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A RARE LOCALIZATION OF SARCOIDOSIS: MASCAGNI'S LYMPH NODE INVOLVEMENT

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ABSTRACT

Sarcoidosis is a systemic inflammatory disease.
While the potential for this condition to affect any organ in the body exists, involvement of the gallbladder is a rare occurrence.

The following case report presents a patient who was admitted with a diagnosis of cholelithiasis and underwent laparoscopic cholecystectomy. Pathological analysis of the specimen revealed a case of sarcoidosis of the Mascagni node.

INTRODUCTION

Sarcoidosis is a granulomatous disease of unknown etiology, characterized by the presence of granulomas without caseous necrosis, while the initial impact is primarily on the lungs, the potential for systemic involvement exists, with the possibility of affecting any organ in the body.

Sarcoidosis of the gallbladder and associated lymph nodes is an exceptionally uncommon clinical entity.[1]

CASE PRESENTATION

A 62-year-old male patient with no prior medical history presented to our department with symptoms of nausea, vomiting, and right upper quadrant pain.

The patient was admitted to the emergency department on two occasions due to symptoms consistent with biliary colic.

Abdominal ultrasonography revealed the presence of a centimetric stone within the gallbladder lumen. Laboratory tests revealed no remarkable findings, with normal range liver function tests and normal white blood cell levels.

The patient was scheduled for elective surgery due to symptomatic cholelithiasis. The preoperative chest X-ray revealed no parenchymal lesions nor hilar or mediastinal lymphadenopathy.

The patient underwent a laparoscopic cholecystectomy, he was installed in the French position, and an open laparoscopy was performed, introducing the 0° optics. Three trocars were introduced, and an anterograde cholecystectomy was performed after the identification of Critical view of safety.

The postoperative follow-up period was uneventful, and the patient was discharged on POD1.

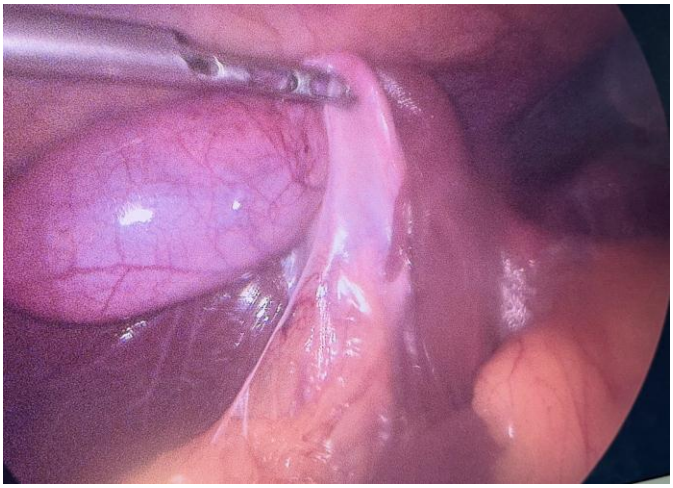

Figure 1 : Per operative image of gallblader during a laparoscopic cholecystectomy.

The pathological examination found that gallbladers' mucosa was bristling with fringes thickened by a mononuclear inflammatory infiltrate. The muscle layer was dissociated by fibrosis that thickens the serosa.

Presence at the neck of a lymph node (Mascagni's node) whose parenchyma is disorganized by an inflammatory process consisting of monomorphic epithelioid and giant cell granulomas, non-confluent and without necrosis compatible with sarcoidosis of Mascagni's node.

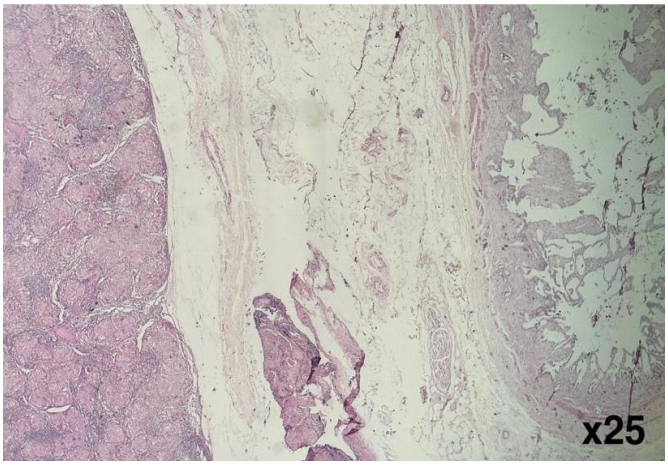

Figure 2 : Chronic cholecystitis with epithelioid and giant cell granulomatous lymphadenitis without necrosis, strongly evoking sarcoidosis.

DISCUSSION

Sarcoidosis is a systemic disease of unknown etiology characterized by the formation of immune granulomas in affected organs, with a predilection for the lungs.[1]

The condition has a global prevalence of 10–20 cases per 100,000 individuals, affecting people worldwide irrespective of gender, ethnicity, with age peak between 20 and 40.[2] Gastrointestinal and hepatic involvement in sarcoidosis is rare, with prevalence rates of less than 4% in documented cases.[3, 4] The occurrence of sarcoidosis of the gallbladder and its associated lymph node is an even greater rarity.[5]

While some patients experience only generalized, vague abdominal pain, others typically present with symptoms of biliary colic and acute cholecystitis.[1]

A significant proportion of patients afflicted with gallbladder sarcoidosis remain asymptomatic, with the condition often being diagnosed incidentally through other diagnostic modalities, such as chest X-rays and histopathological examination, when investigating an alternate etiology.[6]

The treatment of sarcoidosis is primarily corticosteroid therapy. However, in cases of gallbladder sarcoidosis, which is most often identified incidentally during pathological screenig of surgical specimen, cholecystectomy is regarded as the gold standard treatment.

CONCLUSION

Sarcoidosis of the gallbladder and its associated lymph node is an exceedingly rare condition. it is characterized by the presence of granulomatous inflammation in the gallbladder wall and the surrounding anatomical structures.

In cases where patients are presenting with symptoms, the definitive treatment modality is cholecystectomy.

Ethics Approval And Consent To Participate

Participants were informed about the purpose, procedures, risks, and benefits of the research, and were assured of their right to withdraw at any time without prejudice.

Consent for publication

Written informed consent was obtained from the patient in order to publish this case

Availability of data and material -

Competing interests –

The authors declare no competing interests.

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Authors' contributions -

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