

Differential Diagnosis of Sarcoidosis

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Sarcoidosis is a diagnosis of exclusion, and it is impossible to completely exclude alternative diagnoses. The diagnosis is established when clinicoradiographic findings are supported by histologic evidence of noncaseating granulomatous inflammation and other causes of granulomas and local reactions have been reasonably excluded.

Patients with sarcoidosis presenting with pulmonary symptoms often have a relative delay in the diagnosis of sarcoidosis, as these symptoms are nonspecific, and alternative diagnoses, such as asthma or bronchitis, are often considered. The diagnosis of sarcoidosis requires evidence of multisystem disease such that granulomatous inflammation is present in at least two organs.

There is an association between Sjogren disease and sarcoidosis, both diseases may coexist and be difficult to distinguish, particularly when there is lung involvement. Both diseases can present with keratoconjunctivitis sicca, parotid swelling, lung involvement, and cutaneous anergy.

To differentiate nodular pattern in Chest X-ray and CT scan of thorax in sarcoidosis and alveolar cell carcinoma, you should pay attention to shape, size, distribution, and border of nodules. In sarcoidosis there are multiple small, discrete nodules involving both lung fields diffusely, but in alveolar cell carcinoma there are numerous alveolar nodules and the nodules have irregular or fuzzy margins that are characteristic of alveolar, rather than interstitial nodules.