



SKIN MANIFESTATIONS OF INTERNAL DISEASE

AN UNUSUAL VARIANT OF CUTANEOUS SARCOIDOSIS

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Background: Sarcoidosis is a systemic disease characterized by the formation of non caseating granulomas in several organs. Various cutaneous manifestations of sarcoidosis occur in approximately 25% of patients and may indicate onset of the disease. The heterogeneity of cutaneous sarcoidosis represents a diagnostic challenge for physicians and affirms its reputation as a “great imitator”. Verrucous sarcoidosis (VS) is an extremely rare manifestation and previous reports of this phenotype are very limited.

Observation: A 50-year-old Moroccan caucasian female with no history of systemic sarcoidosis, presented with a 6-month history of a nodular verrucous lesion of 3cm of diameter on the nose. The lesion was treated initially as leishmaniasis by injections of glucantium without improvement. The patient consulted a surgeon who performed a total lesion excision without prior skin biopsy, thinking it may be a squamous cell carcinoma. Histology revealed noncaseating granuloma gigante-cellular with a sparse lymphocytic infiltrate of the dermis. Asteroid or Schaumann bodies were not identified. Nor polarizable foreign material and nor infectious source were identified. The evolution was marked by a relapse after 6 months: an erythematous patch appeared in the same localization of the first lesion. The diagnosis of sarcoidosis was established by the histological findings and after eliminating other pathological causes of skin lesion. An angiotensin-converting enzyme testing was performed which was positive (81 IU). The patient had no systemic involvement and was treated with topical and systemic corticosteroids with good clinical development.

Key message: Our case confirms the variation of lesions in cutaneous sarcoidosis. VS could represent a diagnostic pitfall; it may be confused with other inflammatory and neoplastic skin disorders. We believe that this example of VS highlights the importance of always performing a skin biopsy before any surgical procedure. Careful clinical and pathological correlation led to the proper diagnosis and therapy in our case.

