Sarcoïdosis: case report

A 52-years-old woman developed sarcoidosis during treatment with ustekinumab for persistent skin lesions and active psoriasis. The woman who had a 5-year history of psoriasis, presented to a rheumatology outpatient clinic with pain and swelling in the wrist, metacarpophalangeal (MCP), proximal interphalangeal (PIP), distal interphalangeal (DIP) joints, and ankles joint, morning stiffness lasting more than 1 hour, skin lesions and dry cough. One year ago before presenting to the clinic, she had started receiving ustekinumab [dosage and route not stated] for her persistent skin lesions and active psoriasis and after 6 months, she was admitted to an outpatient clinic. During current presentation, on inspection, she showed skin lesions compatible with psoriasis in both elbow and knee extensor faces, scalp and pretibial region along with nails involvement. Upon physical examination, she showed tenderness and swelling in both wrists, MCP, PIP, DIP and ankles joints along with limitation in movement. Chest X-ray revealed bilateral hilar lymphadenopathies (LAP) and thorax CT scan revealed multiple hilar and mediastinal LAP of 1.5cm. Laboratory tests showed, erythrocyte sedimentation rate: 56 mm/h, C-reactive protein:12 mg/dL, and serum angiotensin-converting enzyme:96 U/L, serum calcium:9.1 mg/dL, and hydroxy-vitamin D3: 36 ng/L. Histopathological investigation revealed, non-caseating granuloma formation. Based on clinical, laboratory, radiologic and histopathologic data, and the fact that her previous X-ray was normal, ustekinumab-related sarcoidosis was diagnosed.

The woman’s ustekinumab treatment was discontinued, methotrexate and low-dose corticosteroid for active psoriatic arthritis were started. Three month later, joints complaints, skin lesions and laboratory findings were completely regressed. At the 6th month of treatment, she remained clinically stable and X-ray radiological findings regressed. Her corticosteroid was gradually reduced and discontinued. Her general condition remained good and the outpatient follow-up continued.

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