



CLINICAL IMAGE

Acute arthritis caused by sarcoidosis

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1 | CASE PRESENTATION

A 47-year-old man was referred to our hospital with a 1-month history of bilateral ankle arthralgia and swelling (Figure 1A). The patient also had a cough that began several months prior; therefore, we performed chest radiography, which revealed bilateral hilar lymphadenopathy (BHL; Figure 1B). Gallium-67 was locally accumulated in the BHL during gallium scintigraphy, and blood examinations revealed high serum levels of angiotensin-converting enzyme activity (22.3 U/L), lysozyme (10.4 µg/mL), and soluble interleukin-2 receptor (684.4 U/mL). The lymphocyte CD4/8 ratio in the bronchoalveolar lavage fluid was also elevated at 14.8. Needle biopsy of the BHL revealed nonnecrotizing epithelioid granulomas (Figure 1C); hence, a definitive diagnosis of sarcoidosis was made. Major organs, including the skin, eyes, heart, and nerves, were not affected, and

the arthralgia and swelling resolved spontaneously with only symptomatic treatment; therefore, we decided to follow up the patient without immunosuppressive therapy. The disease has passed without recurrence for half a year.

Sarcoidosis presents with arthralgia in 15%–25% of cases.¹ Sarcoidosis accompanying the triad of BHL, acute arthritis, and erythema nodosum is known as Löefgren's syndrome. If erythema nodosum is absent, as in this case, it is considered a subtype of this syndrome.² Sarcoid arthritis usually occurs in the ankle joints and generally improves within a few months with only symptomatic treatment³; however, attention should also be paid to the complication of other collagen diseases, such as rheumatoid arthritis.⁴ Sarcoid arthritis or Löefgren's syndrome occurs mainly in young northern European women and is particularly rare, especially in Asian men.⁵ According to one recent study conducted in 2020, there had been

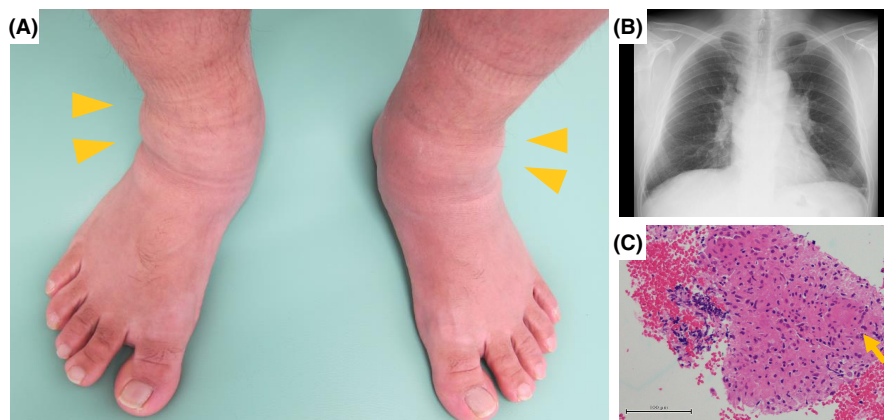


FIGURE 1 Bilateral swollen ankles with tenderness at the time of initial presentation (A). Chest radiograph shows bilateral hilar lymphadenopathy (BHL), which is suggestive of sarcoidosis (B). Needle biopsy from the BHL pathologically reveals nonnecrotizing epithelioid granulomas (arrow: Langhans giant cell) (C).

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only four male cases of Löefgren's syndrome so far in Japan.⁶ Our case seems to be unique case in which the patient was relieved without steroid treatment rather than these four cases. Physicians should consider sarcoidosis in the differential diagnosis of acute bilateral ankle arthritis, especially in patients with upper respiratory symptoms.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest associated with this study.

PATIENT CONSENT STATEMENT

Written consent to publish this report was obtained from the patient.

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