DOI: 10.5152/TurkThoracJ.2019.320

[Abstract:0410] PP-182 [Accepted: Poster Presentation] [Clinical Problems - Diffuse Parenchymal Lung Diseases]

A Case of Sarcoidosis with ARDS Radiology

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Introduction: Sarcoidosis is a systemic granulomatous disease that causes a wide variety of clinical and radiological findings. Although it is seen in both genders, it usually affects young and middle age women.

Case Presentation: A 31-year-old male, presented with complaints of shortness of breath for 20 days and weight loss of 17 kg last 2 months. On physical examination, dyspnea and tachypnea were present. SpO2 in room air was 93%. The patient's chest X-ray revealed bilateral hilar enlargement and diffuse heterogeneous reticulonodular density in all zones of both lungs. Thoracic CT revealed diffuse ground-glass opacities and multiple mediastinal lymphadenopathies (LAP). LAP's with unclear echogenicity were detected in both supraclavicular, cervical and submandibular areas. Primarily lymphoproliferative diseases es and lung involvement were considered. In clinical follow-up, the need for oxygen increased. Rutine labaratory test were in normal range and serum ACE level: 69.3 U/L, serum calcium: 12.6 mg/dL, spot urine calcium value: 26.07 mg/dL. Tuberculin skin test was negative. Bronchoscopy and Bronchoalveolar lavage (BAL) was performed. No endobronchial lesion was observed. Cell count was evaluated as 50% lymphocytes, 10% neutrophils and 40% macrophages in BAL fluid and CD4/ CD8 ratio was 8.63. Transbronchial biopsy and transbronchial needle aspiration could not be performed due to severe cough developed during bronchoscopy. The case was diagnosed as stage 2 sarcoidosis, due to hypercalcemia and hypercalciuria, 60mg/day metilprednisolone was initiated. Endobronchial ultrasound was performed after clinical stability. Multiple, septating lymph nodes 4R, precarinal, 4L, 11R stations were sampled (TBNA). Pathology was reported as non-necrotizing granulomatous inflammation. The patient improved clinically and radiologically. Currently, oral steroid treatment is continued with outpatient follow-up.

Conclusion: It should be kept in mind, sarcoidosis clinic and radiology can be confused with many diseases.

Keywords: Sarcoidosis, radiology, ARDS