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Researches Classified – Oswaldo Cruz Awards – Case Report

Exclusive abdominal lymphadenopathy as a rare presentation of sarcoidosis

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Introduction: Sarcoidosis is a systemic granulomatous disease. The disease's immunopathogenic mechanism is the activation of a cell mediated immune response. Lung is the most affected organ, but up to 30% of patients can have extrapulmonary manifestations.

Case report: A 21-year-old male presented with a history of nausea, vomiting after meals, epigastric and periumbilical pain for approximately 6 months. Hyporexia and loss of 35 kilograms in 7 months were present, in addition to intermittent low nocturnal fever. His computed tomography (CT) scan (Figure 1) of the abdomen showed the presence of multiple, enlarged mesenteric lymph nodes with homogenous shape, measuring up to 2.0 cm in diameter, extending from the upper abdomen to the pelvis. Histopathologic findings of these lymph nodes showed a sarcoid appearance (Figure 2). Lymphoma, tuberculosis and other infections were excluded through immunohistochemical analysis. Treatment with prednisone was started initially at a dose of 40mg a day and after 5 weeks the patient was asymptomatic. One year and three months after the onset of treatment, corticosteroid dose reduction was attempted 3 times, with all of them leading to disease relapses. Treatment was optimized with 60mg of prednisone (for 2 weeks) plus 100mg of azathioprine daily.

Discussion: The prevalence of gastrointestinal system involvement with clinical manifestations is 0,1 to 0,9%. However, the incidence of subclinical involvement can be higher. Enlarged lymph nodes are present in approximately 30% of cases. Treatment is indicated in sarcoidosis for patients with damage organ function or symptomatic disease and the first-line therapy is corticosteroids

Keywords: Sarcoidosis; Lymphadenopathy.