

Abstract

Sarcoidosis is a chronic systemic inflammatory condition characterized by non-caseating granulomas usually in lungs, intra thoracic lymph nodes, eyes, and skin. In half of the patients it is diagnosed incidentally as they are asymptomatic most of the time. Commonly it presents with pulmonary involvement such as bilateral hilar lymphadenopathy / reticular opacities of interstitium. Rarely it can presents with uncommon manifestations such as extra thoracic lymphadenopathy like bilateral inguinal lymphadenopathy and bilateral lung fibrosis with honey combing.

Here I presents a case of 63 year old patient with prior history of sputum negative pulmonary TB without any improvement of symptoms even after full course of CAT 1 regime, presenting with worsening of symptoms such as loss of appetite , loss of weight, polyuria, polydipsia, dry cough and shortness of breath for three weeks duration. He was emaciated and moderately dehydrated. He had bilateral inguinal lymphadenopathy, mild splenomegaly and widespread bilateral lung fine and coarse crepitation. Investigations revealed sever hypercalcemia, elevated serum ACE level, noncaseating granuloma of inguinal lymph node and bilateral lung fibrosis with honey combing predominantly involving both upper lobes. That lead to the diagnosis of sarcoidosis and treated with oral prednisolone for which he responded very well.