□ LETTERS TO THE EDITOR □

Truncal Neuropathy as the Initial Symptom of Sarcoidosis

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To the Editor

Recently, truncal neuropathy as the initial symptom of sarcoidosis was reported by Kasahata et al (1). As they commented, truncal neuropathy associated with sarcoidosis had not previously been reported. Their interesting report did not provide any direct evidence of the association between neuropathy and sarcoidosis. We also encountered a similar case. Our patient was an 83-year-old woman who presented anterior chest discomfort with hypesthesia and hypalgesia at the bilateral Th6 level with preservation of sensation at the medial region of the back. There was no sign of myelopathy or polyneuropathy. Enhanced magnetic resonance images of the thoracic cord were normal. Electromyography of the paraspinal muscles at levels from Th5 to Th7 also revealed

normal findings. Computed tomography of the chest revealed bilateral hilar and mediastinal lymph node swelling. Erythrocyte sedimentation rate was 28 mm/1 hr, fasting blood glucose 97 mg/dl, serum angiotensin-converting enzyme 26.3 IU/l (normal value: 7.7-29.4), soluble interleukin 6 receptor 2,530 U/ml (135-483), and lysozyme 11.4 µg/ml (4.2-11.5). Ga scintigraphy showed accumulation in the hilar and mediastinal lymph nodes, bilateral lacrimal glands, and parotid glands. Tuberculin test was negative. Pathological examination of a mediastinal lymph node showed non-caseating epithelioid cell granuloma. She was diagnosed with histologically confirmed sarcoidosis. Subsequently, she developed complication with left lateral medullary infarction, Wenckebach-type atrioventricular (AV) block, and hypercalcemia. Oral prednisolone (30 mg/day) improved the anterior chest discomfort as well as the hypercalcemia and AV block, but not the hypesthesia and hypalgesia of the chest wall.

Granuloma and vasculitis of the epineurial arterioles may be among the causes of sarcoidotic neuropathy (2). When these pathological conditions are present, the type of neuropathy may be mononeuropathy multiplex. The truncal neuropathy in our patient might have been a form of mononeuropathy multiplex in which the lesion site was situated distal to the branching to the paraspinal muscles.

References

1. Kasahata N, Hanaue K, Kamei T. Sarcoidotic truncal neuropathy. *Intern Med* **44**: 684, 2005.
2. Said G, Lacroix C, Planté-Bordeneuve V, et al. Nerve granulomas and vasculitis in sarcoid peripheral neuropathy. A clinicopathological study of 11 patients. *Brain* **125**: 264-275, 2002.

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