Sarcoidosis is a multisystemic granulomatous disease of unknown etiology. Head and neck involvement has been reported in 10-15% of patients with the most common sites being the skin, nose, paranasal sinuses, larynx, salivary glands, cervical lymph nodes and middle ear. Additionally, 35-55% of these cases will present with ophthalmologic complaints, including enlargement of the lacrimal gland, masses in the upper eyelid or uveitis. Research on the prevalence of sinonasal involvement in sarcoidosis is generally limited to small case series. As such, it is difficult to ascertain the frequency with which both sinonasal and orbital involvement occur in the same patient. It is generally believed that sinonasal involvement typically presents with symptoms of chronic crusting rhinitis, nasal obstruction, and anosmia. A recent review by Dr. Lawson et al proposed a new system of classification which would subtype sinonasal sarcoidosis into 4 categories: atrophic, hypertrophic, destructive or nasal enlargement. This classification could then act as a guide to diagnosis and treatment.

The data regarding sinonasal sarcoidosis is limited to case reports and case series. As such, it is difficult to ascertain the frequency with which both sinonasal and orbital involvement occur in the same patient. It is generally believed to be a rare finding. Bronson and Fisher reported the case of sinonasal sarcoidosis with extension to the orbit in 1976. Baughman et al. found that patients with both sinonasal and ocular sarcoidosis, often have lacrimal gland involvement and present with dacrocystitis. This case highlights the importance of maintaining a broad differential diagnosis in those patients presenting with isolated sinus and ocular signs and symptoms.

References