Sarcoidotic Truncal Neuropathy

Key words: sarcoidosis, truncal neuropathy

Figure 1. Distribution of the belt-like hypesthesia and hypalgesia of the left trunk with preservation of the median region of the front and back.

A 64-year-old female was admitted to the hospital due to a 3-week history of hypesthesia of the left abdomen and right facial palsy. She had no history of diabetes. Neurological examination showed right peripheral facial palsy and belt-like hypesthesia and hypalgesia of the left trunk with preservation of the median region of the front and back, similar to diabetic truncal neuropathy (1, 2). Angiotensin-converting enzyme was 29.8 IU/l, blood glucose was 102 mg/dl, chest Xp and CT showed bilateral hilar lymph node swelling, Ga scintigraphy showed accumulation in the hilar and mediastinal lymph nodes, bilateral lacrimal glands and parotid glands. Bronchoalveolar lavage fluid showed 48% lymphocytes, 50% histiocytes, CD4/CD8=12.7. Tuberculin test was negative and enhanced magnetic resonance imaging of the spinal cord was negative. Diabetic truncal neuropathy is well known but there is no report of truncal neuropathy due to sarcoidosis. We think sarcoidosis may have caused truncal neuropathy as the initial symptom.

References

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