



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

A UNIQUE PRESENTATION OF CUTANEOUS SARCOIDOSIS

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Background: Sarcoidosis is a multisystem disorder of unknown etiology and characterized by the presence of non-caseating epithelioid granulomas. Sven Löfgren, a Swedish pulmonologist described the association of erythema nodosum, febrile arthropathy and hilar lymphadenopathy, a self-limited form of sarcoidosis (Löfgren's Syndrome). Heerfordt, a Danish ophthalmologist, described the association of uveitis, enlarged salivary glands and cranial nerve palsy but it was both Bruins-Slot (Netherlands) and Pautrier who independently showed the rare Heerfordt's syndrome to be a manifestation of sarcoidosis.

Observation: A 32-year-old previously healthy female presented with arthralgias, intermittent fever, bilateral parotid enlargement, uveitis and erythema nodosum. Her facial nerves were intact. Bilateral hilar lymphadenopathy was noted on X-ray and CT scan. There was no evidence of pulmonary sarcoidosis. Her angiotensin converting enzyme was elevated as was her serum calcium. A parotid gland biopsy, done when the parotid enlargement has almost completely regressed, was non-diagnostic. She later developed a single, indurated, violaceous plaque of the forearm which demonstrated sarcoidal granulomas consistent with cutaneous sarcoidosis.

Key Message: This case report describes the simultaneous occurrences of Heerfordt's and Löfgren's syndromes, and cutaneous sarcoidosis. To our knowledge, this constellation of features has not been reported in a single patient previously. Of interest is the fact that both these acute and self-limited syndromic forms of sarcoidosis had resolved prior to the appearance of the cutaneous sarcoidosis.

