SARCOIDOSIS AND THE SKIN

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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.

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 is required.

Other skin lesions

The skin may produce thick bumps (nodules) and smaller bumps of a few millimetres 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

Treatment

Skin disorders during sarcoidosis are often spontaneous and pose no threat to general health and 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. In these cases, the dermatologist may prescribe the following medications:
- **ointments or creams**
- **corticosteroid tablets** (e.g. prednisolone)
- **hydroxychloroquine/mepacrine**
- **immunosuppressant drugs** (e.g. methotrexate)

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, and 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.