Pulmonary Sarcoidosis with Massive Parenchymal Masses

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Key words: parenchymal mass, pulmonary sarcoidosis, perilymphatic spread

(DOI: 10.2169/internalmedicine.46.0502)

A 37-year-old American woman was referred to our hospital for abnormal shadows on chest roentgenogram (Picture 1-A). She had been suffering from dry cough for two years. Physical findings were normal except for mild bibasilar end-inspiratory crackles. Thoracic CT depicted a mass of 5 cm in right S6 (Picture 1-B), multiple patchy consolidations (Picture 1-C, white arrow) scattered in bilateral lower lobes, thickening of bronchovascular bundles and interlobular septa (black arrow) and tiny nodules along perivascular and interlobular septa (black arrowheads), suggesting the presence of pulmonary sarcoidosis.

A high-resolution chest CT scan reveals pretracheal and paraaortic lymphadenopathy.

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Received for publication August 7, 2007; Accepted for publication August 20, 2007

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process of perilymphatic spread. She also had mediastinal lymphoadenopathy (Picture 1-D) and a small amount of right side pleural effusion. The biopsied specimen from the mass lesion in the right S6 demonstrated noncaseating granulomas with multi-nucleated giant cells, and she was diagnosed as pulmonary sarcoidosis. Although massive parenchymal mass lesions are rare in pulmonary sarcoidosis (1-4), the present case suggested that pulmonary sarcoidosis must be included as one of the candidates for the diagnosis.

References


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