Original Research Paper

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General Medicine

A CASE OF HEPATIC AND SPLENIC SARCOIDOSIS

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ABSTRACT 37 year old male known smoker and alcoholic,without comorbidities presented with complaints of weight loss. ACE levels are elevated to 247U/L., CECT abdomen shows hepatosplenomegaly with heterogeneous enhacement to liver and spleen,appearence. biopsy is performed, which shows liver tissue with multiple well formed non-caseating granulomas replacing liver parenchyma.Patient was started on steroids, recovered rapidly in clinical and laboratory parameters with aforementioned treatment.on follow up ACE levels were reduced to 66U/L..

KEYWORDS : Hepatosplenomegaly,non-caseating Granulomas,steroids.

INTRODUCTION:

Sarcoidosis is a granulomatous disease of unknown origin, with pulmonary findings in more than 90% of patients. Extrapulmonary involvement is common and all organs can be involved (especially lymph nodes, eyes, joints, central nervous system) but it is rare to find an isolated extrapulmonary disease (less than 10% of patients). Granulomatous inflammation of the spleen and the liver is common in patients with systemic sarcoidosis, while hepatosplenic enlargement is unusual and splenic involvement rare.

CASE REPORT :

37 year old male known smoker and alcoholic,without comorbidities presented with complaints of weight loss over 12kgs over a period of 1 year. history of low grade fever with on and off episodes,relieved on medication. patient is afebrile,no icterus .vitals are stable.on examination,palpation of abdomen shows firm hepatomegaly [liver span of 10-12cm] and firm splenomegaly with sharp edges[span of 5-6cm] and other systems are found to be unremarkable.on investigation ALP, ALT and GGT are elevated to 237U/L,68U/L,508U/L respectively.ACE levels are elevated to 247U/L.viral serology is negative.Ziehl Neelsen test for tuberculosis is negative.Ultrasound abdomen shows moderate hepatosplenomegaly .CECT abdomen shows hepatosplenomegaly with heterogeneous enhacement to liver and spleen,appearence could be due to infiltrative disease of liver and spleen.liver biopsy is performed, which shows liver tissue with multiple well formed non-caseating granulomas replacing liver parenchyma suggestive of sarcoidosis.patient is started on tab.prednisone 40mg od , Patient recovered rapidly in clinical and laboratory parameters with aforementioned treatment.on follow up ACE levels were reduced to 66U/L.

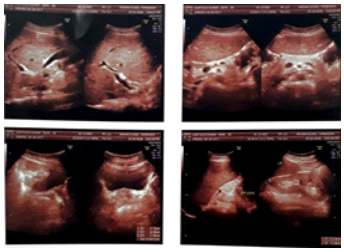

Figure :1 Ultrasound Abdomen Shows Hepatosplenomegaly

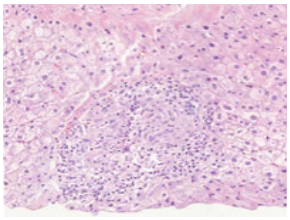

Figure-2: Microscopic Findings In Liver With Non-caseating Granuloma Composed Of Giant Cells.

DISCUSSION:

Sarcoidosis is a systemic granulomatosis disease of unknown origin, characterized by the presence of non-caseating granulomatous lesions[1,2]. sarcoidosis usually presents in adults under 40[3]. Although the lung is predominantly affected, virtually every organ may be involved, including skin, eye and abdominal organs[4]. Frequently, extrapulmonary manifestations of the disease are the major cause of morbidity[5]. Extra-thoracic disease can occur in association with or in the absence of intra-thoracic disease[6]. Isolated extrapulmonary manifestations of sarcoidosis occur in only 10% of cases[7]. Because sarcoidosis can involve any organ system, the clinical presentation is often variable. Common symptoms are vague, such as fatigue, weight loss, fever and night sweats. Sarcoidosis of the spleen does not usually cause symptoms. Left upper quadrant abdominal pain and systemic symptoms, including fever, malaise and weight less occasionally occur in number of patients with sarcoidosis of spleen[8,9] . Hepatic sarcoidosis covers a broad spectrum from asymptomatic hepatic granulomas and slightly deranged liver function tests to clinically evident disease[10,11]. Systemic symptoms are represented by fever, weight loss, and asthenia. Other clinical hepatic manifestations of sarcoidosis may include jaundice (consistent with intra or extrahepatic chronic cholestasis), itching, anorexia and abdominal pain. ACE is increased in 55-91% of patients. The most common radiographic finding of hepatic sarcoidosis is hepatomegaly. Focal nodules are also noted in the livers of patients with sarcoidosis .The nodules are typically numerous and variable in size (raging form 1 mm to 3 cm in diameter[12]]. diagnosis was established only with the histological examination of suspected lesion, that is required to differentiate liver and/or spleen sarcoidosis from tuberculosis, primary biliary cirrhosis, metastasis or malignant lymphoma and other granulomatous diseases. glucocorticoid treatment, which represents first-line therapy for hepatic sarcoidosis, improving symptoms and abnormal laboratory values. However, steroids generally have no effect on progression of disease. Alternatives drugs (e.g. azathioprine, methotrexate, hydroxychloroquine) to corticosteroids have been tried, and their use has primarily been limited to steroid refractory disease[12,13]. Infliximab can be useful[13]. However, there is no drug that has been shown to prevent progression of disease. In advanced sarcoidosis of liver, the transplantation is considered the definitive treatment[13,14].

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