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PMH:
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FH:
- none; family from Barbados, born and raised in England

SH:
- EtOH / tobacco / drugs: denied

OCCUPATION:
-Traveling RN within the US
-Came to CA to help during Covid surge; previously worked in FL, AL, and MN

OUTPATIENT MEDS:
- none

PHYSICAL EXAM:

Tmax: 36.7C, **BP:** 104/65, **HR:** 62, **RR:** 20, **SpO2:** 100% on RA

HEENT:

Right: 20/20, IOP 22, PRRL, no APD, red desaturation 100%

Left: Count fingers @ 1 ft, IOP 19, PRRL, +APD, red desaturation 0%

No other abnormalities seen on ocular / optho exam

Neck supple, no rigidity

Skin: No rashes or lesions

Neuro: AOx3, left CN V1 + V2 + V3 decreased sensation, no facial droop, strength + sensation in extremities grossly normal

LABS:

	10.6		141	102	12		8.0	4.0
5.3		293				85	0.3	<0.2
	33.7		3.8	24	0.8		18	19
							119	

CRP: 1.9
ESR: 38

Covid-19: neg

ANA: none detected
NMO: neg
MOG Ab: neg
SSA / SSB: nml

HIV: neg
Syphilis: neg

CT Head WO Con: nml
CTA Head Neck: nml
CT perfusion: nml

MRI Brain W WO: Enhancement of prechiasmatic portion of L optic nerve

MR C & T spine W WO:
No intramedullary cord lesions or abnml enhancement to suggest demyelinating disorder.
Enlarged R paratracheal LAD (up to 2.8cm)

CT Chest W Con:
Multiple mediastinal LAD (R paratracheal, R hilar…)

PROBLEM REPRESENTATION:

Middle-aged woman w/ hx of cluster migraines, presenting w/ chronic headaches & acute left eye vision loss + decreased color discernment, left eye pain, & left facial numbness, found to have…

SARCOIDOSIS

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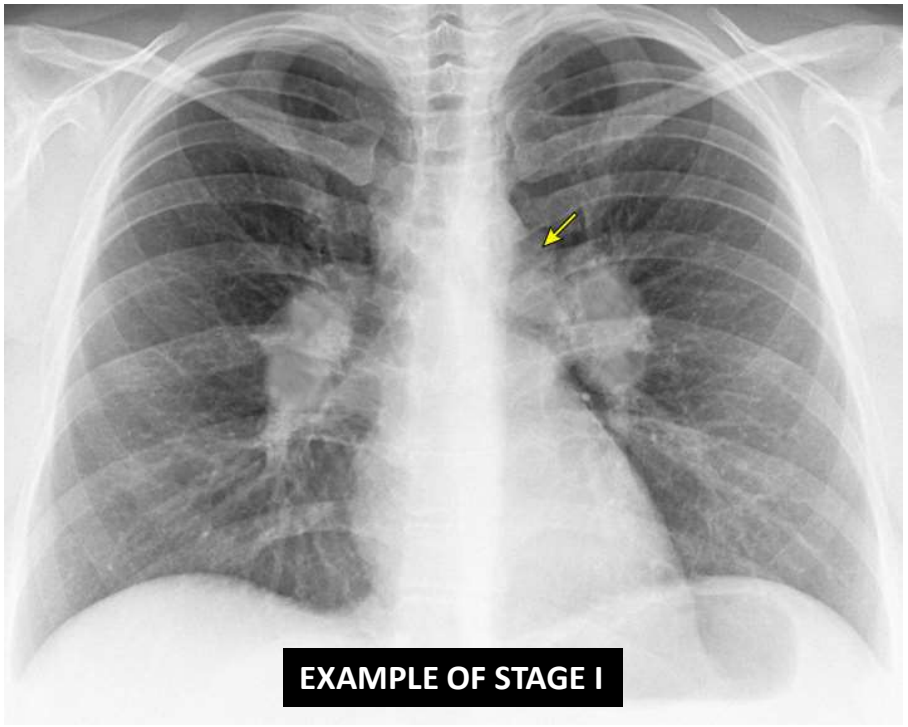
- Granulomatous disease that can affect all organ systems

- Non-necrotizing (non-caseating) granulomas

- African Americans 2-3x > Caucasians
- Females 2x > males
- Young adults

PULMONARY SARCOIDOSIS

- Stage I:
  Bilateral hilar adenopathy
- Stage II:
  Bilateral hilar adenopathy and parenchymal involvement (most commonly reticulonodular opacities)
- Stage III:
  Parenchymal involvement w/out adenopathy
- Stage IV:
  Fibrosis



The Stages of

Pulmonary Sarcoidosis

The stages of sarcoidosis can be confusing, especially for newly diagnosed patients. The use of numbered stages implies that these categories indicate the severity or progression of the disease, however they are simply for categorization. They help describe the location and nature of the disease, not severity.

Stage 0

NO SARCOIDOSIS

The patient presents with a normal x-ray. There is no sign of granulomas.

Stage I

LYMPHADENOPATHY

Granulomas are only present in the lymph nodes.

Stage II

LYMPHADENOPATHY AND PULMONARY INFILTRATES

Sarcoidosis is present in the lymph nodes and lung tissue.

Stage III

PULMONARY INFILTRATES

Granulomas are only present in the lung tissue.

Stage IV

PULMONARY FIBROSIS

There is scarring in the tissues of the lungs, indicating irreversible damage.

For more info on sarcoidosis, visit www.stopsarcoidosis.org

FSR FOUNDATION FOR SARCOIDOSIS RESEARCH

EXTRAPULMONARY SARCOIDOSIS

- Can affect all organs

- Skin, eyes, RES, MSK, exocrine glands, heart, kidney, CNS

EXTRAPULMONARY SARCOIDOSIS - OCULAR

- Up to 25% of pts with sarcoidosis
- Females > males
- African American and Japanese populations
- Intraocular: uveitis
- Extraocular: lacrimal glands, conjunctiva, extraocular muscles, optic sheath

LOFGREN SYNDROME

- Specific acute presentation of systemic sarcoidosis

- **Bilateral hilar lymphadenopathy**
- **Erythema nodosum**
- **Arthopathy**

SARCOIDOSIS TREATMENT

- Initial: glucocorticoids

- Refractory / intolerance to steroids: immunosuppression agents (MTX, azathioprine, leflunomide, or TNFα inhibitors)

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DIAGNOSIS: SARCOIDOSIS w/ neurologic + ocular involvement

LEARNING POINTS:

- Stages of pulmonary sarcoidosis
  - Stage I: B/L hilar adenopathy
  - Stage II: B/L hilar adenopathy and parenchymal involvement
  - Stage III: Parenchymal without adenopathy
  - Stage IV: Fibrosis
- Lofgren syndrome
  - Specific acute presentation of sarcoidosis; **B/L hilar lymphadenopathy + erythema nodosum + fever** (+ arthritis)
- Treatment
  - Initial: glucocorticoids
  - Insufficient response / intolerance to steroids: immunosuppressive agents (MTX, azathioprine, leflunomide, or TNFα inhibitors)