◇Case Report

〈本文p.771～774〉

Sarcoidosis presenting erythema nodosum-like lesions associated with septal panniculitis

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Abstract

A 57-year-old woman complained of erythematous lesions on her lower legs. Physical examination showed 3.5 cm sized, numerous erythematous subcutaneous nodules with mild tenderness on her lower legs. Histopathological examination showed non-caseating granulomas with epithelioid cells on subcutaneous adipose tissues. On the other hand, we could also find septal panniculitis accompanied by granulomatous inflammation. We diagnosed it as erythema nodosum-like lesions. Indurated erythemas were gradually disappeared by NSAIDs. To our knowledge, it is rare that sarcoidal granulomas were coexisted with septal panniculitis in the same specimen.

〈本文p.775～778〉

A case of cutaneous sarcoid with coexisting diffuse infiltrating and lichenoid types

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Abstract

A 71-year-old Japanese woman presented to our clinic with a 4-month history of erythema and papules on her face and upper limbs with mild itch. Physical examination revealed diffuse erythema on the forehead, erythema on her nose and ear lobes, and erythema and papules on her perioral region and upper extremities. Biopsy taken from papules on the mentum and forearm showed epithelioid granuloma without necrosis in the upper dermis. She was diagnosed as cutaneous sarcoid with coexisting diffuse infiltrating and lichenoid types, due to the clinical and pathological findings. Her skin lesions were finally disappeared by combination of oral roxithromycin, tranilast, and suplatast tosilate 8 months after starting treatment.

〈本文p.779～782〉

Diffuse infiltrated type cutaneous sarcoidosis occurred on the unilateral earlobe

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Abstract

A 50-year-old man presented with one-year history of dark reddish infiltrative erythema on the right earlobe. He has been suffering from bilateral uveitis. A skin biopsy revealed epithelioid granulomas with central necrosis admixing multinucleated giant cells. Chest X-ray examination showed bilateral hilar lymphadenopathy. Gallium scintigram showed accumulation on the eyes, earlobes and hilar areas. Therefore, we diagnosed this case as sarcoidosis with lupus pernio. To our knowledge, this is the first case of sarcoidosis with lupus pernio on unilateral earlobe in Japan.

◇Case Report

〈本文p.783～786〉

Sarcoidosis presenting with cutaneous ulcer and mucosal lesions

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Abstract

A 38-year-old man presented with nasal obstruction and subcutaneous nodules on his extremities and trunk. Skin and nasal mucosa biopsy showed non-caseating epithelioid granulomas. Chest CT imaging demonstrated bilateral hilar lymphadenopathy and micronodular pulmonary lesions. Laboratory test showed elevated serum levels of soluble IL-2 receptor, angiotensin converting enzyme, and lysozyme. Based on these findings, a diagnosis of sarcoidosis was made. Since he had no severe symptoms that requires systemic therapy, he was followed- up regularly without treatment. Ten months after the first visit, lupus pernio occured on his right foot, and cutaneous ulcers gradually developed on the lesions and subcutaneous nodules on his extremities and trunk. Skin biopsy from the ulcer on lupus pernio also proved non-caseating epithelioid granulomas, confirming the diagnosis of ulcerated cutaneous sarcoidosis. The ulcers healed after administration of 35mg/day of oral prednisolone.

〈本文p.787～790〉

A case of sarcoidosis presenting a big nodule on the neck

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Abstract

We report an 84-year-old woman with a big nodule on the neck. Clinical appearance and histological examination established the diagnosis of sarcoidosis. Although the tumor rapidly regressed with oral administration of prednisolone, it enlarged again after tapering prednisolone.Prednisolone can be the first choice for sarcoidosis presenting a big tumor. However, careful follow-up should be required.

〈本文p.791～794〉

A case of cutaneous sarcoidosis mimicking rosacea

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Abstract

A previously healthy 19-year-old male developed papules on his face 18months prior to his first visit. Red papules were on his cheeks and perioral area without any symptoms. Serum ACE (angiotensin converting enzyme) level was slightly elevated . Tuberculin reaction was negative. Histological examination revealed a number of epithelioid cell granuloma around hair follicles with very few lymphocytic infiltrates. He had no other systemic manifestations. Clinical findings and histopathological findings were consistent with cutaneous sarcoidosis, but it was difficult to discriminate rosacea. After 2 weeks of oral minocycline 200 mg/day, the papules on the face gradually started to diminish.

◇Case Report

〈本文p.795～797〉

Cutaneous sarcoidosis mimicking necrobiosis lipoidica

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Abstract
A 70-year-old woman presented with red atrophic lesions on her bothlegs 18months before her first visit. Topical application of steroid was ineffective and histopathology revealed noncaseating epithelioid granuloma compatible with both sarcoidosis and necrobiosis lipoidica. Immunohistochemical identification of propionibacterium was helpful for making diagnosis of cutaneous sarcoidosis in this case.

