

Symptomatic gastric sarcoidosis with multiple antral ulcers

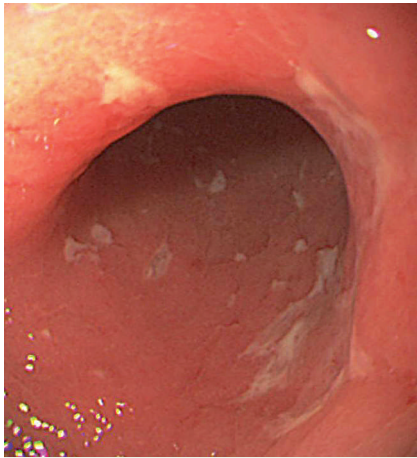


Fig. 1 Gastroscopic finding. Multiple ulcers of the antrum, irregular-shaped or serpiginous aphthoid.

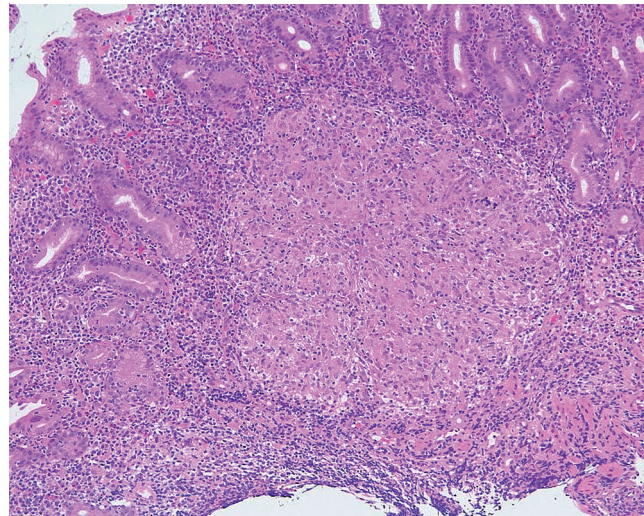


Fig. 2 Histopathologic finding. A non-caseating epithelioid-cell granuloma including giant cells, surrounded by the infiltration of lymphocytes and proliferation of fibroblastic cells (H&E stain, × 100).

Sarcoidosis is a systemic granulomatous disease of unknown etiology that is characterized by the formation of noncaseating granulomas. Although it affects many systems, the disease has a predilection for the intrathoracic structures. Almost 90% of sarcoidosis patients have granulomas in the lungs and/or hilar nodes [1]. Gastrointestinal tract involvement in sarcoidosis is rare. Gastric sarcoidosis, particularly involving the antrum, affects approximately 10% of patients with systemic disease [2]. Gastrointestinal sarcoidosis commonly occurs subclinically, with clinical manifestations present in only 0.1%–0.9% of patients with the disease. This is a rare case report of an individual with symptomatic gastric sarcoidosis. A 66-year-old woman followed up for eye and lung sarcoidosis suffered nausea, epigastralgia, and weight loss. She underwent bronchoscopy and transbronchial biopsy which showed a noncaseating epithelial cell granuloma, and bronchoalveolar lavage which demonstrated a lymphocytic pattern suggestive of sarcoidosis. On upper endoscopy, several superficial ulcers were evident in the antral region (● Fig. 1).

Mucosal biopsies from the antral ulcers showed noncaseating granulomas (● Fig. 2).

The specimen was negative for *Helicobacter pylori*. Tests using special stains for fungi (methenamine silver), acid-fast bacilli (Ziehl-Neelsen), and treponema (Warthin-Starry) gave negative results. This case illustrates the importance of endoscopy examinations for patients with sarcoidosis, particularly those with intractable primary lesions, in order to detect gastrointestinal sarcoidosis.

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Bibliography

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