Cutaneous Sarcoidosis

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Fig. 1. Lip lesion.

Case

A 55-year-old Chinese woman presented with a persistent painless lower right lip lesion for a year (Fig. 1). She denied previous tattoos, infections or scars to the lip. No other skin lesions were present and she did not have any constitutional symptoms. She was given various topical and oral antibiotics without improvement. A biopsy was then performed and showed non-caseating granulomas. Anti-tuberculosis treatment was commenced, but there was no improvement after 2 months. At this stage, a chest X-ray revealed bilateral hilar prominence. This was confirmed by computed tomography (CT) scan and Gallium scan (Fig. 2) which also showed uptake in the orbital and nasal regions.

Quiz

1. What is the diagnosis?
2. Describe the characteristic patterns shown in the Gallium-67 scan (Fig. 2).
3. Skin lesions occur in 75% of patients with this condition. Is this true or false?
4. Lesions respond to treatment with corticosteroids. Is this true or false?
5. Spontaneous remissions occur in nearly two-thirds of patients, but the course is chronic or progressive in 10% to 30%. Is this true or false?

(answers: on page 1057)

Fig. 2. Gallium-67 scan of this patient.

Discussion

Sarcoidosis is uncommon in Chinese[1] while tuberculosis (TB) is common in this population. This Chinese woman presented with a painless persistent lip lesion for which lip biopsy revealed non-caseating epithelioid granulomas. She was given 2 months' trial of standard anti-tuberculosis therapy without improvement of the lip lesion. Mycobacterial and fungal cultures from the lip were subsequently negative. Serum calcium and 24-hour urinary calcium were at the upper limit of normal and a Gallium scan showed a pattern of activity consistent with sarcoidosis. The diagnosis was revised to sarcoidosis and she was given topical steroids with improvement of the lip lesion. She remains asymptomatic with no evidence of interstitial lung disease or progressive multisystem involvement.

Sarcoidosis is a multisystem disorder of unknown cause. Skin lesions occur in 25% of all patients.[2] Cutaneous sarcoidosis is known as a dermatologic masquerader with wide manifestations including erythema nodosum, lupus

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pernio, plaques, maculopapular eruptions, subcutaneous nodules, changes in old scars, alopecia, and hypo- and hyperpigmented areas.[3] As a rule, chronic sarcoidosis skin lesions do not cause pain or itch, nor do they ulcerate.[2] Foreign bodies or previous scarring, such as cosmetic tattoos or lip augmentation may incite cutaneous sarcoidosis, especially on the lips.[3] This case is interesting for the lack of this history.

Gallium-67 scanning is useful for the diagnosis of sarcoidosis when typical patterns of uptake are observed. The Panda sign correlates to gallium uptake in the nasopharynx, lacrimal and parotid glands; and the Lambda pattern (which originated from the Greek alphabet l) correlates to gallium uptake in the perihilar lymph nodes.[4]

The natural history and prognosis of sarcoidosis are highly variable. Spontaneous remissions occur in nearly two-thirds of patients, but the course is chronic or progressive in 10% to 30%.[2]

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