Sir,

Sarcoidosis is relatively a rare disease, chiefly affecting respiratory system, followed by skin. Only 10-15% patients show head and neck manifestations. Intra-orally, involvement of soft tissue and jaws is exceedingly rare. Oral manifestations may be the initial presentation of sarcoidosis in an otherwise healthy patient; hence, the aim of this letter is to present the intra-oral features of sarcoidosis.

A 43-year male presented to a private dental clinic in Jaipur, India, with the chief complaint of painful lesion on palate and lower lip for the last 6 years, which progressively increased in size. Medical history of the patient revealed dry cough and arthralgia. Family history was non-contributory. Extra-oral examination revealed erythematous, and ulcerated areas on lower lip with slough formation measuring 2 x 3 cm in dimension. Intra-oral examination revealed an erythematous patch on the hard palate covered by yellowish crust measuring about 3 x 4 cm in size (Figure 1a). Cervical lymph nodes were not palpable. An incisional biopsy was taken from the palatal lesion, and excised tissue was sent to the Department of Oral and Maxillofacial Pathology. Patient was referred to the chest physician with regard to his medical history. Chest physician advised hematological and biochemical tests along with chest X-ray. The biochemical investigations revealed increased serum/calcium level (17.84 mEq/L). There was decrease in forced expiratory volume (FEV) and diffusing capacity. Urinary calcium level for 24-hour was highly increased (450 mg/dl). Postero-anterior view of the chest X-ray revealed bilateral hilar lymphadenopathy (Figure 1b).

Histopathological examination revealed multiple, non-caseating granulomas, composed of typical epitheloid histiocytes (Figures 1c & 1d). By correlation of histopathological, hematological, biochemical, and radiological findings, a final diagnosis of sarcoidosis was rendered. Patient was advised corticosteroids and is under follow-up till now.

Oral manifestations of sarcoidosis are exceedingly rare. A correlation of multiple diagnostic approaches is needed to arrive at a definitive diagnosis. Oral manifestations of sarcoidosis may present as an initial symptom of the disease.

REFERENCES

Manas Bajpai, Nilesh Pardhe and Manish Kumar

1 Department of Oral and Maxillofacial Pathology, NIMS Dental College, Jaipur, India.
2 Department of Dentistry, S.P. Medical College, Bikaner, India.

Correspondence: Dr. Manas Bajpai, Associate Professor, Department of Oral and Maxillofacial Pathology, NIMS Dental College, Jaipur, India.
E-mail: dr.manasbajpai@gmail.com

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