



SKIN MANIFESTATIONS OF INTERNAL DISEASE

THE IMPORTANCE OF DERMATOLOGY TO THE DIAGNOSIS OF NEUROSARCOIDOSIS

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Introduction: Sarcoidosis is a multisystem granulomatous disorder of unknown etiology. Skin manifestations occur in approximately 25% of patients and are divided into specific and nonspecific lesions, based upon the presence or absence of noncaseating granulomas in the histopathologic examination.

Case report: A 33-year-old woman, with no relevant medical history, was admitted to the hospital because of blurred vision, bilateral papilledema and intracranial hypertension. Cerebrospinal fluid analysis revealed pleocytosis, high protein content and low glucose level. Brain MRI showed diffuse meningeal enhancement.

At physical examination, an erythematous-violaceous patch with small eroded areas was observed in the left malar region. According to the patient, the lesion had developed over the past 4 years and had no associated symptoms.

Skin biopsy showed chronic non-necrotizing granulomatous inflammation and a few giant multinucleated cells. No acid-fast organisms were seen with the Ziehl-Neelsen staining method. These findings supported the diagnosis of sarcoidosis. High-resolution CT of the chest revealed bilateral hilar adenopathy.

The patient was treated with systemic corticosteroids, with progressive symptomatic improvement.

Discussion: The diagnosis of sarcoidosis requires compatible clinical and radiographic manifestations, exclusion of other diseases that may present similarly, and histopathologic detection of noncaseating granulomas. The skin is easily accessible, and a biopsy of a specific cutaneous lesion is a simple and safe method of obtaining a tissue specimen. Thus, recognition of lesions of cutaneous sarcoidosis can be highly valuable in patients with symptoms that are suggestive of systemic disease.

This case is described in order to illustrate the importance of Dermatology in establishing the diagnosis of neurosarcoidosis.

