CASE REPORT

Difficulties of radiological diagnostics in abdominal sarcoidosis mimicking primary biliary cirrhosis

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Objective

To describe clinical, computed tomography (CT) and magnetic resonance imaging (MRI) most important features of the patient with histopathologically diagnosed old stage abdominal sarcoidosis.

To evaluate granulomatous damaging abdominal lymph nodes and liver parenchyma, and make the differential diagnosis of asymptomatic abdominal sarcoidosis with manifestation of terminal liver fibrosis.

Case

• A case of 50- years-old woman with suspected abdominal malignant lymphadenopathy and damaged liver has been reviewed. Clinically; complaining of general fatigue.
• Abdominal US and CT scan showed enlarged inhomogeneous liver, enlarged portal lymph nodes and spleen.
• It were analysed lymph nodes CT attenuations, MRI signal intensities in different T2, HASTE, DWI sequences.
• Malignant lymphadenopathy was suspected in CT and MRI scans.
• The first answer of malignant lymphadenopathy of laparoscopic biopsy was negative.

Later patient lost weight and started complaining of itching. Because of unknown reason of enlarged liver and liver enzymes, it was performed liver biopsy under US control, answer: mostly suspected primary biliary cirrhosis.
• Only repeated lymph nodes laparoscopic biopsy showed noncaseating granulomic inflammation.

Results

• On CT images affected abdominal lymph nodes were soft tissue attenuation, on MRI T2-weighted fat-saturated series lymph nodes appear homogenously hyperintense or hypointense surrounded by peripheral high signal intensity.
• They are mildly enhanced on gadolinium-enhanced T1-weighted images, in DWI sequences ADC was approximately 1.0-1.3.
• It was considered as an asymptomatic sarcoidosis and it was treated with glucocorticoids, symptoms regressed.

Conclusions

Sarcoidosis should be considered in the differential diagnosis when enlarged liver, spleen and intra-abdominal lymph nodes are detected, despite pulmonary sarcoidosis manifestation. Confirming pathology by histology is important avoiding unnecessary radiological and especially surgical/interventional examination.

Key words

Abdominal sarcoidosis, CT, MRI