



Sarcoidosis

Sarcoidosis is a granulomatous disease, often systemic, of undetermined cause. A distinction is made b

In subacute, transient sarcoidosis, erythema nodosum is associated with hilar adenopathy, fever, and, in

In systemic sarcoidosis, cutaneous lesions are encountered in approximately one fourth of patients who

In the United States, this disorder is much more common and is more severe in African Americans . It is

The most common cutaneous lesions of sarcoidosis are the erythema nodosum and the erythema multiforme. This is a self-limiting disease and is associated with

A rare form of sarcoidosis is its lichenoid variant, in which small, papular lesions occur . Very rare manif

Subcutaneous nodules of sarcoidosis are also rare. Originally described by Darier and Roussy , they ma

occur in association with other cutaneous lesions or alone . Up to 80% to 90% of patients with subcutar

Systemic sarcoidosis occasionally coexists with granuloma annulare . Cutaneous lesions of sarcoidosis

Histopathology.

The lesions of erythema nodosum occurring in subacute, transient sarcoidosis have the same histologic

Like lesions in other organs, the cutaneous lesions of chronic, persistent sarcoidosis are characterized b

The papules, plaques, and lupus pernio-type lesions show variously sized aggregates of epithelioid cells

and, rarely, also giant cells . Typical sarcoidal granulomas are found in the ichthyosiform lesions , in ulc

hypopigmented sarcoid may reveal granulomas, which may have a perineural component or fail to reveal

In typical cutaneous lesions of sarcoidosis, the well-demarcated islands of epithelioid cells contain few, i

Classically, sarcoid has been associated with only a sparse lymphocytic infiltrate, particularly at the mar

eosinophilic staining is found in the center of some of the granulomas . A reticulum stain of sarcoid reve

Systemic Lesions. The lungs are the most commonly involved organ in the chronic, persistent type

In about 25% of the patients, ocular manifestations occur, most commonly chronic iridocyclitis. Splenom

Sarcoidosis, although usually a benign disease, is fatal in approximately 5% of patients . The most com

The diagnosis of sarcoidosis in a patient with systemic disease is based on clinical presentation, biopsy

Pathogenesis

The cause of sarcoidosis is *Mycobacterium* and the disease is

Electron microscopic examination of epithelioid cells fails to show any evidence of bacterial fragments, u

residual bodies of lysosomes. Asteroid bodies consist of collagen showing the typical 64- to 70-nm periodicity.

Differential Diagnosis .

The histologic differentiation of sarcoidosis from lupus vulgaris is

occasionally impossible. There is no absolute histologic criterion by which the two diseases can be differentiated.

Foreign-body granulomas can also resemble sarcoidosis. Polariscopic examination in search of doubly refractile bodies is helpful.

Tuberculoid leprosy, which may show granulomas in association with only a sparse lymphocytic infiltrate, is another

