

Abstract

Sarcoidosis is a multiorgan disease that has an insidious presentation, course and the etiology of which is yet undetermined. The any number of organs that may be involved means that the clinical symptoms and signs are diverse such that its known as the great mimicker but asymptomatic disease is frequent. Despite advances in the understanding of the disease, the lack of gold standard diagnostic tests mean that sarcoidosis is a diagnosis of exclusion. Even the widely described histological finding of non-caseating granuloma have been known to be found in many other disease processes.

This case report highlights of a patient with type 2 diabetes mellitus presenting with a history of fatigue, dry cough and symptoms of hypercalcemia for two months duration, incidentally, found to have lymphadenopathy and hepatosplenomegaly.

The further evaluation of which led to the diagnosis of multisystem sarcoidosis involving lung, liver, spleen, lymph nodes and musculoskeletal system. He was successfully managed with oral glucocorticoids with significant improvement of his symptoms.

Perhaps the most challenging part is making the diagnosis part as most patients who are diagnosed do not necessitate treatment due to the self-limiting nature. Those that do, such as patients with pulmonary, cardiac and neurological involvement, benefit from corticosteroid therapy but generally have a poorer prognosis. More novel avenues of treatment must be explored in such patients.