INTRODUCTION:

Sarcoidosis is a multisystemic inflammatory disease of unknown etiology which may involve any organ in the body. Their involvement of lungs and intrathoracic lymphnodes is more than 90% of reported cases, while the sinusonasal involvement is less than 1% of reported sarcoidosis cases.

CASE:

A 31- year old woman presented in the otorhinolaryngology clinic with left side nasal obstruction and pressure pain in the left maxillary sinus and forehead for six months. In the medical history: since 4 years sarcoidosis with pulmonary, hilary lymphadenopathy, liver involvement as well as Iritis is known. In the computertomography (CT) of the paranasal sinuses revealed typical signs of chronic pansinusitis of the left maxillary, anterior ethmoidal, and the frontal sinuses was founded (Figure 1) As the conservative topical therapy with cortisone was not effective in this case, patient was treated surgically with a functional endoscopic sinus surgery (FESS). The pathological findings after the operation reported mucosal granulations with sarcoidosis involvements. Follow up visits six months after the operation showed significant improvement of symptoms with no recurrence.

DISCUSSION:

While Sarcoidosis can occasionally be seen involving the lower respiratory tract, it rarely involves the paranasal sinuses. The medical literatures on paranasal sinuses involvements with sarcoidosis was reviewed. Published studies differ in determining the diagnosis of paranasal involvement with sarcoidosis depending on symptoms, nasal endoscopy, CT of sinuses, and histologically. Some authors found this involvement in only 1% of the reported cases, where the major symptoms were similar to the chronic rhinosinusitis symptoms such as: nasal stiffness, rhinorrhea, epistaxis, facial pain and anosmia.

Histologically, paranasal sarcoidosis characterized by non-caseating granulomatous inflammation. It was founded in the literatures that this involvement can occur before the systemic sarcoidosis or within wide time interval during the previous course of the disease. Sinuses CT was rarely described in the literatures. Reported CT findings were unspecific mucosal thickening, sinus opacification, inflammatory like distraction and bone lesions.

Sinonasal sarcoidosis treatment includes topical or systemic steroid therapy. For those cases of sarcoidosis with acute or chronic sinuses. When the topical cortisone therapy was ineffective, the sinonasal surgery was recommended. The aim of this report in view of the literature is to emphasize that in patients with sarcoidosis paranasal sinusitis can be involved though it is quite rare.

References: