

Treatment

Skin disorders during sarcoidosis are often spontaneous and pose no threat to general health. Therefore, full recovery is seen in many cases. However sometimes the skin is so damaged, painful or disfiguring that the patient may feel very physically or socially uncomfortable. Skin lesions take time to recover. In these cases, the dermatologist may prescribe the following medications:

Ointments or creams contain corticosteroids which suppress the inflammation of the skin. However, corticosteroids can make the skin thin and fragile in the long term.

Corticosteroid tablets (e.g. prednisolone) may be prescribed for severely disfiguring disorders and conditions that do not heal spontaneously. The treatment with these drugs usually takes a number of months. Prescriptions will only be given in the most serious of cases due to adverse side effects of corticosteroids.

Immunosuppressant drugs inhibit cell division and are only prescribed if corticosteroids do not provide sufficient recovery. Methotrexate is an example of such a medication. Although your GP may be able to provide ongoing prescriptions, these medications should be supervised by a consultant dermatologist.

Hydroxychloroquine/Mepacrine These medicines were originally used in the treatment of malaria. Dermatologists may prescribe these drugs to treat various forms of skin sarcoidosis.

Who We Are

SarcoidosisUK provide support and information to anyone affected by sarcoidosis. We also raise awareness and fund research. The vast majority of our funds go towards researching a cure. Contact us for information on our Support Groups network and free Nurse Helpline.

How You Can Help:

Donate to fund research:
www.sarcoidosisuk.org/donate

Get involved in medical research:
www.sarcoidosisuk.org/research/get-involved-sarcoidosis-research/

Thanks to:

SBN, The Dutch Sarcoidosis Society

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SarcoidosisUK

SARCOIDOSIS and the SKIN



Sarcoidosis of the Skin

Sarcoidosis of the skin occurs in 20 to 35% of all sarcoidosis patients. Sometimes a skin condition may be the only complaint. There are several types of skin disorders that can occur with sarcoidosis including erythema nodosum, lupus pernio and brownish-red lumps and bumps (lesions).

Erythema Nodosum

Erythema nodosum is the most common sarcoidosis-related skin condition. It often occurs in the acute form of the disease.

Symptoms:

- sudden red, painful lumps, usually on lower legs or arms
- often accompanied by fever, fatigue and joint pain

Treatment:

- often improves spontaneously after 3 to 6 weeks; simple painkillers such as paracetamol and ibuprofen can help with the symptoms
- purple-blue colouring may remain visible for a few weeks
- within 6 months, 80% of cases heal completely without scarring

The majority of patients with erythema nodosum have conditions other than sarcoidosis (e.g. bacteria or fungal infections). In addition, certain medications can cause it. Erythema nodosum does not always automatically indicate sarcoidosis.

Lupus Pernio

Lupus pernio can also occur in sarcoidosis.

Symptoms:

- blue/red flat discoloration, or swelling, usually across the bridge of the nose and cheeks
- painful skin
- superficial lesions

Treatment:

Lupus pernio is a chronic condition; it rarely disappears spontaneously and can cause permanent damage to the skin where it occurs. Proper and timely medication for this skin condition is very important. Referral to a dermatologist (specialist skin doctor) is required.

Other Skin Lesions

The skin may produce thick bumps (nodules) and smaller bumps of a few millimeters in diameter (papules). In some cases, these bumps sit so close together that they form a sort of plate, also called plaque. They are usually reddish-brown in colour and are not usually symptomatic. These lesions most commonly occur on the extremities: face, scalp, back, and buttocks.

Symptoms:

- lumps in the skin
- colour varies from red/blue to yellow/red
- plaques feel hard and sometimes form a ring on the skin

Techniques to Understand Your Condition

Patients with sarcoidosis of the skin should be evaluated for involvement of other organs, such as the lungs and the liver.

The progression of skin sarcoidosis varies, usually keeping pace with the disease's activity in the lung.

In most cases, a review of the skin by a dermatologist is sufficient.

Sometimes it is necessary to take a biopsy of the skin. Your doctor will take a test piece of skin to be examined under a microscope.

Inspect your Skin!

Sarcoidosis can cause changes to the skin. Pay particular and regular attention to:

- tattoos
- old scars
- white or dark-coloured spots on the skin (hypo- and hyperpigmentation).

If you notice any changes in your skin, it is wise to have these checked by your doctor.

