Case Report

Nodulous sarcoidosis in the cheek muscle:
Report of a case.

A 59-year-old woman with a subcutaneous nodule in the left cheek showed accumulation of $^{67}$Ga in the left cheek, bilateral pulmonary hilar lymph nodes and bilateral lower extremities. An operative specimen from the cheek nodule surrounded by cheek muscle showed non-caseating granuloma consistent with sarcoidosis. Although muscle involvement is quite common, nodulous sarcoidosis in the cheek muscle is rare.

Key Words: Sarcoidosis, Muscular sarcoidosis, Cheek muscle

Introduction

The muscular manifestation of sarcoidosis has been well described, and the nodulous type is considered to be rare$^{1-5}$. We report a case of nodulous muscular sarcoidosis which showed positive findings in the left cheek, bilateral pulmonary hilar region and bilateral lower extremities by Ga-scintigraphy. This case was diagnosed based on the results of pathological...
examination of the operative specimen (Fig. 1-A).

Case report

A 59-year-old woman visited our hospital in April 1995 with a chief complaint of swelling in the left cheek.

In January 1992 she became aware of swelling on both upper eyelids and nephelopia, and visited an ophthalmologist. Iridocyclitis was found in both eyes, and Mikulicz syndrome or sarcoidosis was suspected. A chest radiograph showed no notable changes, but chest CT revealed tumefaction in the No. 2, 3 and 7 lymph nodes and calcification due to tuberculosis in the left pulmonal apex.

Ga-scintigraphy showed accumulation in the mediastinum and bilateral hilar region. Sarcoidosis was diagnosed, based on the following: Tuberculin test was negative, serum angiotensin-converting enzyme (ACE) was 20.0 IU/liter/37°C (8.3~21.4), and lysozyme was 14.6 μg/ml (5.0~10.2), and a transbronchial lung biopsy was positive for granuloma. The symptoms were alleviated by medication and patient was followed up.

In April 1995, swelling was noticed on the left cheek by her husband, and she was examined by an oral surgeon in our hospital. The facial expression was asymmetric. An elastic soft mass (30mm × 15mm) extending from the left angle of the mouth to the anterior margin of the left mandibular ramus was palpable. The same mass was also palpable in the mouth covered by normal mucosa. There was no spontaneous pain, tenderness, or molar or sensory disturbance. Erythema (7 mm) was also seen on the second and third fingers of the left hand. A chest radiograph (Fig. 1-B) showed bilateral hilar lymph node enlargement and calcification in the left pulmonal apex. A Ga-scintigram (Fig. 2) revealed abnormal accumulation in the left cheek, the bilateral hilar region to the lung field, and the bilateral lower extremities.

A sonogram (Fig. 3-A) showed a homogeneous and sonolucent mass in the left