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Sarcoidosis with esophageal involvement: an uncommon clinical enigma

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Dear Editor,

We present the case of a 46-year-old male, former smoker, with significant medical history including morbid obesity grade III, hypothyroidism, hyperuricemia, and dyslipidemia. Four months ago, he was diagnosed with sarcoidosis, manifested by mediastinal lymph node involvement, and has since been on corticosteroid treatment.

Recently, he presented to the emergency department with persistent epigastric and thoracic pain, accompanied by severe dysphagia and odynophagia with intermittent sensations of obstruction while swallowing. Laboratory tests showed an increase in acute-phase reactants as the only relevant finding. Chest X-ray revealed previously identified mediastinal adenopathy, while contrast-enhanced abdominal CT showed no significant alterations. Given these symptoms, esophagogastroduodenoscopy was performed, which did not show abnormalities in the esophageal mucosa but did reveal marked extrinsic compression between 25 and 32 cm from the dental arch. Although

passage of the endoscope caused significant pain, it did not impede its advancement. Subsequent contrast-enhanced thoracic CT confirmed a filiform narrowing in the middle third of the esophagus, accompanied by concentric thickening of its walls and the presence of multiple paratracheal, parahilar, and peri-esophageal lymphadenopathies. The patient was discharged with a tapering course of corticosteroids and the clinical diagnosis of sarcoidosis with mediastinal and esophageal involvement secondary to extrinsic compression. Additional investigations such as endoscopic ultrasound or biopsies were not deemed necessary due to clinical improvement with the instituted treatment.

Discussion:

Gastrointestinal sarcoidosis is a rare presentation of this disease, with a clinically significant prevalence ranging from 0.1% to 0.9% of patients. Although extrapulmonary involvement is common, gastrointestinal involvement, especially of the esophagus, is even more unusual.

Symptoms can vary, and in this case, they include dysphagia, caused both by extrinsic compression due to lymphadenopathy and by the formation of granulomas within the esophageal wall. In our patient, the clinical presentation is consistent with extrinsic compression related to mediastinal lymphadenopathy, a common finding in sarcoidosis. Although the CT scan suggests changes in the esophageal wall, additional tests were not performed due to symptomatic improvement with the administered treatment.

Given the rarity of this clinical presentation, there are no formal clinical trials comparing the efficacy of different treatments. However, corticosteroids are commonly used as first-line therapy, as observed in this case. Other therapeutic options include methotrexate, monoclonal antibodies against TNF-alpha, botulinum toxin, and surgery.

In conclusion, this case highlights the importance of considering esophageal sarcoidosis in patients with unusual gastrointestinal symptoms and known history of sarcoidosis, due to its potential for progression to serious complications. This underscores the need for early and adequate intervention to optimize the clinical management of these patients.

References:

Vahid B, Spodik M, Braun KN, et al. Sarcoidosis of gastrointestinal tract: a rare disease. *Dig Dis Sci*. 2007;52(12):3316-3320. doi:10.1007/s10620-006-9448-y.

Bani Fawwaz B, Farooq A, Al-Dwairy A, et al. Dysphagia: A Rare Presentation of Sarcoidosis. Cureus. 2021 Nov; 13(11): e19397. DOI: 10.7759/cureus.19397.

Somal N, Karan R, Maharaj A, et al. Dysphagia, an uncommon initial presentation of sarcoidosis. Respir Med Case Rep. 2022 Apr; 37: 101647. DOI: 10.1016/j.rmcr.2022.101647.

Inayat F, Hussain Q, Shafique K. Dysphagia Caused by Extrinsic Esophageal Compression From Mediastinal Lymphadenopathy in Patients With Sarcoidosis. Clin Gastroenterol Hepatol. 2017 Jul; 15(7): e119-e120. DOI: 10.1016/j.cgh.2016.11.010.

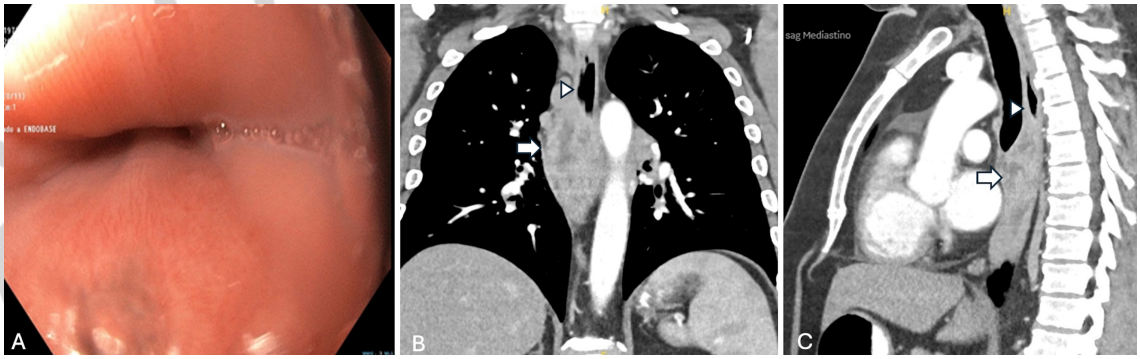

Figure 1. A, Endoscopic visualization of the esophagus showing significant narrowing of its lumen due to extrinsic compression and possible involvement of the wall; B and C, Chest CT scan images showing adenopathy clusters compressing the esophageal

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lumen, particularly in the middle and distal esophagus, and mild thickening of the esophageal wall.