


**PS14 Maligna bolest, ili je nešto drugo?**Klara Dorešić<sup>a</sup>, Robert Gečević<sup>a</sup>, Maja Grubeša<sup>a</sup>, Lucija Galiot<sup>a</sup>, Đivo Ljubičić<sup>a,b</sup>, Grgur Salai<sup>b</sup><sup>a</sup> Medicinski fakultet Sveučilišta u Zagrebu<sup>b</sup> Zavod za pulmologiju, Klinika za unutarnje bolesti, Klinička bolnica DubravaDOI: <https://doi.org/10.26800/LV-144-supl6-PS14>

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Ključne riječi: granulomi; maligna bolest; pulmologija; sarkoidoza

**UVOD:** Sarkoidoza je bolest karakterizirana rastom granuloma u raznim tkivima i organima. Ove promjene se najčešće pojavljuju u plućima i limfnim čvorovima.

**PRIKAZ SLUČAJA:** Muškarac u dobi od 59 godina prezentirao se sa zaduhom u naporu, gubitkom na tjelesnoj masi te suhim kašljem. Prvotno je liječen azitromicinom zbog sumnje na pneumoniju. Unatoč toj terapiji, simptomi su perzistirali te je napravljena kompjuterizirana tomografija (CT) toraksa na kojoj se opišu brojne nodozne lezije u plućnom parenhimu te hilarna i medijastinalna limfadenopatija. Laboratorijske pretrage su pokazale uredne serumске razine angiotenzin konvertirajućeg enzima (ACE), ali pozitivan tumorski marker - neuron specifičnu enolazu. Posljedično je glavna radna dijagnoza bila maligna bolest. Nadalje je napravljena bronhoskopija te dvije endobronhalne ultrazvučne (EBUS) pretrage koje su bile nedijagnostičke. Konačno, ponovljena je bronhoskopija s transbronhalnom biopsijom. Patohistološkom analizom našu se granulomi bez nekroze. Nakon isključenja drugih relevantnih granulomskih bolesti, postavljena je dijagnoza sarkoidoze. Uvedena je terapija peroralnih steroida na što se prati značajna redukcija bolesnikovih tegoba.

**ZAKLJUČAK:** Postavljanje dijagnoze sarkoidoze je otežano jer svojom kliničkom prezentacijom može imitirati brojne duge bolesti. Ovaj slučaj ilustrira važnost uzimanja u obzir šire diferencijalne dijagnoze pri nespecifičnoj prezentaciji bolesti.

**Malignancy, or is it something else?**

Keywords: granuloma; malignancy; pulmonology; sarcoidosis

**INTRODUCTION:** Sarcoidosis is a disease characterized by formation of granulomas in various tissues and organs. Changes most frequently occur in the lungs and lymph nodes.

**CASE REPORT:** A 59-year-old male patient, presented with dyspnea on exertion, weight loss and dry cough. He was initially treated with azithromycin due to suspected pneumonia, but without therapeutic effect. Computerized tomography (CT) scan of the chest showed multiple pulmonary nodular lesions with hilar and mediastinal lymphadenopathy. Laboratory workup showed angiotensin – convertase enzyme (ACE) levels to be within the normal limits but was positive for a tumor marker – neuron specific enolase. Consequently, malignancy became the main working diagnosis. A bronchoscopy, followed by two endobronchial ultrasounds was performed, however, without diagnostic yield. Additionally, bronchoscopy with transbronchial lung biopsy was repeated. Pathohistological analysis revealed the presence of granulomas without caseous necrosis. After exclusion of other relevant granulomatous diseases, a diagnosis of sarcoidosis was made. Oral glucocorticoid therapy was started which led to a significant reduction in our patient's symptoms.

**CONCLUSION:** Diagnosing sarcoidosis can sometimes be difficult due to its similarity in presentation with various other diseases. This case illustrates the importance of having a broad differential diagnosis when clinical presentation is not specific.