

# INCIDENTAL FINDING OF SUSPECTED PULMONARY SARCOIDOSIS: A CASE REPORT

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## Setting

Acute Inpatient Rehab

## Patient

A 26-yo AA male status-post intramedullary nailing of a femur fracture following MVC.

## Case Description

The patient complained of persistent night sweats and low-grade fever since the surgery. No intra-operative complications were documented. Surgical wounds revealed no signs of infection. Labs revealed no elevation in WBC count and blood cultures were negative. Chest X-Ray revealed a calcified granuloma. Chest CT scan revealed findings consistent with sarcoidosis. Further investigation revealed elevated CRP, ESR, and ACE levels with negative quantiferon assay. Virology was negative for Hepatitis B or C. COVID-19 testing was negative. BAL was ordered.

## Assessment

In this patient, sarcoidosis was suspected given family history obtained on admission. The pulmonology team was consulted for further management and workup of this patient. The patient was scheduled for outpatient BAL for diagnostic confirmation.

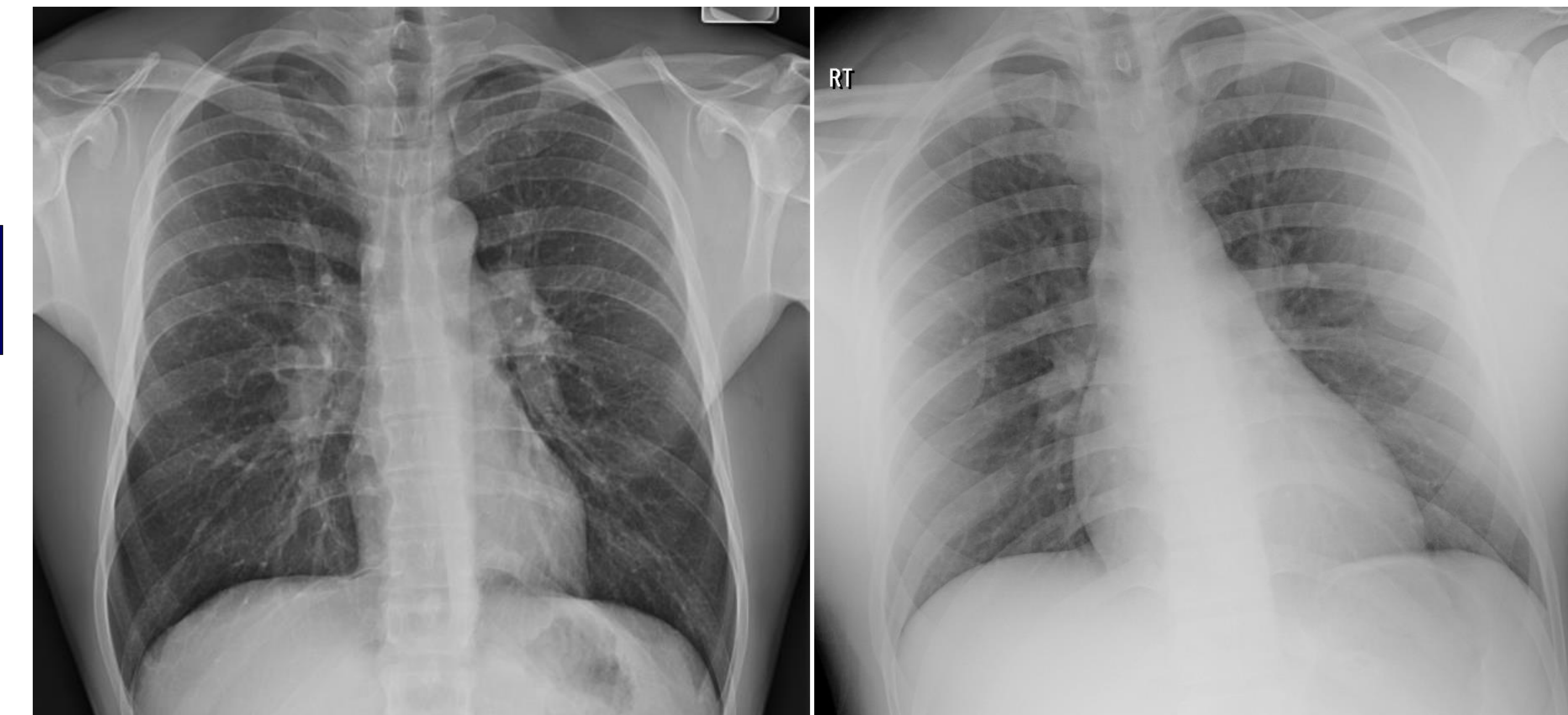
## Discussion

Sarcoidosis is a challenging disease for physicians to identify and manage due to its heterogeneous presentation. Common symptoms include but are not limited to skin manifestations, visual disturbances, cough, dyspnea, chest tightness, and chest pain. Pulmonary sarcoidosis is often asymptomatic, especially when in stage 1.

Sarcoidosis is a systemic inflammatory disease affecting many, if not all organs. As a result, clinical signs and symptoms of systemic inflammation can occur such as night sweats and elevation in body temperature. Inflammatory markers such as ESR and CRP are often elevated. Diagnosis of Sarcoidosis requires consideration of an extensive list of differential diagnoses as other causes such as Lofgren's Syndrome need to be ruled out

## Conclusion

Physiatrists play an intricate role in the medical management of a patient beyond that of the admitting diagnosis. Following any life-changing health crisis patients can present with subtle or significant clinical abnormalities that if not investigated could result in a missed diagnosis. For this reason, physiatrists need to keep current with internal medicine concepts and fundamentals in addition to being proficient at generating differential diagnoses. Investigating a patient's abnormal clinical presentation can result in reduced disease complications and improve clinical outcomes.



**Figure 1.** Patient with confirmed stage 1 pulmonary sarcoidosis (Ungpraesrt et al.)

**Figure 2:** Chest X-ray of patient with suspected sarcoidosis.

## References:

1. Lazarus, A. (2009). Sarcoidosis: Epidemiology, Etiology, Pathogenesis, and Genetics. *Disease-a-Month*, 55(11), 649–660. <https://doi.org/10.1016/j.disamonth.2009.04.008>
2. Ungprasert P, Ryu JH, Matteson EL. Clinical Manifestations, Diagnosis, and Treatment of Sarcoidosis. *Mayo Clin Proc Innov Qual Outcomes*. 2019;3(3):358-375. Published 2019 Aug 2. doi:10.1016/j.mayocpiqo.2019.04.006