



IMAGE OF THE MONTH

Hepatic and splenic involvement of sarcoidosis

Sarcoidosis de afectación hepatoesplénica

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A 66-year-old patient who began digestive system tests due to cholestasis and nonspecific abdominal pain unrelated to food intake, without weight loss or changes in bowel habits. The laboratory tests revealed normal bilirubin, alkaline phosphatase 144 IU/l, GGT 186 IU/l, GOT 23 IU/l and GPT 34 IU/l.

The abdominal ultrasound revealed small peripheral hypoechoic areas scattered throughout the liver parenchyma and pathological nodes in the hilum of the liver indicating malignancy.

The study was completed with an abdominal tomography, which showed hepatomegaly with multiple hypodense

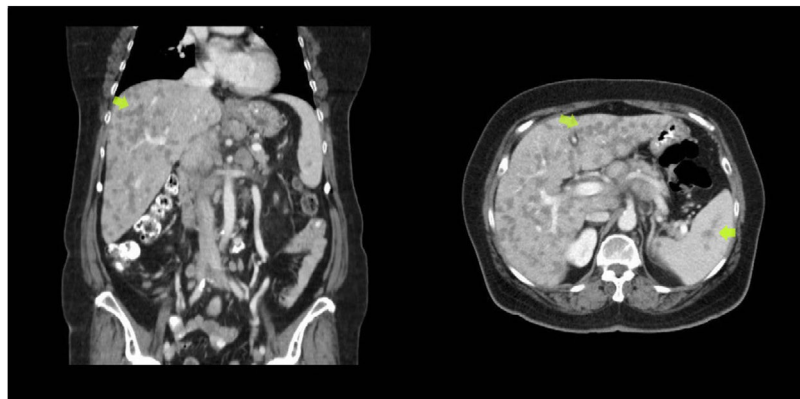


Figure 1 Coronal and transverse sections of abdominal CT showing multiple hepatosplenic lesions consistent with sarcoidosis involvement.

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hepatic and splenic lesions indicating metastasis in addition to various subcarinal, para-aortic and inguinal adenopathies (Fig. 1).

A biopsy of an inguinal adenopathy was performed to identify the possible primary lesion, yielding a lymph node with non-caseating chronic granulomatous sarcoid-type inflammation. Histochemical techniques performed ruled out mycobacteria and fungi.

Sarcoidosis is a chronic multisystemic disease characterised by the accumulation of inflammatory cells with the formation of non-caseating granulomas,¹ with the lung and hilar lymph nodes being the most commonly affected organs. Digestive involvement is infrequent,^{1,2} and even more so hepatosplenic extension, and an infectious disease such as tuberculosis, fungal diseases, leishmaniasis, etc., or symptoms indicating malignancy, such as lymphomas or metastasis, should be ruled out.³

References

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