

SARCOIDOSIS AS A CAUSE OF LYMPHADENOPATHY IN CANCER PATIENTS

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Introduction: A few small case reports of sarcoidosis developing in cancer patients have been published. This presents a diagnostic dilemma in the cancer patient with mediastinal adenopathy, because a non-malignant diagnosis of the adenopathy is possible, but these patients are often assumed to have malignant involvement of the nodes. Little is known about the development of sarcoidosis in cancer patients.

Methods: We conducted a retrospective chart review of all patients with a diagnosis of sarcoidosis or mediastinal adenopathy who underwent mediastinoscopy at Swedish Medical Center and Cancer Institute from 2004-2008. Patients with a previous diagnosis of cancer were identified from chart notes, and data were tabulated on these patients.

Results: A total of 565 mediastinoscopies were performed. We identified 38 cases of biopsy-proven sarcoidosis. Seventeen cases of sarcoidosis developed after a diagnosis of cancer. Of the 17 cancer patients, 8 patients (47%) had breast cancer, 2 had lymphoma, 2 lung, 2 testicular, 1 ovarian, 1 colon, and 1 had squamous cell skin cancer. Nine patients (53%) had received chemotherapy prior to developing sarcoidosis. Thirteen (76%) were female. Mean time elapsed between cancer diagnosis and sarcoid development was 2 years (range: 9 days to 6 years). Cancers were of all stages, with and without lymph node involvement. Six patients (35%) received radiotherapy. The most common PET CT finding was bilateral hilar adenopathy with symmetrical SUVs in the 4-15 range, but findings ranged from isolated mediastinal adenopathy (4 patients) to abdominal adenopathy (7 patients). One patient had splenic involvement.

Conclusion: This is the largest series we have found of cancer patients with sarcoidosis, and it makes the point that sarcoidosis must be considered in the differential diagnosis of patients with a history of malignancy who develop lymphadenopathy. Therefore, obtaining a tissue diagnosis before instituting therapy for presumed cancer recurrence is imperative.