

ANSWER TO PHOTO QUIZ (PAGE 347)  
 ULCERATED NODULES OF THE TONGUE

**DIAGNOSIS**

Sarcoidosis remains a rare disease with an unknown aetiology. Clinically, the most common presentation is pulmonary infiltration associated with hilar lymphadenopathy, usually causing fatigue, malaise, dyspnoea or weight loss. Apart from the lungs, all other organs can be involved, leading to hepato-splenomegaly, uveitis, photophobia, osteolytic bone lesions, lupus pernio and erythema nodosum in the skin, arithmias, congestive heart failure and parotitis (Heerfordt's syndrome).<sup>1</sup> The diagnosis is based upon clinical history, pulmonary function tests, haematological tests, biochemical investigations (liver and renal function tests, serum calcium, and serum angiotensin converting enzyme levels), chest radiograms and histological studies. Biopsy of the tissues involved is mandatory for the diagnosis, showing non-caseating granulomas, usually containing epithelioid macrophages surrounded by a rim of lymphocytes.<sup>1,2</sup> These findings are not specific for sarcoidosis and detectable in other granulomatous disorders. Nevertheless, such findings should raise the suspicion of sarcoidosis and lead to further investigation. Oral involvement in sarcoidosis is uncommon; clinically, swellings or nodules, ulcers, gingivitis or gingival hyperplasia might be present.<sup>3</sup> Also, jawbones can be involved, showing lytic lesions usually associated with loss

of teeth, pain and swelling. The oral mucosa is the most commonly affected site, followed by gingiva, lips, floor of the mouth/sublingual gland, palate and salivary glands. Parotid gland involvement, usually bilateral, occurs in less than 10% of patients with sarcoidosis, and tongue involvement is also rare. Lesions are most often nodular, while ulceration is very unusual and can lead misdiagnosis of malignancies.<sup>3,4</sup>

The differential diagnosis of oral sarcoidosis includes orofacial granulomatosis, such as bacterial infections (tuberculosis, syphilis, cat-scratch disease and leprosy), fungal infections (histoplasmosis, coccidioidomycosis), foreign body granulomas and Crohn's disease.<sup>1,4</sup>

**REFERENCES**

1. Sciubba JJ, Said-Al-Naief N. Orofacial granulomatosis: presentation, pathology and management of 13 cases *J Oral Pathol Med.* 2003;32:576-85.
2. Nico MM, Guimarães AL, Correa PY, Lourenço SV. Oral Mucosal Lesions in Sarcoidosis: Comparison with Cutaneous Lesions. *Acta Derm Venereol.* 2016;96:392-3.
3. Radochová V, Radocha J, Laco J, Slezák R. Oral manifestation of sarcoidosis: A case report and review of the literature. *J Indian Soc Periodontol.* 2016;20:627-9.
4. Bouaziz A, Le Scanff J, Chapelon-Abrie C, et al. Groupe Sarcoidose Francophone. Oral involvement in sarcoidosis: report of 12 cases. *QJM.* 2012;105:755-67.