

# A case of renal sarcoidosis associated with early gastric cancer

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**Introduction:** Sarcoidosis is a granulomatous disease with multisystem involvement. Several studies have demonstrated an association between malignancy and sarcoidosis but, there was no case of renal sarcoidosis associated with gastric cancer. Here, we present a case of early gastric cancer in renal sarcoidosis. **Case Report:** A 75-year-old female presented with dyspepsia and easy fatigability for a month. On physical examination, left supraclavicular lymph node was palpable but there was no tenderness. Laboratory examination showed that serum creatinine was 2.20 mg/dl, MDRD eGFR 23.13 ml/min/1.73m<sup>2</sup>, serum calcium 13.7 mg/dl, ionized calcium 6.8mg/dl and serum angiotensin converting enzyme 115.9 U/L. On renal biopsy, non-granulomatous inflammation consistent with sarcoidosis was confirmed (Figure 1A and 1B). Chest CT showed that left supraclavicular lymph node was larger than 1 centimeter. On left supraclavicular lymph node excisional biopsy, also non-granulomatous inflammation was defined (Figure 1B). On endoscopic evaluation, there was subtle depressed discolorated mucosa on lesser curvature side of mid-antrum. On histology, adenocarcinoma well differentiated was defined (Figure 1C). Endoscopic submucosal enbloc resection (ESD) was performed and histologically confirmed that early gastric cancer type IIc + IIa. After ESD, we administered oral prednisolone at 1 mg/kg. After a month, serum creatinine was 1.13 mg/dl and MDRD eGFR 49.89 ml/min/1.73m<sup>2</sup>, serum calcium 10.1 mg/dl, ionized calcium 4.6mg/dl and serum angiotensin converting enzyme 60.4 U/L. **Conclusion:** We present a case of renal sarcoidosis associated with early gastric cancer. We recommend malignancy evaluation such as upper gastrointestinal endoscopy in patients with sarcoidosis.

