Reactivation of old scars: inevitably sarcoid

J S Sorabjee, R Garje

CASE REPORT

A 72 year old man presented with a four week history of a low grade fever (temperature 38.5°C) associated with 5 kg of weight loss. He had been treated with antibiotics empirically by his family practitioner without benefit. Routine investigations including a complete blood count, erythrocyte sedimentation rate (ESR), urinalysis, and chest radiography were normal and he was therefore referred for further consultation. When seen five weeks after the onset of his fever he volunteered a history of swelling, redness, and itching associated with numerous scars that he had acquired almost 50 years previously during his career in professional cricket.

Physical examination was entirely normal other than the presence of swelling and discoloration at the sites of four scars on his upper lip (fig 1), back, chest, and neck. In view of a suspicious hilar prominence on chest radiography, computed tomography of his thorax was done; this showed the presence of numerous non-caseating granulomas enmeshed within the fibrous tissue of the scar. Treatment was instituted with a short course of steroids; after this the patient’s fever settled, he gained weight, and the visible inflammation in the scars regressed completely. Over a period of time the lesions seen on chest radiography regressed on steroid therapy, which was gradually withdrawn.

DISCUSSION

In India sarcoidosis is uncommon but has been recognised with increasing frequency in recent years. In most instances patients present with pulmonary involvement manifested by hilar adenopathy and interstitial lung lesions. Skin manifestations are relatively uncommon (20%–35%) and occur in three broad groups—that is, erythema nodosum, infiltrative cutaneous sarcoidosis, and scar sarcoidosis. Scar sarcoidosis is itself rare (2.9%) with few case reports worldwide and fewer from India. It is especially uncommon in the absence of other skin manifestations of sarcoidosis and takes the form of redness and reactivation of old cutaneous scars. Scar sarcoidosis may precede or accompany systemic sarcoidosis and may be the main manifestation of a relapse. Sarcoloid isolated to scars may represent a more benign variant of sarcoidosis, and has been considered to be a systemic autoimmune disease.

Reactivation of old scars appears to be highly specific for sarcoidosis and in this instance the positive skin biopsy mitigated the need for an invasive procedure in the form of a mediastinal lymph node biopsy. In addition to reactivation of scars obtained from previous wounds, scar sarcoidosis has been reported at the sites of previous intramuscular injections, tattoo scars, blood donation venepuncture sites, scars of herpes zoster, sarcoloid on ritual scarification, and at the sites of allergen extracts for desensitisation. As in this patient a short course of steroids in moderate doses (30 mg per day in this instance) serves to suppress most of the symptoms of the disease, however in cases where scar sarcoidosis is the only manifestation of the disease, allopurinol in a dose of 300 mg per day has been found to be

![Figure 1 Small scar on patient’s lip that had been quiescent for 30 years; this developed redness and swelling associated with the onset of sarcoidosis (published with patient’s permission).](http://pmj.bmj.com/)

Sarcoidosis, though uncommon, is being recognised with increasing frequency in India. Reactivation of old scars, as a manifestation of cutaneous sarcoidosis, is highly specific for sarcoidosis but very unusual. Clinicians unaware of the significance of this odd sign may tend to dismiss it lightly. Easy access to histopathology via a skin biopsy is useful in confirming the diagnosis. Regression of the lesions with treatment is useful in assessing the response in this multisystem disease.

<table>
<thead>
<tr>
<th>Article</th>
<th>Reactivation of pre-existing scars, as a manifestation of cutaneous sarcoidosis, is uncommon and the clinical significance of this odd symptom often remains unrecognised. In the appropriate setting a skin biopsy may serve to establish the diagnosis of sarcoidosis and avoid more invasive attempts at obtaining tissue. The case of a 72 year old man with remote reactivation of multiple cutaneous scars associated with a febrile illness, malaise, and hilar adenopathy is reported. A skin biopsy revealed multiple non-caseating granulomas and established the diagnosis of sarcoidosis. A short course of steroids was successful in causing regression of symptoms and cutaneous inflammation. Regression of inflammation in the scar provides a simple way to monitor response to treatment in this multisystem disease.</th>
</tr>
</thead>
</table>

---

**Figure 1** Small scar on patient’s lip that had been quiescent for 30 years; this developed redness and swelling associated with the onset of sarcoidosis (published with patient’s permission).
It is essential that patients complaining of inflammation at the sites of old scars should be examined and in the appropriate setting investigated for sarcoidosis.

**References**


Reactivation of old scars: inevitably sarcoid

J S Sorabjee and R Garje

Postgrad Med J 2005 81: 60-61
doi: 10.1136/pgmj.2004.018796

Updated information and services can be found at:
http://pmj.bmj.com/content/81/951/60

These include:

References
This article cites 10 articles, 0 of which you can access for free at:
http://pmj.bmj.com/content/81/951/60#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

Clinical diagnostic tests (393)
General surgery (168)
Immunology (including allergy) (394)
Radiology (416)
Surgical diagnostic tests (164)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/