

[PICTURES IN CLINICAL MEDICINE]

Finger Manifestation as an Initial Symptom of Sarcoidosis

Sachika Hara, Keigo Uchimura, Toshinori Kawanami and Kazuhiro Yatera

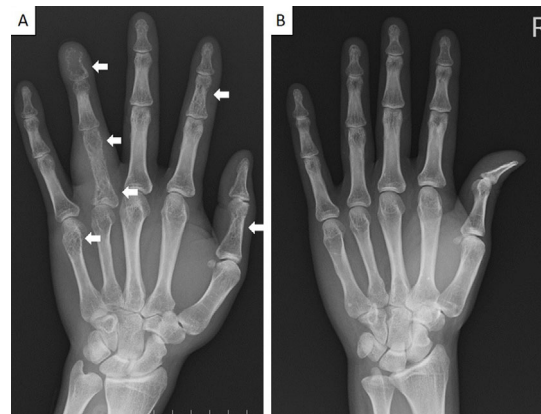
Key words: osseous sarcoidosis, bronchoscopy, prednisone, granuloma

(Intern Med 58: 3601-3602, 2019)

(DOI: 10.2169/internalmedicine.3506-19)



Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 32-year-old Japanese man with no remarkable medical history showed painful reddish, swollen flexion of the left digitus anularis (Picture 1). Posteroanterior radiographs of the hand showed osteolytic lesions (Picture 2A) that showed

a low signal intensity on T1-weighted magnetic resonance imaging (Picture 3), suggesting osseous sarcoidosis (OS). Chest X-ray showed typical bilateral hilar lymphadenopathy as sarcoidosis (Picture 4). Bronchoscopically obtained specimens from the mediastinal lymph nodes showed non-caseating epithelioid cell granuloma; thus, the patient was diagnosed with sarcoidosis. OS is rarely the first manifesta-

tion in sarcoidosis patients (1). Although there are no definite treatment guidelines for OS (2), systemic corticosteroid treatment (prednisone 30 mg/day, tapered to 5 mg/month over 6 months) resulted in its resolution with remodeling of the osteolytic lesions of the left hand 7 months later (Picture 2B). Because OS can cause fractures and joint dysfunctions, clinicians should promptly diagnose and treat OS.

The authors state that they have no Conflict of Interest (COI).

References

1. Zhou Y, Lower EE, Li H, Farthey Y, Baughman RP. Clinical char-

acteristics of patients with bone sarcoidosis. *Semin Arthritis Rheum* **47**: 143-148, 2017.

2. Costabel U, Hunninghake GW. ATS/ERS/WASOG statement on sarcoidosis. Sarcoidosis Statement Committee. American Thoracic Society. European Respiratory Society. World Association for Sarcoidosis and Other Granulomatous Disorders. *Eur Respir J* **14**: 735-737, 1999.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

© 2019 The Japanese Society of Internal Medicine
Intern Med 58: 3601-3602, 2019