〈本文p.799～802〉

Three cases of cardiac sarcoidosis diagnosed with the combination of FDG-PET and histological examination

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Abstruct
Cardiac sarcoidosis is a manifestation of systemic sarcoidosis that leads to significant morbidity and mortality. Endomyocardial biopsy is required to confirm the diagnosis, however, it has solely low sensitivity. Recently, FDG-PET examination is proposed as the useful and sensitive tool for early diagnosis and as marker of disease activity. We report here three cases with cardiac sarcoidosis, they had been suffering from severe heart failure of unknown origin. In all cases FDG-PET was useful for visualization of the expected cardiac as well as unexpected skin and lymph node lesions. Based on the histopathological examination of skin and lymph node where FDG-PET could reveal, we diagnosed them as cardiac sarcoidosis.

〈本文p.803～806〉

Sarcoidosis with elevated serum IgG4 levels

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Abstruct
A 52-year-old male had red papules on his extremities and trunk for 10 years. Laboratory investigations revealed elevated serum IgG4 and angiotensin-converting enzyme (ACE) levels. A histopathological examination showed granulomas in the dermis without the infiltration of IgG4-positive plasma cell. This case was diagnosed as sarcoidosis. The cause of both sarcoidosis and IgG4-related disease are unknown, while they cause the similar symptoms. Serum ACE and histopathological examination were useful to distinguish between these two diseases.

◇Case Report

〈本文p.807～810〉

A Case of sarcoidosis with infiltration of eosinophils

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Abstract

A 74-year-old male with rheumatoid arthritis presented with erythema and subcutaneous induration on the lower legs. Hypereosinophilia and bilateral hilar lymphadenopathy were detected. Pathologically, eosinophils infiltrate around epithelioid granulomas throughout the dermis. Sarcoidal granulomas are mainly formed by Th1-mediated immune response in the early phase. However, according to some reports, Th2-medeated immunity may also be involved, especially in the late phase. Thus, the pathogenesis of sarcoidosis involves complex immune mechanisms.

〈本文p.811～814〉

A case of sarcoidosis presenting with leg ulcers

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Abstract

A 90-year-old woman had brown plaques on her legs with several ulcers. Histopathology of both plaque and ulcer showed noncaseating epithelioid granulomas with multinuculeated giant cells through the dermis, extending to the subcutis. The diagnosis of sarcoidosis was made. We re-evaluated her medical history and found that she suffered from uveitis and high-grade atrioventricular block. We treated her with topical bucladesine sodium and a corticosteroid with therapeutic effects. Currently, there was no recurrence of ulcers.

〈本文p.815～818〉

A case of lichenoid-type cutaneous sarcoid presenting with a variety of skin eruptions

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Abstract

A 63-year-old male was referred to our hospital due to continuous palpitations and dyspnea. The patient also had cutaneous manifestations, including erythema, papules, induration, pigmentation, and skin atrophy, on his trunk. The skin biopsy specimen demonstrated epithelioid cell granuloma, and bilateral hilar lymph node swelling was found on chest CT. In addition, a blood test revealed elevation of the serum angiotensin-converting enzyme and soluble interleukin-2 receptor. Accordingly, he was diagnosed with lichenoid-type cutaneous sarcoid. Oral prednisolone treatment (30 mg/day) promptly improved the systemic symptoms and cutaneous manifestations.

◇Case Report

〈本文p.819～822〉

Two cases of sarcoidosis with skin lesions succcefully treated with methotrexate

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Abstract

Sarcoidosis is a multisystemic granulomatous disorder and optimal treatments remain undefined. We report two cases of sarcoidosis with skin lesions successfully treated with methotrexate ; a 69-year-old female with red papules on her left cheek, and 47-year-old female with annular erythema on her right cheek. Our cases suggest that methotrexate is a valuable agent for refractory skin lesions of sarcoidosis.

〈本文p.823～826〉

A case of sarcoidosis with eyelid swelling

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Abstract

A 61-year-old man presented with a three-month history of swelling in the eyelid. A physical examination revealed remarkable swelling of bilateral eyelids with palpable masses. A biopsy of the lower right eyelid was performed for diagnostic purposes. Histopathological examination showed remarkable edema in the upper dermis and numerous noncaseating granulomas in the middle-lower dermis, composed of epithelioid cells and giant cells with a few scattered lymphocytes surrounding the granulomas. A computed tomography examination showed a pulmonary hilar enlargement as a result of bilateral lymphadenopathy. Laboratory data showed an elevated lysozyme level of 11.7 μg/m*l*. Based on the clinical and histological findings, a diagnosis of sarcoidosis was made. Cases of sarcoidosis that present with bilateral eyelid swelling are rare.

〈本文p.827～830〉

A case of sarcoidosis with skin lesions appeared 11 years after the onset

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Abstract

We report an 82-year old woman with sarcoidal skin lesions 11 years after the onset of sarcoidosis. Since the diagnosis was confirmed by chest X ray and CT findings, she has been followed-up by internal medicine without any treatment. Both upper eyelids were erythematous and swollen, and red papules and slightly depressed erythemas were present on the forehead and extremities. Skin biopsies from the lesions on the eyelid and thigh showed the epithelioid cell granulomas without caseous necrosis.