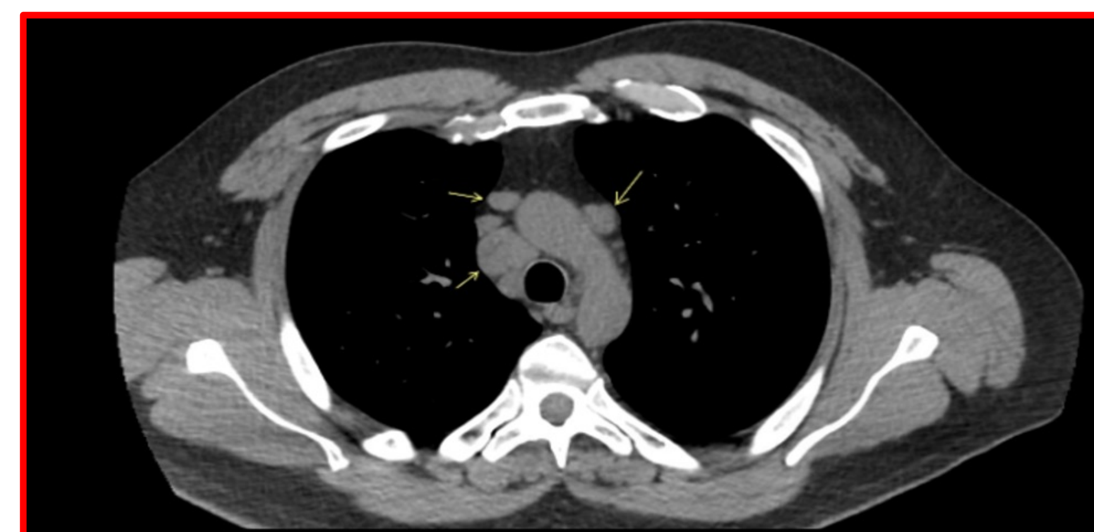
HOSPITAL COURSE + CLINICAL FOLLOW UP

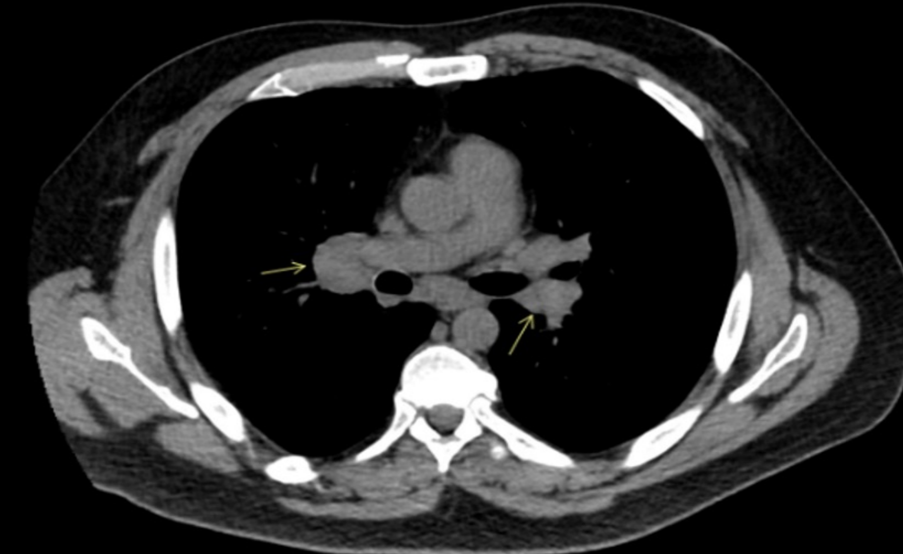
BIOPSY → Erythema Nodosum (prompted CT chest)



