Case Report

Atypical sarcoidosis: Expect the unexpected

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Abstract

Background: Sarcoidosis is a multisystem granulomatous disease that primarily affects the lungs but can manifest with rare extrapulmonary features. In elderly patients, its presentation is often atypical and non-specific, frequently mimicking malignancy or chronic renal disease, leading to significant diagnostic delays. This case presentation is about the rare conditon outcome by comparing his admissions.

Key words: Sarcoidosis; Outcome; Granulomatous markings; AKI: Methotrexate

1. Case Presentation

A 72 years old male presented with complaints of nausea, vomiting, generalized tiredness, fatigue, minimal pedal edema.

Past history: No previous comorbidities

On examination: Patient was conscious, oriented, afebrile, Dehydration+ Systemic examination: CVS/RS/CNS-Normal

Incidence: Sarcoidosis is generally considered a rare condition, with an annual incidence of less than 1% of the population in India. Among individuals diagnosed with sarcoidosis, the occurrence of hypercalcemia and acute kidney injury (AKI) as the initial presenting symptoms is relatively uncommon, reported in only about 3–5% of cases

2. Evaluation

Basic investigation showed Elevated renal parameters and increased calcium levels, otherwise normal. Urine routine/PCR/Culture done-normal ECHO normal. ECG-normal, Chest X-ray-normal, USG Abdomen-Normal size kidney. Bilateral Doppler done-normal. On further evaluation patient found to have AKI/Hypercalcemia. Primary diagnosis of AKI (secondary to hypercalcemia) was made. Nephrologist opinion was obtained and treated with calcitonin and IV fluids. Even after treatment Persistent hypercalcemia + AKI persisted.

Further investigation - Systemic immunofluorescence assay (SIFE) were done to rule out myeloma found to be normal.

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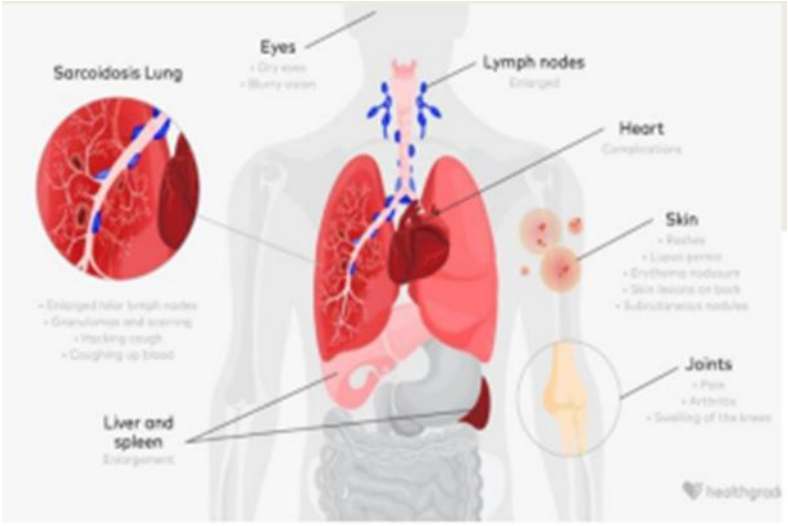
CT-KUB done-normal. Patient was then evaluated for the cause of isolated hypercalcemia. PET-CT done, showed no malignancy, minimal Lymph nodes in mediastinum noted. Sr, ACE levels mildly elevated.

Pulmonologist consultation was made and Bronchoscopy + EBUS biopsy done showed inflammatory with granulomatous markings. FNAC-epithelioid cell granulomatous lesion. AFB stain-no acid fast bacilli. Fluid cytology- no atypical cells are seen. Genexpert-MTB not detected. Rheumatologist opinion was obtained in view of? sarcoidosis-atypical. Started on steroids and methotrexate. Patient condition improved. Responded to the treatment, AKI resolved and patient was discharged once the calcium levels improved. On further follow-up Cr-1.9, Ca-9.6. doing well with no symptoms.



First Admission

Inv	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Urea	103	102	94	81	70	71
Cr	3.2	3.1	3.0	3.1	2.5	2.4
Sr. Cal	13.7	11.7	11.6	11.6	10.6	10.5

Second Admission

Inv	Day 1	Day 2	Day 3	Day 4	Day 5
Urea	90	80	66	52	43
Cr	2.6	2.8	2.3	2.0	1.9
Sr. Cal	11.3	11.9	10.6	9.8	9.6