SARCOIDOSIS VASCULITIS AND DIFFUSE LUNG DISEASES 2012; 29; 55-57

Earlobe sarcoidosis

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Abstract. *Background:* Infliximab, a TNF-α blocking agent, is an upcoming therapeutic option for cases of refractory sarcoidosis. In pulmonary sarcoidosis, changes imaged by ^{18}F-FDG-PET during infliximab treatment in sarcoidosis patients correlate with signs of clinical improvement. *Design:* Case-report. *Results and conclusions:* A patient with severe earlobe sarcoidosis, treated with infliximab, is presented. This case shows that even relatively small extrapulmonary localisations of sarcoidosis can be visualised by ^{18}F-FDG-PET, and that a decrease of FDG-uptake correlates well with clinical improvement on infliximab treatment. *(Sarcoidosis Vasc Diffuse Lung Dis 2012; 29: 55-57)*

Key words: sarcoidosis, 18F-FDG-PET, Infliximab, TNF-α mAb

Introduction

Infliximab, a TNF-α blocking agent, is an upcoming therapeutic option for cases of refractory sarcoidosis(1;2). In pulmonary sarcoidosis, changes imaged by ^{18}F-FDG-PET during infliximab treatment in sarcoidosis patients correlate with signs of clinical improvement(3).

Case report

A 56-year old male Caucasian patient was referred to our out-patient clinic because of complex sarcoidosis. Alongside fatigue and dyspnoea, he suffered from severe and incapacitating pain and swelling of the right earlobe, histologically proven to be sarcoidosis (Fig. 1). Previously, he was treated with high dose prednisone, methotrexate, plaquenil

Fig. 1. Right earlobe with painful swelling

Received: 22 June 2011
Accepted after Revision: 23 June 2011
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and local corticosteroid injections without sufficient response. Since his quality of life was severely impaired, we decided to treat him with infliximab therapy. After six intravenous gifts of 5 mg/kg bodyweight, the pain and swelling of his earlobe reduced significantly. Evaluation of disease activity using ^{18}F-FDG-PET showed a marked improvement of his pulmonary sarcoidosis and normalisation of the previously active right earlobe with a decrease in SUV_{max} from 4.5 to 0.6 (Fig. 2).

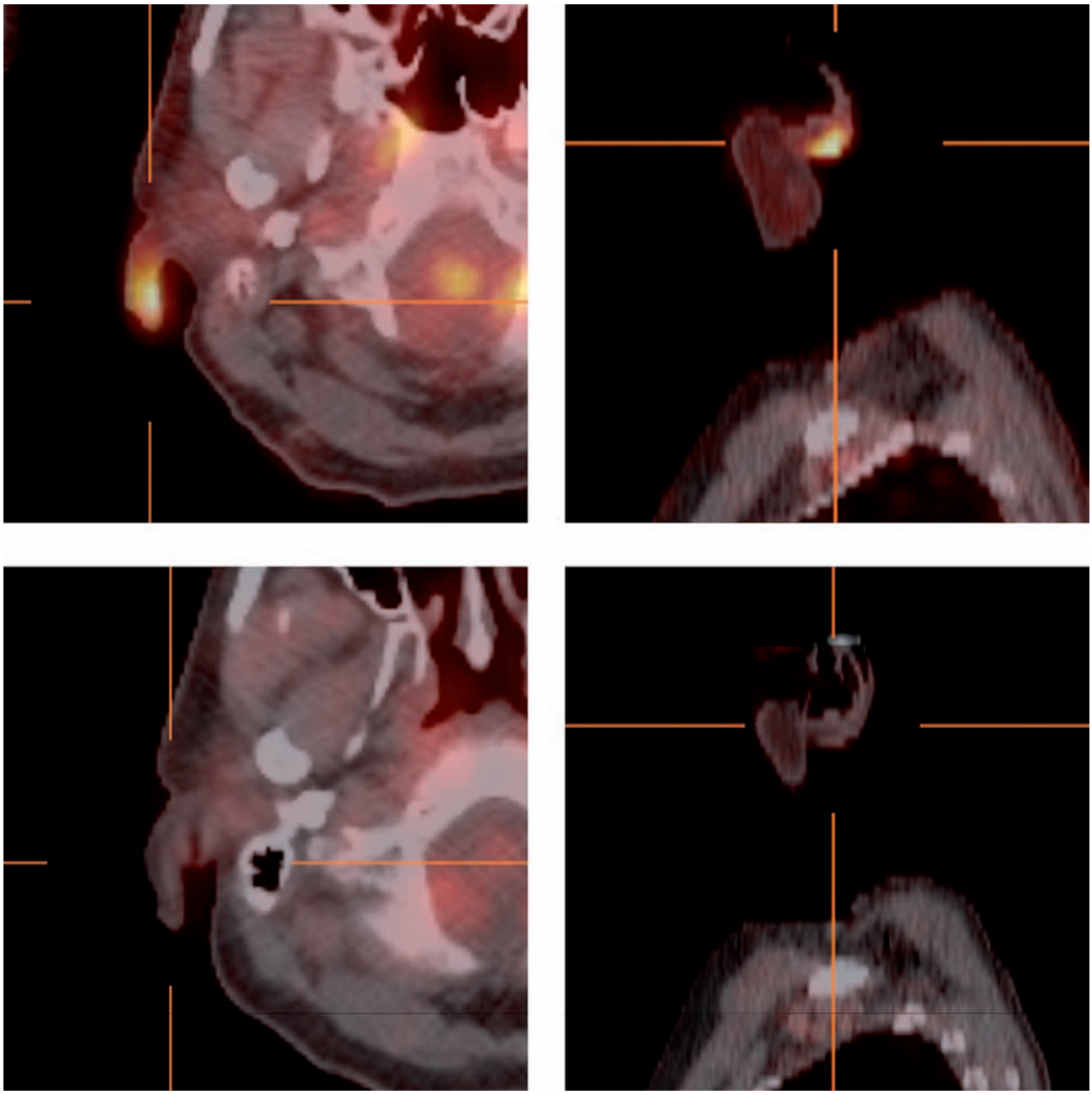

Fig. 2. ^{18}F-FDG-PET scanning with focus on right earlobe before (first row) and after (second row) treatment with 6 doses of infliximab

Conclusion

This case shows that response to infliximab can be measured by ^{18}F-FDG-PET, even in cases of relatively small extrapulmonary lesions, such as earlobe sarcoidosis. A decrease of FDG-uptake correlates well with clinical improvement on infliximab treatment.

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