

The role of HRCT and multislice CT and histopathology in accurate diagnosis of typical and atypical sarcoidosis

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Sarcoidosis is a multisystem chronic inflammatory condition of unknown etiology, which may affect almost any organ. Involvement of the lung and the mediastinal and hilar lymph nodes is most common, seen in approximately 90% of patients, and accounts for most of the morbidity and mortality associated with the condition. Multislice computed tomography (MSCT) and HRCT plays a very important role in diagnosing sarcoidosis, suggesting atypical cases and differentiating the similar conditions that mimics CT findings of sarcoidosis. Pathological correlation is associated for proper diagnosing and narrowing the differential diagnosis.

The purpose of this study is to focus on the thoracic manifestations of sarcoidosis (especially atypical cases), explore the role of multislice HRCT, for its diagnosis and for early detection of reversible cases.

This study involved 50 cases 44 females and 6 males, age range 23 to 62 years. The patients were subjected to clinical evaluation, laboratory assessment. CT chest was done to all patients using MDCT. HRCT was done in 35 patients and post IV contrast was done in 15 patients in one case of whom re-examination without IV contrast was done to assess lymph nodes calcification and pulmonary function tests.

MSCT has proved superior to radiography for identifying and managing pulmonary sarcoidosis. High-resolution CT, in particular helps to improve the detection and characterization of subtle parenchymal abnormalities beyond the levels achievable with radiography and conventional CT, contributing to increased diagnostic accuracy. MSCT is capable of providing significant anatomic information about the mediastinal, pleural and interstitial lung changes.

Biography

Marian Fayek Farid, M.D. completed her M.Sc. in 2005, and completed her Medical Doctorate in 2010. She works as a lecturer of Radiodiagnosis, Cairo University.

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