Finger Manifestation as an Initial Symptom of Sarcoidosis

Sachika Hara, Keigo Uchimura, Toshinori Kawanami and Kazuhiro Yatera

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A 32-year-old Japanese man with no remarkable medical history showed painful reddish, swollen flexion of the left digitus anularis (Picture 1). Posteroanterior radiographs of the hand showed osteolytic lesions (Picture 2A) that showed a low signal intensity on T1-weighted magnetic resonance imaging (Picture 3), suggesting osseous sarcoidosis (OS). Chest X-ray showed typical bilateral hilar lymphadenopathy as sarcoidosis (Picture 4). Bronchoscopically obtained specimens from the mediastinal lymph nodes showed non-caseating epithelioid cell granuloma; thus, the patient was diagnosed with sarcoidosis. OS is rarely the first manifesta-
tion in sarcoidosis patients (1). Although there are no definite treatment guidelines for OS (2), systemic corticosteroid treatment (prednisone 30 mg/day, tapered to 5 mg/month over 6 months) resulted in its resolution with remodeling of the osteolytic lesions of the left hand 7 months later (Picture 2B). Because OS can cause fractures and joint dysfunctions, clinicians should promptly diagnose and treat OS.

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References


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