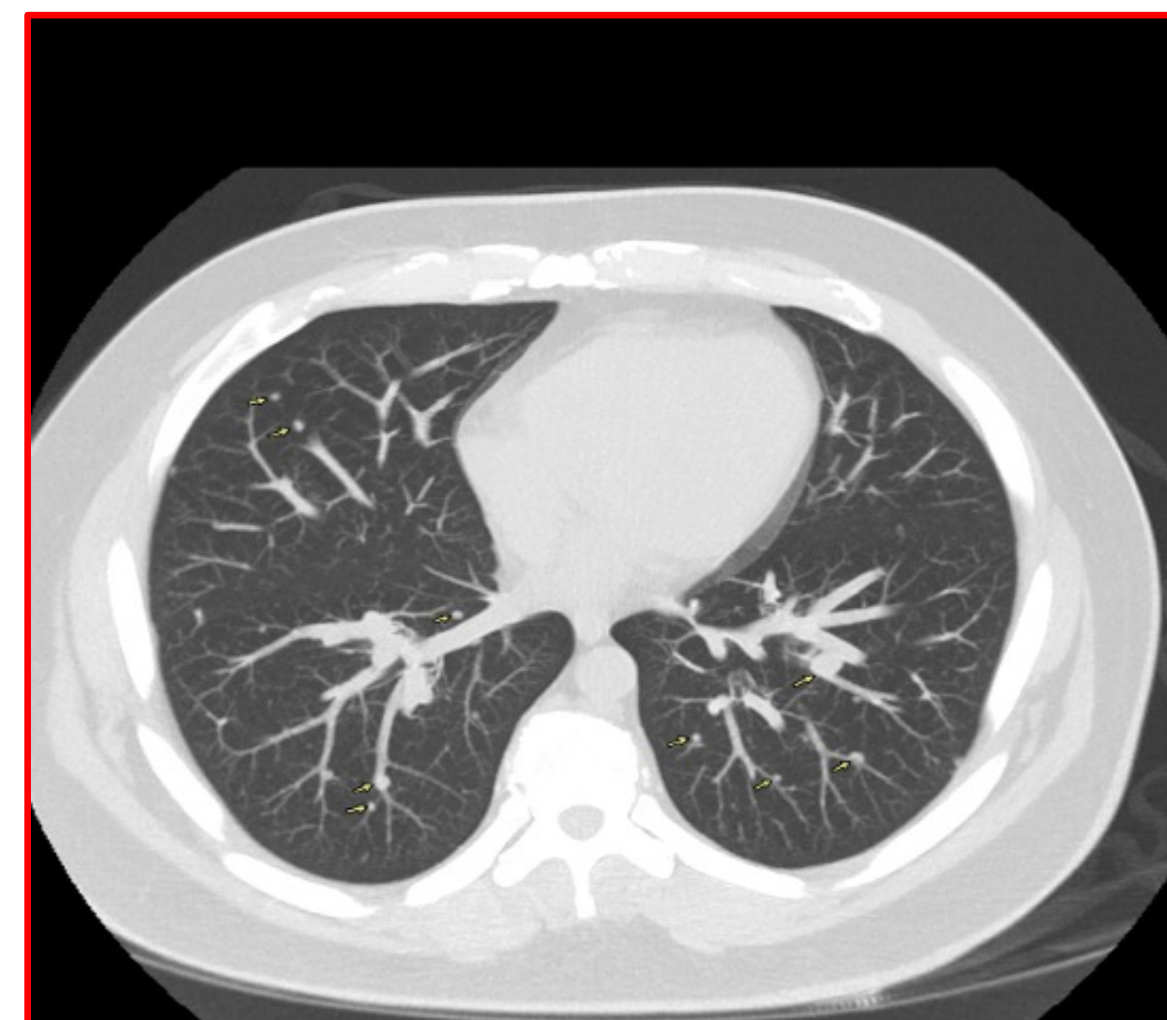
Normal chest x-ray; no hilar adenopathy

IMAGING





Soft tissue window:
- Top: Multifocal mediastinal lymphadenopathy
- Bottom: Bilateral hilar lymphadenopathy



Lung window: Numerous pulmonary nodules in a perilymphatic distribution

DIAGNOSIS

- Diagnosed with **Lofgren syndrome**
- Underwent prolonged course of steroids with rapid improvement in symptoms

DISCUSSION

- Lofgren syndrome is an **acute** sarcoid arthropathy characterized by
  - a) bilateral hilar adenopathy,
  - b) pulmonary opacities,
  - c) skin/joint or eye lesions.
- Challenging case as sarcoidosis is more prevalent in 20–40-year-olds, has a greater prevalence in women, and African Americans/Caucasians.
- Our patient did **not** fit that presentation and the **absence** of his pulmonary and ocular symptoms was confounding
- **Significant healthcare costs** until he was diagnosed (3 hospitals, 1 PCP visit, many rounds of antibiotics/labs/imaging)

TEACHING POINTS

- **First case of sarcoidosis** to our knowledge that has been **provoked by a mechanical trauma** with rapid development of erythema nodosum
- Due to its **multi system involvement**, sarcoidosis can be a **masquerader →Chest radiograph can be normal**