

Sarcoidosis presenting as multiple pulmonary nodules

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Background: Sarcoidosis is an inflammatory disease and multisystem granulomatous disease of unknown etiology. Lung involvement occur over 90% of sarcoidosis patients, but multiple nodular lung disease is a rare presentation of sarcoidosis. Here we report a case of 38-year-old male with radiological presentation revealed multiple pulmonary nodules, diagnosed with sarcoidosis. **Case:** A 38-year-old previously healthy current-smoker(20 pack-year) male, present with of cough and sputum. He visited the local hospital and underwent non-enhanced chest CT(computed tomography). Multiple pulmonary nodules suspected of lung cancer or lymphoma were confirmed on CT in both lung and he visited our hospital. Physical examination is normal and CRP(C-reactive protein) 12.27mg/L(>5mg/L) were slightly increased. Enhanced chest CT showed multiple small nodules in both lungs and symmetric lymph nodes enlargement in both hilum(Figure1). We performed EBUS-TBNA(endobronchial ultrasound guided transbronchial needle aspiration) to confirm tumorous disease, TB(tuberculosis) and sarcoidosis. TB study was negative and the biopsy revealed chronic non-caseating granulomatous inflammation with negative of microorganism stain(Figure2). The baseline serum ACE(angiotensin converting enzyme) level obtained after biopsy was 58.3U/L(>53U/L) He started on systemic steroids. **Discussion:** Multiple lung nodular sarcoidosis is a rare presentation of pulmonary sarcoidosis. It presents as lung lesions mimicking tumorous and infectious diseases of the lungs such as fungal and tuberculosis infections in symptoms and radiological findings. Therefore, if there is multiple lung nodules with hilar lymph node enlargement, sarcoidosis should be considered. Clinical suspicion and early histologic diagnosis are needed for accurate and rapid diagnosis of sarcoidosis.



Figure 1. (A, B, C)

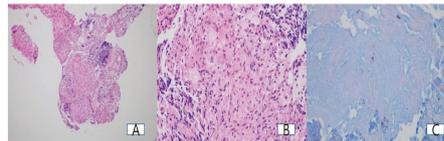


Figure 2. (A, B, C) H&E X100(A), H&E X400(B), AFB Stain(C).