SARCOIDOSIS PRESENTING WITH PARANASAL SINUSES AND MASTOID INVOLVEMENT

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BACKGROUND

Sarcoidosis is a multisystem disorder that can affect any organ of the body.

However, otolaryngological manifestations are not common, being found in 10–15% of the cases. Moreover, less than 1% of the patients experience hearing loss.

CASE REPORT

A 60-year-old Caucasian woman was referred to our outpatient clinic by the Otolaryngology service for evaluation. She denied other comorbidities, except for high blood pressure, and did not have any occupational exposure or relevant morbid family history.

She reported the onset of symptoms 3 years ago, with only a chronic rhinosinusitis with purulent discharge, refractory to several antibiotic regimens. Although she has never complained of cough or dyspnea, she brought a chest tomography from a year ago, requested as part of a preoperative evaluation. The image showed multiple noncalcified solid pulmonary nodules, with a nonspecific appearance.

While still investigating the etiology of the pulmonary nodules, she developed a sensorineural hearing loss in the left ear and a mixed-type in the right ear. The brain nuclear magnetic resonance performed at that time evinced an ethmoidal sinusopathy and a bilateral mastoiditis.

At the time she came to our service, although she continued to deny the presence of cough or any systemic symptom, she was being treated for tuberculosis. The biopsy of one of the pulmonary nodules revealed chronic granulomatous inflammation, consisting of a central area of caseous necrosis surrounded by Langhans giant cells.

Due to the fear of hearing loss progression, and the clinical condition not very suggestive of tuberculosis, we chose to start prednisone 1 mg/kg and requested the biopsy sample for a second opinion. In addition, we referred the patient to the dermatologist for biopsy evaluation of two recent skin lesions in the face (Figure 1) and pretibial region.

Figure 1. Erythematous papule in the face—biopsy lesion.

CONCLUSION

Clinical presentations of sarcoidosis are diverse and may mimic several other diseases. We must always maintain a high level of suspicion. Histopathological confirmation in this case was essential to establish an accurate diagnosis and initiate appropriate treatment.

KEYWORDS

Sarcoidosis, Chronic rhinosinusitis, Mastoiditis, Sensorineural hearing loss.