

## CUTANEOUS SARCOIDOSIS

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Cutaneous sarcoidosis in a middle aged lady is reported. Though sarcoidosis is rare in our country, an awareness about this condition is required to prevent misdiagnosis.

**Key Words : Sarcoidosis, Cutaneous sarcoidosis, Granuloma**

### Introduction

Sarcoidosis is a systemic granulomatous disease of unknown aetiology involving the skin and several internal organs. It has a persistent course characterised by remissions and relapses. The disease usually begins at around 40 years of age and nearly two thirds of the cases are females. Skin involvement is seen in about one-fourth of the patients.<sup>1</sup> Sarcoidosis is uncommonly reported from our country and the cases presenting with skin lesions have been very infrequent.<sup>2,5</sup>

### Case Report

A 50-year-old lady from Bhilai reported with asymptomatic reddish skin lesions near both eyes, left hand and tongue of 2 months duration. There was no history of fever, joint pain or cough. Personal history and family history were not contributory.

Cutaneous examination revealed multiple raised erythematous, well-defined, non-tender plaques near medial canthi of both the eyes and over left angle of lip, in the left nares, over a scar mark on dorsum of right thumb and over the tongue. Lesions of xanthelasma palpebrarum were also seen near medial canthi of both the eyes, adjoining the erythematous plaques. The lesions varied

in size from 0.5 cm to 1 cm in diameter. The lesions on left thumb was linear and measured 1 cm x 0.1 cm in size. Hair, nails and systemic examination were normal.

Eye examination revealed keratotic precipitates in both the eyes. X-ray chest of hands and feet was normal. ESR was 85 mm in 1st hour (Westergren's) and Mantoux test with 10 tuberculin units was negative. Routine haemogram, blood sugar, urea, serum and 24 hour urinary calcium were normal. Histopathology from skin lesion over left hand revealed multiple, focal, non-caseating epithelioid cell granulomas in the dermis (Fig. 1). Stains for fungus and mycobacteria were

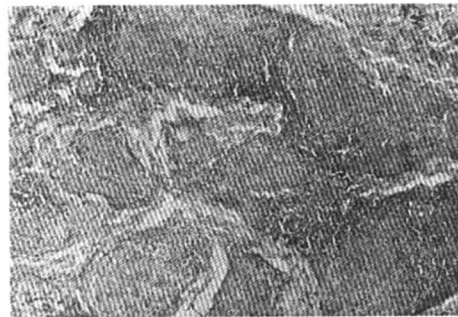


Fig. 1. Epithelioid cell granuloma (H&E x 100).

negative. Kveim test and measurement of angiotensin converting enzyme were not done due to non-availability of these facilities. She was given oral prednisolone 15 mg daily which was tapered and stopped after 8 weeks when the skin lesions completely subsided and eye findings improved. There was no

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recurrence during a follow up period of 6 months.

## Discussion

Cutaneous involvement in sarcoidosis may be specific when it reveals granulomas on biopsy or non-specific, which are mainly reaction patterns such as erythema nodosum.<sup>1</sup> The skin lesions may be varied and may present as papules, nodules, plaques, scar sarcoidosis, erythroderma, ulcerations and psoriasiform lesions etc. Lupus pernio is the most characteristic lesion of skin sarcoidosis and presents as chronic persistent bluish plaque on nose and cheeks with nasal mucosal and septal involvement. The clinical features, eye findings, a negative Mantoux test, raised ESR and histopathology helped in diagnosis of our patient.

Only 300 cases of sarcoidosis were reported in our country till 1986.<sup>6</sup> Sarcoidosis presenting with cutaneous lesions is quite

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uncommon. Cutaneous sarcoidosis can be easily confused with lupus vulgaris<sup>5</sup> or leprosy.<sup>3,4</sup> Greater awareness about sarcoidosis will help in avoiding confusion with more common skin conditions.

## References

1. Arnold HL, Odom RB, James WD. Sarcoidosis. In : Andrews diseases of the skin. Philadelphia: Saunders, 1990 : 840.
  2. Bajaj AK, Lal M, Gupta SC, et al. Sarcoidosis - a case report. Ind J Dermatol Venereol Leprol 1979; 45 : 459-62.
  3. Rajam RV, Vishwanathan GS, Rangaiah PN, et al. Sarcoidosis - a short review with a case report. Ind J Dermatol Venereol Leprol 1957; 23 : 97-135.
  4. Ramanujam K. Tuberculoid leprosy or sarcoidosis? A diagnostic dilemma. Leprosy India 1982; 54: 318-32.
  5. Mishra RS, Indira C, Saxena U, et al. Cutaneous sarcoidosis. Ind J Dermatol Venereol Leprol 1993; 59: 190-3.
  6. Gupta SK. Sarcoidosis in India : the past, present and the future. Lung India 1987; 5: 101-5.
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