

Cutaneous Sarcoidosis: A Case of the Great Imitator

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Dear Editor,

We read with great interest the case report entitled: "Sarcoidosis Presenting as a Penile Lesion" by Al-Riyami et al.¹ This is indeed a rare presentation of sarcoidosis, and it was described in great detail. Cutaneous sarcoidosis has been known as one of the 'great imitators' in dermatology, and we were keen to visualize the appearance and appreciate the differences in morphology of the penile lesion compared to the other five cases mentioned in the literature. We were expecting to see the cutaneous lesion as it has been the topic of interest. Nevertheless, to our amazement, the authors failed to provide us with one.

It is worth acknowledging that granuloma annulare and cutaneous sarcoidosis are two clinical entities, however, this case has reminded us of their association and has been reported eight times in the literature.² Another case report by Lupton et al,³ suggested that granuloma annulare may be a precursor to cutaneous sarcoidosis. However, due to its rarity, this would be difficult to prove.

It might also be beneficial to ascertain the patient's serum angiotensin-converting enzyme level as elevated levels are more frequent in patients with specific cutaneous lesions.⁴ Regarding the decision

for treatment, chest computed tomography of the patient showed radiological stage 1 disease (bilateral hilar lymphadenopathy without pulmonary infiltrates). The American Family Physician has recommended no treatment for stage I disease (strength of recommendation C) as a spontaneous resolution is common. No treatment for asymptomatic hypercalcemia was also suggested.⁵ If the patient responded to hydration therapy, it might be prudent in this case to delay the initiation of corticosteroid therapy to avoid the side effects of this treatment.

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