

Eyelid Sarcoid Lesions in a Middle-Aged Man in Abuja, Nigeria: A Case Report

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Background: Sarcoidosis is a chronic non caseating granulomatous inflammation that affects multiple systems. The commonest systems that are affected are the pulmonary system, skin and eyes.¹ Ocular manifestation of sarcoidosis have been reported in 12.9 -79.2% of patients with sarcoidosis.^{2,3,4,5,6} Within the eye it commonly presents as uveitis^{5,7,8,9,10} while lid manifestation is a rare form of presentation.¹¹ Despite a thorough literature search we did not come across a reported case of lid involvement of sarcoidosis in Nigeria.

Case Report: We report a case of sarcoidosis involving the eyelid in a Nigerian eye clinic. Lid masses are sometimes overlooked by both the patient and attending physician. This report is on a 47 year old Ghanaian man, who was referred by a dermatologist to a private eye clinic in Abuja, Nigeria. He had multiple eyelid lesions (Figure 1), skin lesions on his scalp, back of his ear and neck, as well as a history of coughing and wheezing. Histopathology of skin biopsy confirmed sarcoidosis (Figure 2). Chest Xray showed hilar lymphadenopathy. He was placed on tabs prednisolone 20mg daily for 8 weeks. The



Figure 1: Right and Left Eye Sarcoidosis Lesions (Pre-Treatment)

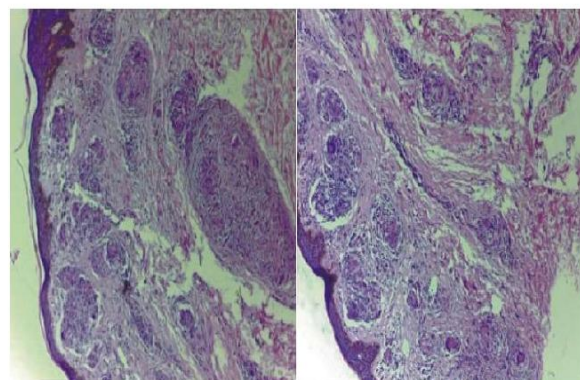


Figure 2: Histopathology micrograph: x10 . Granuloma within the giant cells. Stretched epidermis with numerous intradermal granulomas composed of aggregates of epithelioid cells with lymphocytes and giant cells

symptoms abated and have not reoccurred 3 years post treatment.

Discussion: Sarcoidosis affects a myriad of systems such as in the reported case. He had pulmonary, skin and ocular involvement. Despite a thorough literature review we did not come across a case of lid presentation of sarcoidosis in Nigeria. Although this might be because the lid presentations are being underreported, the lid lesions and mild pulmonary symptoms might occasionally be overlooked by the patients and physicians. It is necessary to take biopsies of atypical lid lesions especially when there is a pulmonary involvement. We placed the patient on prednisolone tablets instead of a steroid-based cream because of the multisystemic involvement and steroid based cream can cause chemical injury to the eyes as they are made for skin preparation and the compositions are not ideal for ocular use. Once the steroids were commenced the patients

cough and wheezing stopped. Also, the steroids need to be used for a considerable duration until all symptoms and signs abate before it is tailed off to prevent recurrence.

In conclusion to our knowledge this is the first report of lid manifestation of sarcoidosis in Nigeria. There is a possibility these cases exist and are underreported. Atypical eyelid lesions with pulmonary involvement should be biopsied and sent for histopathology. Systemic steroids are effective in treating lid involvement of sarcoidosis. The management of sarcoidosis requires a multidisciplinary approach between the physician, dermatologist and ophthalmologist.

Keywords: Eyelid, scalp, ear, neck sarcoid lesions, coughing, wheezing, hilar lymphadenopathy, prednisolone, biopsy

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