An unusual localized variant of cutaneous sarcoidosis masquerading as an infection

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Sarcoidosis is a multisystem inflammatory disorder that affects the skin in roughly 20% of patients.

Cutaneous sarcoidosis can present with varied morphologies.

Unusual presentations of sarcoidosis can be misdiagnosed as other entities.
A 64-year-old man presented with a 1-year history of asymptomatic nodules and a plaque on his right arm which progressed to a large 8x10 inch indurated plaque.

There was no history of trauma, immunosuppression, or contact with environmental sources of infection.

He had no systemic symptoms.

Prior to his evaluation in our clinic and because of involvement of the elbow, he had been biopsied and cultured by a dermatologist, an orthopedist, and had seen a specialist in infectious diseases.
Case Presentation

- **Past Medical History**: Hypertension, hypercholesterolemia, prostate cancer, radiation treatment
- **Social History**: No tobacco use, rare alcohol use
- **Physical Examination**: Firm subcutaneous nodule on the right medial elbow, and a large, indurated, scaly red-brown plaque on the right radial forearm, with numerous firm nodules extending circumferentially and proximally to the epitrochlear region. No lymphadenopathy was present.
Red brown indurated plaque on the right forearm
Firm nodule in the epitrochlear region
Differential Diagnosis

- Atypical mycobacterial infection
- Fungal infection
- Localized psoriasis
- Pagetoid reticulosis
Case Presentation: Evaluation

Our evaluation revealed the following normal findings:

- CBC
- Hepatic function panel
- Erythrocyte sedimentation rate
- Angiotensin converting enzyme (ACE) level
- Quantiferon assay
- Immunofixation electrophoresis
- Chest x-ray
- Pulmonary function tests
- Echocardiogram
- Ocular examination
Biopsy taken from mass near the right elbow
Non-caseating epithelioid granulomas
Minimal inflammation
No atypical cells, no necrosis
Case Presentation: Biopsy

- PAS, Fite, AFB, and GMS stains were negative.
- No foreign bodies were observed.
- Tissue culture was negative.
- Fungal studies were negative.
Case Presentation: Course and Treatment

- This patient was diagnosed with a localized variant of cutaneous sarcoidosis.
- He was started on minocycline, 100mg twice daily.
- Over several follow up visits, he continued to improve on this regimen.
Discussion

- Cutaneous sarcoidosis remains among the diseases of the skin that are “great masqueraders.”
- This case is unusual in that there was an extensive, progressive unilateral plaque as the sole manifestation of sarcoidosis.
- In such cases it is imperative to exclude infection or neoplasia prior to treatment.