Title: Progressive Facial Erythema Diagnosed as Cutaneous Sarcoidosis

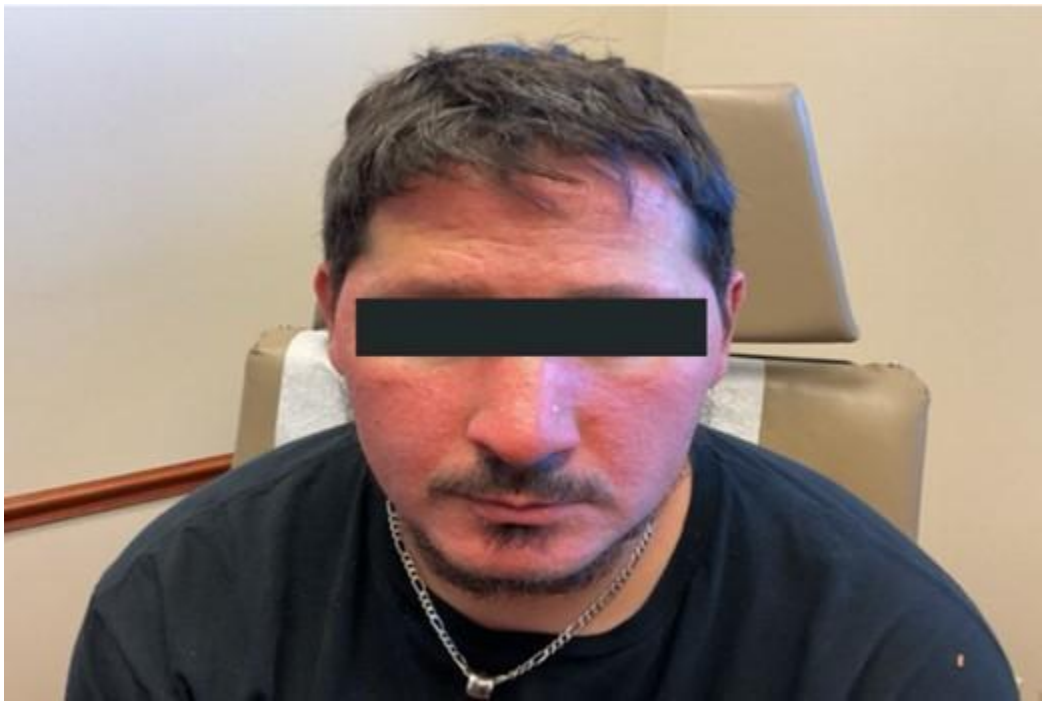
Authors: Lydia Lundquist, BS[1], Allison Goldenstein, DO, MPH[2]

Affiliations:
1. A.T. Still University - Kirksville College of Osteopathic Medicine, Kirksville, MO
2. Northeast Regional Medical Center, Kirksville, MO

Abstract:

A 32-year-old male welder presented with a two-year history of non-tender, erythematous facial plaques that extended to the lateral upper neck (Figure 1 and 2). His medical history was notable for rheumatoid arthritis, managed with oral methotrexate and avascular necrosis of both hips. The patient reported recently discontinuing methotrexate in preparation for a total hip arthroplasty. Following discontinuation, he noted an enlargement of the plaques, along with the onset of a“burning” sensation. This was most apparent with welding activities. Prior to seeking medical attention, the patient had used topical hydrocortisone 2.5% cream twice daily without improvement. Laboratory tests, including a complete blood count and complete metabolic panel, were unremarkable. A 4-mm punch biopsy of the neck revealed a granulomatous dermatitis, sarcoidal subtype (Figure 3). Serum angiotensin-converting enzyme (ACE) levels were normal at 63 U/L, and a chest x-ray showed no evidence of acute airspace disease. Based on the histological findings, a diagnosis of sarcoidosis was made. Treatment options were discussed with the patient, and due to his history of avascular necrosis, he was not considered a candidate for systemic glucocorticoid therapy. Instead, he was prescribed pimecrolimus 1% cream to be applied twice daily to the affected areas. Following his surgery he resumed methotrexate and experienced improvement in both plaque size as well as erythema.

Figures:



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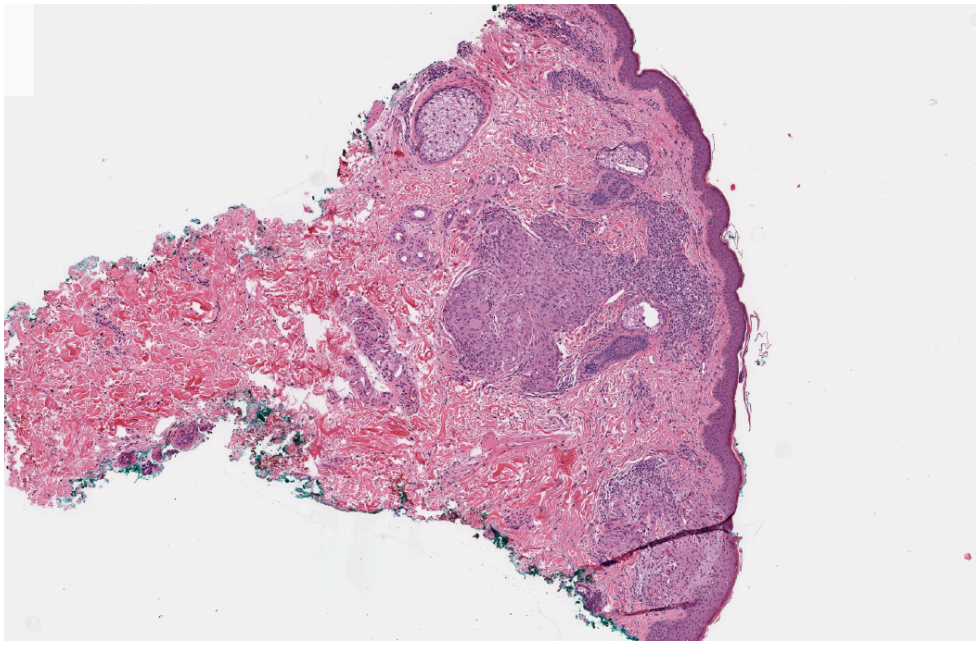
1. Erythematous papules coalescing into plaques on the anterior face with relative sparing of the periorbital region

2. Erythematous plaques extending to the lateral face and superior neck



3. 4-mm punch biopsy of the lateral neck

References:

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