

INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SKELETAL SARCOIDOSIS MIMICKING MULTICENTRIC RETICULOHISTIOCYTOSIS:

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Background: Sarcoidosis has widely variable presentations and outcomes. Multiple systems can be involved e.g. bone, joints, heart, lymph nodes and skin. Skeletal involvement may be the presenting feature of sarcoidosis either isolated or combined with other clinical manifestations. It can be clinically and radiologically confused with other rheumatologic disorders and the diagnosis can be easily missed. Herein, we describe a female patient who presented with bilateral hand arthritis, associated with periarticular nodules on her fingers suggesting a clinical diagnosis of multicentric reticulohistiocytosis. However, the histopathology, radiological findings and concurrent cutaneous lesions led to a definite diagnosis of skeletal sarcoidosis.

Observation: A 58-year-old female patient was referred to our dermatology department with pain, swelling and stiffness of the hand joints. Later on, several painless juxta-articular skin nodules appeared on the extensor surface of her fingers. Skin examination revealed prominent swelling and deformities of the fingers with multiple nodules on the proximal and distal interphalangeal joints. Therefore, the combination of deforming hand arthritis and periarticular nodules raised our suspicion to the clinical diagnosis of multicentric reticulate histiocytosis. The histopathology revealed non?caseating granulomas formed of epi?thelioid cells. Plain x-ray of the hands showed osteoporotic changes of the digits, multiple bone cysts, punched-out lesions and periarticular soft tissue swellings. Chest x-ray demonstrated bilateral hilar lymphadenopathy and pulmonary infiltrate. the histopathological and radiological findings confirmed the diagnosis of cutaneous and skeletal sarcoidosis.

Key message: bone involvement in sarcoidosis is a rare finding that poses significant diagnostic difficulty and cutaneous signs can serve as an important clue for early diagnosis of this rare presentation.





