CR03 Bumpy road on a way to diagnose sarcoidosis

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KEYWORDS: arthritis; joint diseases; lymphadenopathy; sarcoidosis

INTRODUCTION/OBJECTIVES: Sarcoidosis is a systemic disease with unknown etiology characterized by noncaseating granulomas in any organ, most commonly the lungs and intrathoracic lymph nodes. Approximately 10 to 15 percent of patients with sarcoidosis have an associated arthropathy. Diagnosis may be difficult when a patient presents with articular complaints alone, so the presence of sarcoidosis is usually established after other organs are affected.
CASE PRESENTATION: A 50-year-old female patient first presented with pain in small joints of hands and feet and was treated as reactive arthritis due to a positive finding of Ureaplasma urealyticum. Treatment with doxycycline and NSAIDs resulted in complete articular pain relief. An extensive workup
was done. Chest X-rays showed small bilateral nonspecific noduli and blood results revealed higher anti-CCP levels (11.8 IU/mL). Patient's serum and 24-hour urine calcium levels, ACE and chitotriosidase were normal. Seven months later patient started to cough and noticed dyspnea in exertion. Physical examination revealed right basal inspiratory crackles. Spirometry showed mild restriction, and CO diffusion was altered too. Chest CT was done and lung fibrosis and mediastinal and bihilar lymphadenopathy were seen. Bronchoalveolar lavage didn't show disease activity (CD4:CD8 1.5) and there were no granulomas in the pathology specimen. Endobronchial ultrasound-guided fine-needle aspiration was done and sarcoidosis of the lymph nodes was proved.
CONCLUSION: Painful joints as the first presentation of sarcoidosis can easily be misinterpreted if it is the only marker of the disease. Suspicion of reactive arthritis and rheumatoid arthritis misled us and the patient got her diagnosis only after ten months.

CR04 Ovarian thecoma in adolescent – a rare case of hirsutism

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KEYWORDS: Adolescent; Hirsutism; Thecoma

INTRODUCTION/OBJECTIVES: The main goal of managing hirsutism in adolescent girls is to distinguish familial idiopathic hirsutism from endocrinological disorders such as PCOS and androgen-secreting tumors. The latter account for <0.02% cases and typically present with rapidly progressing hirsutism, virilization and elevation of serum androgens. Some rare benign ovarian tumors have a slow progression and long duration of symptoms before diagnosis. Ovarian thecomas typically occur in postmenopausal women but few cases have been reported in adolescence. Thecomas are almost always estrogenic; 10% of the luteinized forms are androgenic. They are usually clinically benign, although several have been reported malignant in literature.
CASE PRESENTATION: A 19 year-old female, presented with progressive facial hirsutism in the last 4 years. BMI was 21 kg/m^2. Physical examination revealed terminal coarse hair growth over lips and chin. Ferriman-Gallwey score was 8. She presented without acanthosis nigricans, clitoromegaly, voice hoarseness, galactorrhea and features of Cushing's syndrome or acromegaly. Her hormonal profile showed slightly elevated testosterone levels with normal TSH, LH, FSH, DHEAS, PRL and 8 a.m. cortisol. She was diagnosed with idiopathic hirsutism and treated with laser hair removal and eflornithine. After 4 years of treatment and unsatisfactory results, trans-abdominal ultrasound revealed a normal-sized uterus and right-sided solid ovarian mass (4x3 cm). A laparotomy and unilateral salpingo-oophorectomy was performed. Histological examination confirmed a luteinized thecoma with no malignancy. Postoperatively hirsutism improved.
CONCLUSION: Identification of non-PCOS pathology with hyperandrogenism represents a diagnostic challenge and may be missed without a pragmatic screening approach. In all cases of hirsutism ovarian ultrasound should be preformed.