

ENT Involvement in Sarcoidosis: A Case Report

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Abstract

Sarcoidosis is a systemic disease that can affect multiple organs, including the ENT region. We present the case of a 39-year-old female patient with bilateral cervical lymphadenopathy evolving over 7 months. After clinical and paraclinical investigations, a diagnosis of sarcoidosis was made. Corticosteroid treatment led to a favorable outcome. This case highlights the importance of considering sarcoidosis in the differential diagnosis of cervical lymphadenopathy.

Keywords: Sarcoidosis; Cervical lymphadenopathy; Epithelioid granuloma; Corticosteroid;

1. Introduction

Sarcoidosis is an inflammatory granulomatous disease that primarily affects the mediastinal and pulmonary regions, but it can be multivisceral, including involvement of the otolaryngological sphere (ENT). Otolaryngologic manifestations of sarcoidosis are observed in 10% to 15% of patients with sarcoidosis [1].

We report the case of a patient who presents with sarcoidosis revealed by cervical lymphadenopathy.

2. Case report

39-year-old female patient, with no significant medical history, notably no known history of tuberculosis exposure or autoimmune disease, presented with bilateral cervical lymphadenopathy evolving for 7 months. Clinical examination revealed bilateral mobile, painful lymphadenopathy in the level 5 region, and nasal endoscopy was normal. On paraclinical examination, the chest X-ray was normal, and cervical CT scan showed polyadenopathy in the cervical region. Thoraco-abdominal CT scan revealed the presence of bilateral nodules and micronodules in the thoracic area, with infracentimetric mediastinal lymph nodes and several coelio-mesenteric lymphadenopathies. Biological findings included a negative tuberculin skin test (TST), lymphopenia, an inflammatory syndrome, and an elevated ACE level of 237 U/L. Electrophoresis of serum proteins showed a discrete beta-gamma blockade. The pathological examination of the lymph node biopsy revealed granulomatous lymphadenitis with a sarcoid-like appearance. Therapeutically, the patient was placed on corticosteroids (1 mg/kg/day), and the clinical evolution was favorable under treatment.

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Figure 1 Image showing the scar from the cervical lymph node biopsy

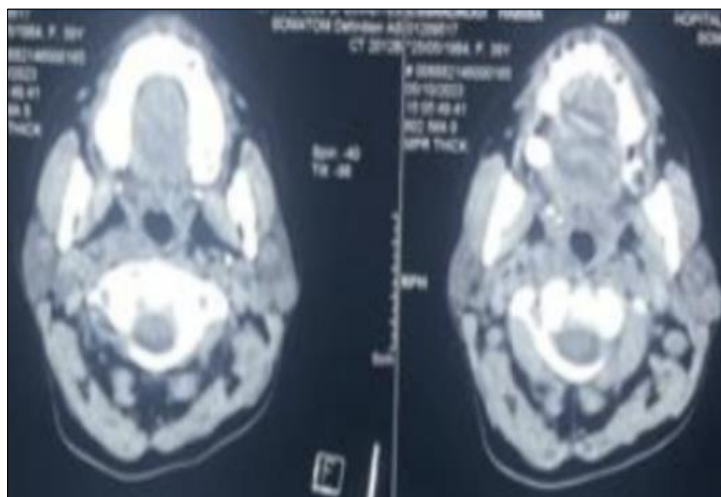


Figure 2 Axial CT scan of the cervical region after contrast injection showing well-defined, rounded, hypodense cervical lymphadenopathies

3. Discussion

Lymphadenopathies of the head and neck are often the result of nonspecific inflammation, common hyperplasia, tuberculosis, or tumor metastases. Cervical lymphadenopathies are the most common manifestation of sarcoidosis in the head and neck, although sarcoidosis accounts for only 1.7% of all lymphadenopathies in this area. [1]

Cervical lymphadenopathies as a manifestation of sarcoidosis are rare and can therefore complicate the diagnostic process. The diagnosis of sarcoidosis is based on physical examination, radiological and laboratory results, as well as histological examination. [2]

Most patients present with constitutional symptoms such as cough, dyspnea, fever, fatigue, arthralgia, or ocular and cutaneous symptoms; more than 90% have an abnormal chest X-ray. [3]

Laboratory results include elevated angiotensin-converting enzyme levels, hypercalcemia, hypercalciuria, hypergammaglobulinemia, and increased sedimentation rate. Histological examination of biopsy tissue from the affected organ will show a typical non-caseating epithelioid granuloma. [4]

The differential diagnosis includes any process leading to cervical lymphadenopathy, including reactive lymph nodes, lymphoma, metastases from head and neck cancers or distant sites, or other granulomatous diseases.[5] Treatment is recommended to preserve organ function, alleviate symptoms, or both, and corticosteroids are currently the treatment of choice. [6] Antimalarial drugs, immunosuppressants, immunophiles, and other treatments are also used, although their effectiveness varies depending on the severity of the disease.

4. Conclusion

Cervical lymphadenopathy as a manifestation of sarcoidosis is rare but should be considered in the differential diagnosis, particularly in patients without a history of tuberculosis or autoimmune disease. Early recognition and treatment with corticosteroids often lead to favorable outcomes. This case emphasizes the importance of a thorough clinical and paraclinical investigation to confirm the diagnosis and ensure appropriate management. Further studies are needed to better understand the full spectrum of ENT involvement in sarcoidosis and improve diagnostic accuracy.[7].

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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