



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## CUTANEOUS SARCOIDOSIS: ABOUT 16 CASES

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**Introduction:** Sarcoidosis is a multi-system granulomatous disease of unknown aetiology. It mainly involves lungs, lymph nodes, eyes and skin.

**Objective:** Our aim was to determine clinical and therapeutic characteristics of our patients with cutaneous sarcoidoses (CS).

**Materials and methods:** It was a descriptive retrospective study of all patients with CS referred to our department from 2008 to 2018.

**Results:** Sixteen cases were noted (13 females and 3 males). The mean age was 48 years. The comorbidities reported were type 2 diabetes mellitus (5 cases), hypertension (3 cases), rosacea (1 case) and lichen sclerosus (1 case). The specific lesions of sarcoidosis were nodular and plaque sarcoidosis in 11 cases (68%), maculo-papular lesions in 3 cases (18.75%), scar-sarcoidosis (2 cases), lupus pernio (2 cases), lichen sclerosus-like lesions (1 patient) and necrobiosis-lipoidica-like lesions (1 patient). Erythema nodosum was found in 2 patients (12.5%). Lesions were erythematous in 12 cases (75%), with lupoid appearance in 6 cases (37.5%). Different locations were observed: limbs (9 patients), face (6 patients), scalp (2 cases) and trunk (3 cases). Skin biopsy confirmed the diagnosis showing tuberculoid granuloma without caseous necrosis. Pulmonary involvement was found in 5 patients associated to hepatosplenomegaly in 2 cases. Biological anomalies were: a rise in the conversion enzyme (3 cases), a hypocalcemia (3 cases) and lymphopenia (5 cases). Treatment was based on potent topical corticosteroids in the majority of cases. Other therapeutic alternatives were: intralesional injections of triamcinolone acetonide (2 cases), antimalarials (6 patients) and systemic corticosteroids (2 patients). Recurrence was noted in 2 cases.

**Conclusion:** The characteristics of CS in our patients are mostly in agreement with those reported through literature. Moreover, our study confirms the clinical diversity of CS making it a great masquerader. All manifestations of CS should be known as they allow the diagnosis and help screening for systemic involvement.

