کارگاه‌های آموزشی مرکز اطلاعات علمی

آموزش نرم‌افزار Word برای پژوهشگران

روش تحقیق کمی

آموزش مهارت‌های کاربردی در تدوین و چاپ مقالات ISI

مرکز تحقیقات بیماریهای التهابی ریه

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Sarcoidosis and Granulomatous mastitis

Dr . Manoucher Aghajanzadeh., Dr Ali.Alavi
Respiratory research center of Guilan university medical sciences

Sarcoidosis is a multisystemic granulomatous disease of unknown etiology with a diverse clinical spectrum of symptoms1. It occursin both sexes, more frequently in youngadult female2. It is characterized, histologically,by the presence of noncaseating epithelioid-cell granulomas in various organs and tissues, which evolves into either complete resolution or hyaline fibrosis3. In most cases the presence of these typical granulomas isdocumented in lungs, intrathoracic lymph nodes, peripheric lymphatic system and skin.When symptomatic, the clinical features of the disease include respiratory symptoms,dyspnea is the most common, followed by cutaneous manifestations, ocular disease,splenomegaly, limphadenopaty, bone cysts,hepatomegaly, arthropathy and cardiac manifestations.Also kidneys, lacrimal and salivaryglands could be involved. Neuronal symptomsare observed in about 5% of patients.Diagnosis is based on clinical-radiologicalfindings plus histological evidence of noncaseating epithelioid granulomas and exclusionof other granulomatous diseases. Other findings, such as, raised serum concentrations of Angiotensin Converting Enzyme (ACE)are thought to be epithelioid cells derivedfrom monocytes in sarcoid granulomata5.Sarcoid involvement of the breast is extremely rare, as evidenced by the paucity of documentation of such cases. It accounts for less than 1 per cent of cases, but when present it may be confused with a malignant neoplasm..In the earlier documented cases the breast and lymph nodes had been simultaneously affectedat the time of presentation and needed histological confirmation.Patients mostly present with a hard lump in one breast Other possible symptoms include nipple retraction, pain, inflammation of the overlying skin, nipple discharge, fistula, enlarged lymph nodes in rare case peaud'orange-like changes.Presentation is mostly unilateral although a significant share of cases is bilateral, also in many cases contralateral or bilateral recurrences were documented.Several cases occurring together with fever, polyarthralgia and erythema nodosum were documented.The lesion is in some cases very difficult to distinguish from breast cancer and other causes such as infections (tuberculosis, syphilis, corynebacterial infection, mycotic infection), autoimmune diseases (sarcoidosis, Wegener's granulomatosis), foreign body reaction and granulomatous reaction in a carcinoma must be excluded.Treatment protocol is not well established. Some sources report that approximately half of the patients will fully recover after lengthy (mean time 14.5 months, range 2-24 months) expectant management. Treatment with steroids is lengthy and usually requires about 6 months. While some source report very good success with steroids most report a considerable risk of recurrence after a treatment with steroids alone. Steroids are known to cause elevation of prolactin levels and increase risk of several conditions such as diabetes, and other endocrinopathies which in turn increase the risk of IGM. Treatment with topical steroids to limit side effects was also reported in one report. For surgical treatment recurrence rates of 5-50% have been reported.Treatment with a combination of glucocorticoids and prolactin lowering medications such as bromocriptine or cabergoline was used with good success in Germany. Prolactin lowering medication has also been reported to reduce the risk of recurrence. In cases of drug-induced hyperprolactinemia (such as antipsychotics) prolacting-sparing medication can be tried.Methotrexate alone or in combination with steroids has been used with good success..Colchinin, azathioprine and NSAIDs have also been used

In conclusion

The optimal management is uncertain.Surgery is contraindicated due to poor wound healing, fistula formation and disease recurrence. In cases reported to date the mainstay of treatment is steroids with good long-term response rates observed. However, recurrences have occurred on cessation of steroids and side-effects are well documented.

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