

Sarcoidal Type Foreign Body Reaction: A Case Report

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Abstract

Sarcoidosis and foreign body reactions are common differential diagnoses of skin granuloma formation. We report a 40 year –old man with sarcoid type granulomas containing polarized foreign materials, and also bilateral hilar adenopathy. It appears that detection of foreign bodies in histopathologic studies of granulomas does not necessarily exclude the possibility of sarcoidosis. (*Iran J Dermatol* 2010;13: 57-59)

Key words: foreign body, sarcoidosis, granulomatous

Introduction

Sarcoidosis is a multisystem disorder histologically characterized by well demarcated non caseating epithelioid granulomas, occasional giant cell formation and no necrosis¹. Foreign body granulomatous reaction is one of the differential diagnosis of sarcoidosis², which may have an immunologic or non immunologic basis³.

We report a case with granulomatous reaction who demonstrated different features of both the aforementioned diseases.

Case Report

A forty year-old Caucasian man presented with asymptomatic lesions on the left side of his face from two years ago. The lesions appeared to be enlarging gradually. Also, he had the history of shrapnel wounds in the same area fourteen years ago. The wounds, which were cleaned and debrided at the time of injury, healed with no complications shortly afterwards.

Physical examination revealed flesh-colored to translucent papulonodules with a zosteriform pattern involving the left side of his lips, nose, and also left nasal and temporal canthus. (Figures 1)

Biopsies of the lesions showed well-circumscribed granulomas with epithelioid and giant cells surrounded by lymphocytes. (Figure 2)

Special staining for acid fast bacilli, culture for mycobacterium tuberculosis and atypical mycobacteria, PPD skin test and ANA were negative. Birefringent particles were detected on polarized light microscopy (Figure 3). Foreign bodies surrounded by epithelioid histiocytes were found after reviewing the specimens by conventional light microscopy as well.

Laboratory studies relevant to sarcoidosis (erythrocyte sedimentation rate, angiotensin converting enzyme, serum calcium and 24-hours urine calcium) were within normal limits. Chest X-ray and chest CT scan revealed bilateral hilar lymphadenopathy with no paranchymal involvement. So, the possibility of sarcoidosis was considered.

The lesions improved significantly after daily treatment with 30 mg prednisolone, but they recurred rapidly after tapering the dose of prednisolone. Intralesional injections of triamcinolone acetonide caused marked improvement of the lesions, though recurrence occurred again after a short while.



Figure 1. Translucent papulonodules with a zosteriform pattern involving the left side of nose, nasal and temporal canthus.

Unfortunately, the patient was lost to follow up for his skin and pulmonary involvement.

Discussion

Sarcoidal granuloma formation is found in the presence of both sarcoidosis and foreign body reactions⁴.

Foreign bodies embedded in skin tissue lead to granuloma formation either under immunologic control or without immunologic modulation. Granulomatous reactions may mimic the histopathology of sarcoidosis and also commonly produce birefringent effects on polarized microscopy. In some instances, electron microscopy or spectrographic analysis are used to detect foreign bodies³.

Sarcoidosis is known as a multisystem disorder of unknown origin characterized by non-caseating granulomas⁵. Since bilateral hilar lymphadenopathy is the hallmark of the disease², sarcoidosis was postulated to be responsible for the granuloma formation in our case. On the other hand, the detection of birefringent particles in

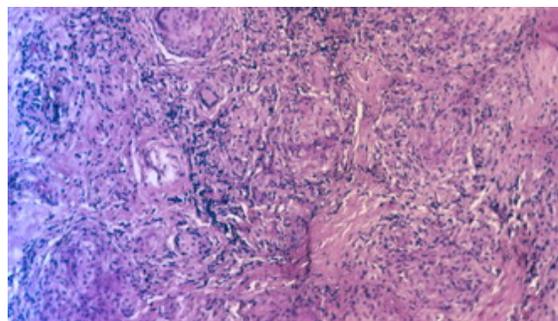


Figure 2. Well-circumscribed granulomas with epithelioid and giant cells surrounded by lymphocytes (H&E*10)



Figure 3. Birefringent particles on polarized light microscopy.

polarized microscopy and normal laboratory tests weakened this possibility. However, the presence of polarizable foreign bodies in granulomatous skin lesions may not exclude the diagnosis of sarcoidosis. In fact, there have been several reports of sarcoidosis associated with foreign bodies within skin granulomatous lesions⁶⁻¹⁰. It has been suggested that foreign materials may play the role of a stimulus for granuloma formation in sarcoidosis⁶. It is worthy of note that in patients with foreign body reactions, diagnosis of sarcoidosis should not be ignored, considering the clinical and histopathological similarities between the two mentioned diseases.

Indeed, chemical analysis of the foreign bodies as well as further diagnostic studies for sarcoidosis such as gallium-67 scan, pulmonary function tests, bronchoalveolar lavage, and slit lamp eye examination, should have been done to make a more precise diagnosis in our case.

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