

Symptomatic gastric sarcoidosis with multiple antral ulcers

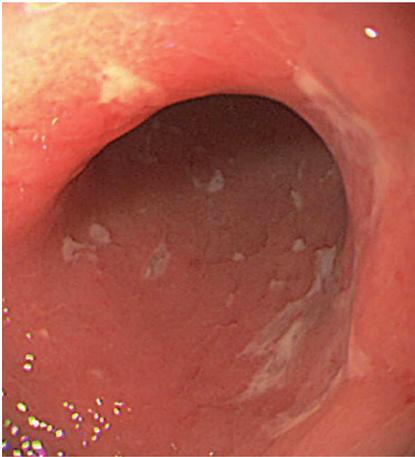


Fig. 1 Gastroscopic finding. Multiple ulcers of the antrum, irregular-shaped or serpiginous aphthoid.

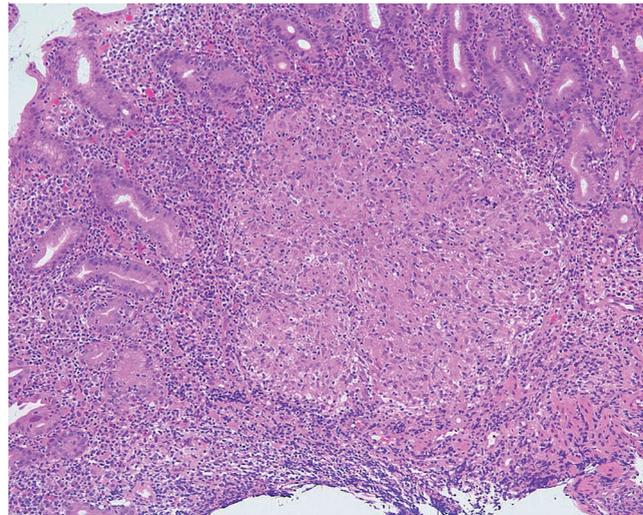


Fig. 2 Histopathologic finding. A noncaseating epithelioid-cell granuloma including giant cells, surrounded by the infiltration of lymphocytes and proliferation of fibroblastic cells (H&E stain, $\times 100$).

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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