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Clinical Image
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An Unusual Case of Epigastric Pain

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Clinical Image

A 60-year-old woman with a history of pulmonary sarcoidosis in remission, for more than 2 years, was referred to our clinic with a 2-month history of epigastric pain. Her physical examination was remarkable only for moderate tenderness in the epigastrium, without rebound, guarding, organomegaly or masses. Laboratory studies at this time showed a normal complete blood count and no elevation in the erythrocyte sedimentation rate, the level of C - reactive protein (CRP). Liver-function tests and levels of lipase were in the normal range. Chest X-ray didn't show any signs of hilar lymphadenopathy, while the ultrasound of the abdomen was normal.

Esophagogastroduodenoscopy demonstrated nodular mucosal irregularities in the lesser curvature of the stomach (Figure 1). Histopathology of the lesser curvature revealed chronic gastritis with non-caseating granulomas (Figure 2). Biopsies were stained for Helicobacter pylori and were all negative. Acid-fast bacilli, fungi and Tropheryma Whipplei staining were negative. Combining the history of pulmonary sarcoidosis with the symptoms and the histological findings, the diagnosis of gastric sarcoidosis was established. Prednisone 60 mg per day was started and the patient had alleviation of symptoms within 10 days. She was placed on a tapering dose of prednisone for a period of 6 months with no recurrence of symptoms in 1 year.

The diagnosis of sarcoidosis depends on clinical manifestations and histological findings such as non-caseating granulomas, in the absence of other diseases which can produce similar histological picture [1,2]. Less than 7% of patients with pulmonary sarcoidosis present extrapulmonary symptoms. Heart, skin and eyes are the most frequently affected organs, while GI tract involvement is uncommon [2]. As far as the GI tract is concerned, stomach is most frequently involved. Most gastric sarcoidosis cases are asymptomatic. Sarcoidosis mainly affects the antrum of the stomach and symptoms can be related to the ulceration of the gastric mucosa or due to the diffuse infiltration and fibrosis of the mucosa leading to the narrowing of the gastric lumen. Epigastric pain (75%) is the most common symptom. Other symptoms are early satiety, nausea, vomiting, hematemesis, melena and weight [2,3]. Asymptomatic patients do not need any specific therapy. Corticosteroids are the first choice drugs4. Gastric sarcoidosis should be suspected in patients with a history of sarcoidosis presenting with epigastric pain, even though pulmonary sarcoidosis is in remission.

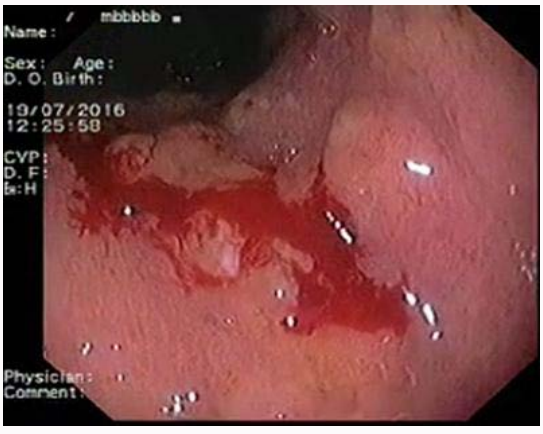

Figure 1: Nodular mucosal irregularities in the lesser curvature of the stomach.

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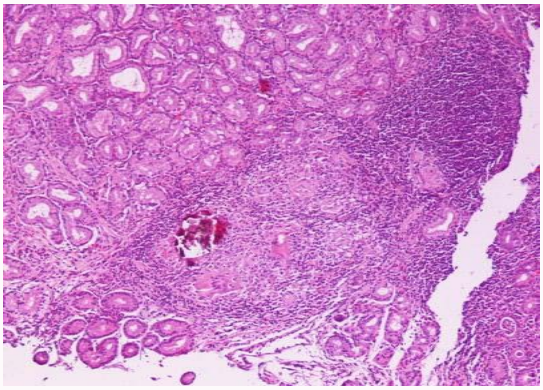

Figure 2: Histopathology of the stomach showed non-caseating granuloma.

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