

May 2, 1963

GRAND ROUNDS

SARCOIDOSIS

38 yr. old female, married.

History: The patient is the wife of an [redacted] in Japan. She returned to the U.S. in [redacted], 1961, after having been in Japan for several years. In [redacted] she spent two weeks at a resort in the mountains of north central New Mexico. During this time, aside from mild fatigue, she felt well. About [redacted] 1961, she and her family came to Abilene, Texas, her original home. Almost immediately she began to notice tenderness and soreness in the joints and shortly redness and swelling of small proportion appeared. Ankles, elbows, wrists, and knees were involved in successive order. After two or three days nodules 3-4 cm. in diameter, painful to touch, and slightly lighter in color, appeared in the subcutaneous tissues adjacent to involved joints. Temperature ranged from 99-100°, associated with moderate malaise and weight loss of three pounds. There were no chills or night-sweats.

She consulted a physician in Abilene in September, who found no abnormalities on physical examination except those described with regard to the joints and the skin. The sedimentation rate was 42 mm. per hour (Wintrobe), while all the other laboratory studies including antistreptolysin titer and rheumatoid agglutination were negative. X-rays of the joints and an electrocardiogram were normal. Skin tests were negative for coccidiomycosis, histoplasmosis, and tuberculosis.

A scalene node was biopsied and reported as non-caseating granuloma consistent with sarcoid. The patient was then started on isoniazid, and vitamins. Under this medication she noticed that the joint pains improved and the skin nodules cleared. Since that time she has shown some progressive improvement in her general complaints.

On [redacted] 1961, she was seen in consultation by an internist and gave the type of history outlined above. No further significant history was obtained and the physical examination at that time failed to reveal any abnormalities. At this time there was no swelling of the joints, redness or pain, and no skin lesions. Recorded serum calcium at this time was 4.9 m.e.

Past History and Review of Systems: Outside of the usual upper respiratory infections, childhood illnesses and three normal pregnancies with uncomplicated delivery, no other information was obtained.

Habits: The patient does not use either alcohol or tobacco. Food in Japan is obtained chiefly from American supplies, but on rare occasions she dined with Japanese families.

Residence: Most of her life has been spent in the West Texas Area, centering around Abilene, except for her time in Japan. She was reared in a rural environment.

Physical Examination: The patient is a well-developed, slightly obese white female of about the stated age. She appears in no distress, but manifests slight anxiety.

Eyes: The sclerae are clear and the conjunctivae smooth and glistening. No injection can be detected. The lacrimal glands are not palpable.

E.N.T.: No enlargement of any salivary gland can be detected. Mucous membranes are moist, smooth and not inflamed. Teeth are in good repair. No tonsillar or adenoidal tissue is demonstrable.

Neck: There are no palpable nodes. A recently healed surgical scar 3 cm. in length and about 1.5 cm. above the right clavicle is present.

Chest: There is no dullness. Motion of the chest wall and diaphragm is unrestricted. The breath sounds are well heard throughout and no adventitious sounds are detectable.

Heart: The organ is not enlarged. There is regular sinus rhythm with no thrills or murmurs. A₂ > P₂. B.P. 130/80.

Abdomen: No masses, hernia, or enlarged viscera are detected.

Extremities: There is no swelling or redness about any of the joints nor is there pain or resistance on manipulation. Fingers and toes are in no way deformed and there is no clubbing, cyanosis or edema.

Skin: No lesions are noted.

Lymphatics: No enlargement of any peripheral nodes is detected.

Neurological findings are physiological.

Laboratory: [REDACTED] 1961, an L.E. preparation was reported as negative. Total protein 6.77 grams. Albumin 3.91 grams, globulin 2.86 grams. Tests for rheumatoid factor were negative at this time. Skin tests consisting of 1-1000 dilution of Old Tuberculin, Group I antigen, Group II antigen, and Group III antigens of the unclassified mycobacteria were applied and were read three days later and it was noted that the photochromogen antigen had produced three mm. of induration.

Serology: Complement fixation tests for fungi from the Texas State Laboratory were subsequently reported as negative. Agar diffusion of serum against 6 mycobacterial and 5 fungal antigens were negative on [REDACTED], 1961. In [REDACTED], 1962, a repeat diffusion revealed precipitin bands with Group III and Group II mycobacteria but no reaction with human tuberculin or with any of the fungi.

Subsequent Course: The patient was essentially asymptomatic at the time she was seen and no medication was prescribed. The films to be presented indicate the progress of her disease. She was seen again in February, 1962, and in September, 1962. On neither of these occasions did she offer any complaints or present any abnormal findings.

X-rays: To be presented. X-rays of hands and feet made at another place were within normal limits.

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