

A case report of Sarcoidosis presenting as intramedullary spinal cord mass

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Introduction: Sarcoidosis is a chronic systemic disorder characterized by the accumulation of noncaseating granulomas and the derangement of the normal tissue architecture. Pulmonary involvement is the most common manifestation of sarcoidosis, but the disease can involve any organ. Spinal cord involvement is very rare, affecting less than 1% of patients with sarcoidosis. Herein, we report a rare case of sarcoidosis that presented with intramedullary spinal cord tumor with multiple lymphadenopathy.

Case report: A healthy 44-year old male visited our hospital for progressive sensorimotor deficit in his both lower limbs causing gait disturbance. He also complained of voiding and defecation difficulty. Spine MRI (Magnetic Resonance Imaging) revealed a 4 x 1 x 1 cm sized well-enhancing mass in dorsal aspect of spinal cord at T9 level with cord swelling, suggestive of lymphoma involvement or metastasis of unknown origin. Chest CT(Computed Tomography) showed multiple enlarged lymph nodes in right supraclavicular area and bilateral mediastinum which are suspected of lymphoma, sarcoidosis or metastasis. There was no evidence of malignancy in the abdomen-pelvis CT. Due to a rapidly progressive neurologic deficit in the lower limbs, He underwent emergent spinal cord tumor resection, and intraoperative pathology reported chronic granulomatous inflammation. The biopsy for the right supraclavicular lymph nodes was performed for the certainty of diagnosis, and revealed chronic granulomatous inflammation without necrosis, diagnostic of sarcoidosis. Based on the patient's imaging and pathologic findings, he was diagnosed with sarcoidosis. He was treated with the steroid pulse therapy (methylprednisolone 1g daily for 3days), tapered to 1mg/kg daily, and followed by oral prednisolone and methotrexate. His motor, voiding, and defecation function improved and he is now able to walk well.

Conclusion: Spinal cord involvement of sarcoidosis, especially in a case with neurologic deficit, is very rare, but it can be reversible with appropriate treatment. Clinician should consider sarcoidosis as a differential diagnosis when encountering multiple lymphadenopathy with spinal cord mass.

