

DIFFERENTIAL DIAGNOSIS OF PULMONARY SARCOIDOSIS

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Abstract

Highly specialized radiological symptoms, being a mainstay for establishing the diagnosis in vast majority of patients at specialized medical sites, are the key component of differentiation between pulmonary sarcoidosis, other lymphadenopathies and different disseminated lung disorders.

Computed tomography semiotics of pulmonary sarcoidosis include the following classic symptoms: bilateral lung root lymphadenopathy (BRL), enlargement of hilar lymphnodes — right-side lower paratracheal, subcarinal and aorto-pulmonary nodes; reticulonodular pattern of lung lesions (micronoduli 2-4 mm in size, well-defined, bilateral); perilymphatic distribution of noduli (along broncho-vascular fascicles, under pleura into the interlobar septa); predominant localization of lesions in upper and middle lung zones.

Radiological pattern of BRL is a highly specific sign of sarcoidosis. It is only observed in 3,8 % of patients with lymphoma, 0,8 % — lung cancer, 0,2 % — extrapulmonary malignancy. Nevertheless even the presence of current syndrome in combination with typical clinical manifestations cannot fully exclude possible diagnostic errors.

The article presents the description of rare case of metastatic lesions, affecting intrathoracic lymphnodes and lung parenchyma, which mimics the radiological appearance of stage II pulmonary sarcoidosis and associated with clinical signs of sarcoidosis.

Key words: pulmonary sarcoidosis, lung carcinomatosis, differential diagnosis.

Ukr. Pulmonol. J. 2017; 1:63–69.

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