

Images in Rheumatology

## A Rare Case of Subcutaneous Sarcoidosis in Patient With Psoriatic Arthritis

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Sarcoidosis is a multisystem chronic inflammatory disorder of unknown etiology characterized by noncaseating granulomas.<sup>1</sup> In the literature, we found a few cases of sarcoidosis combined with psoriasis and psoriatic arthritis (PsA), in patients treated with anti-tumor necrosis factor inhibitors<sup>2</sup> and secukinumab.<sup>3</sup> However, the coexistence of isolated cutaneous sarcoidosis and PsA is rare.<sup>4,5</sup>

A 50-year-old White woman with PsA presented with painful subcutaneous nodules on the face and arms in the last 5 months; these nodules were associated with anorexia,

fatigue, and weight loss (10%). Physical examination showed 4 erythematous palpable subcutaneous nodules: at the frontal and submandibular region, right side of the face (Figure 1), and proximal extensor surface of the right elbow. The Psoriasis Area and Severity Index score was 1.2.

Abnormal laboratory results included normochromic normocytic anemia (hemoglobin 10.7 g/dL; normal range [NR] 11.5-16.0 g/dL), lymphopenia ( $0.55 \times 10^9/L$ ; NR  $0.8-4.0 \times 10^9/L$ ), C-reactive protein at 2.15 mg/dL (NR < 0.5 mg/dL), erythrocyte sedimentation rate at 42 mm/h (NR < 20 mm/h), and lactate dehydrogenase at 360 U/L (NR 140-280 U/L). The remaining laboratory data, chest radiograph, and thoraco-abdominopelvic computed tomography were normal. Bone marrow biopsy revealed a reactive inflammatory process, excluding infection or malignant disease. Histology of the skin biopsy showed granulomatous infiltrate with multinucleated giant cells in the dermis

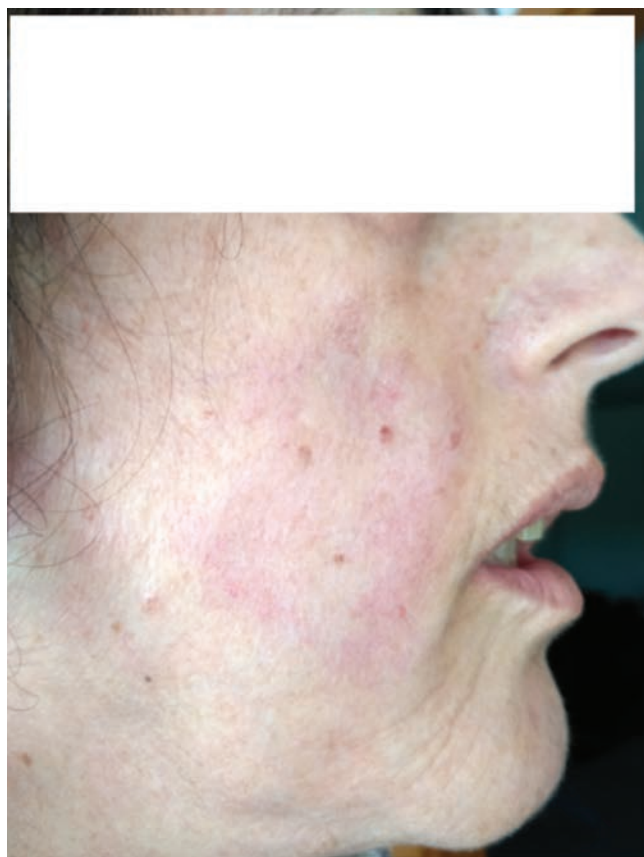


Figure 1. One palpable subcutaneous nodule at the right side of face (2.5 cm  $\times$  3 cm).

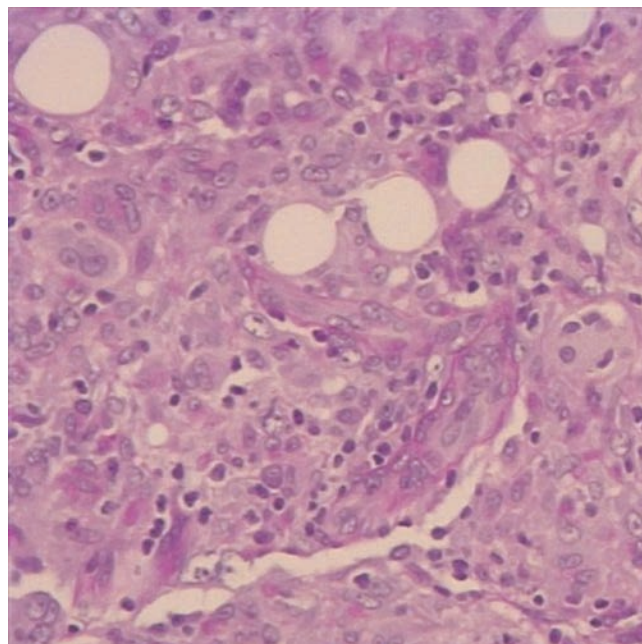


Figure 2. Skin biopsy demonstrating granulomatous infiltrate with multinucleated giant cells in the dermis of the frontal region of the face (Periodic acid-Schiff stain; 200 $\times$  magnification).

(Figure 2).  $^{18}\text{F}$ -fluorodeoxyglucose positron emission tomography ( $^{18}\text{F}$ FDG-PET) showed subcutaneous nodules all over the body that were more concentrated to the upper limbs and axillary lymph nodes. The patient began taking an increased dose of prednisone (60 mg daily) and started hydroxychloroquine 5 mg/kg/day. After 12 weeks, the patient had complete resolution and subcutaneous nodules were no longer detected, which was confirmed by the absence of subcutaneous sarcoid activity through a repeated  $^{18}\text{F}$ FDG-PET scan.

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