



## What is your diagnosis?

*Tanınız nedir?*

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A 31-year-old man presented to our outpatient clinic with the complaints of alopecia and swelling of a number of skin lesions in different areas of his scalp which had been present for 1 year. Dermatological examination revealed a pinkish nodule measuring 1.5x1.5 cm and a few similar small patches with hair loss on the scalp, but there was no evidence of prominent scarring. A violet colored plaque was located on the tip of the nose, and "apple-jelly" was seen with diascopy. Dermoscopy of the lesions on the scalp showed orange spots, absence of follicular ostia, thin hairs, and prominent arborizing telangiectasias (Figure 1a, 1b, 1c). A cutaneous punch biopsy revealed non-caseating well-formed granulomas (Figure 2a, 2b). Periodic acid-Schiff stain was negative for hyphae and spores. Alcian blue stain at pH 2.5 showed no mucin deposits. Systemic evaluation revealed no pulmonary, ocular, cardiac, bone, or other systemic involvement. The patient was treated with intralesional triamcinolone injection for skin lesions. These lesions were smaller and lightening of the color was achieved after treatment.

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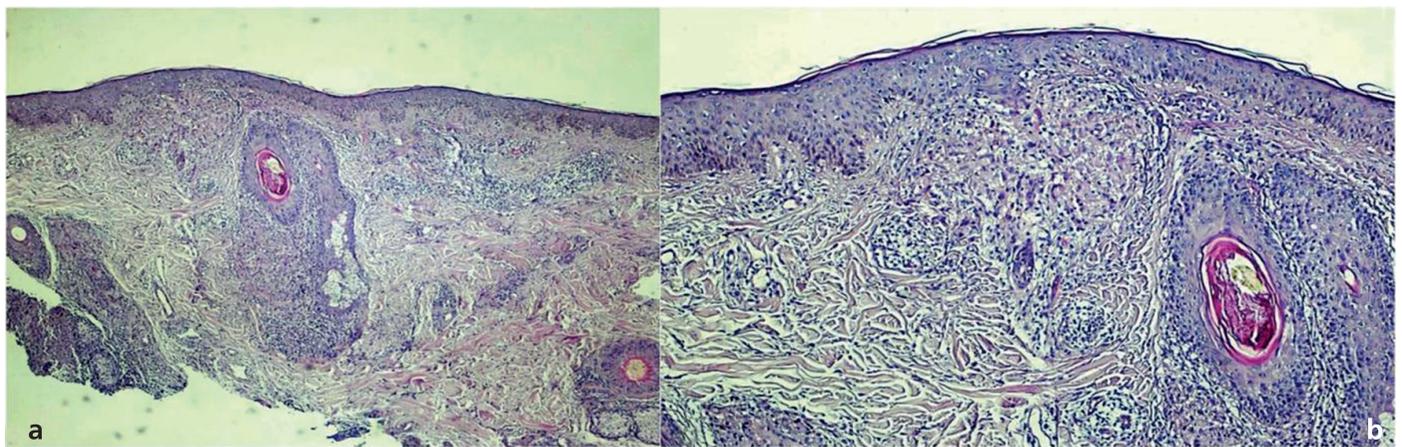
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**Figure 1.** Hair loss on scalp, erythematous patch on nose (a, b). Dermoscopy shows the absence of follicular ostia, oranges spot, thin hairs, and linear arborising vessels (c)



**Figure 2a, 2b.** A skin biopsy specimen revealed non-caseating granulomas consistent with sarcoidosis (hematoxylin&eosin x40, x100)

## Diagnosis of the case

### Diagnosis: A rare involvement: Scalp sarcoidosis with dermoscopic features without systemic involvement

We report the case of a Turkish man with alopecia caused by sarcoidosis without systemic involvement. Sarcoidosis is a multisystem inflammatory disease of unknown etiology that is characterized by "non-caseating granulomas". Skin sarcoidosis can have different clinical presentations, so it is labelled "The Great Imitator". Scalp sarcoidosis may exhibit variable morphologies, and therefore, must be considered in the differential diagnoses of plaques, nodules, or alopecia of the scalp as well as both cicatricial and noncicatricial alopecia<sup>1</sup>. Involvement of the scalp is a rare manifestation of cutaneous sarcoidosis. To date, only about 40 cases with scalp sarcoidosis have been reported<sup>2</sup>.

Scalp sarcoidosis has been reported as a rare cause of both localized and diffuse alopecia<sup>2</sup>. It may start as an atrophic, red, and scaling area of alopecia, which must be distinguished histologically from chronic discoid lupus erythematosus of the scalp, lichen planopilaris, Brocq alopecia, folliculitis decalvans, dissecting cellulitis of the scalp and necrobiosis lipoidica<sup>3-6</sup>.

Scalp biopsy is required for the diagnosis of scalp sarcoidosis. Dermoscopy can help to determine the biopsy site. The orange spots mostly seen with trichoscopy of lesions in scalp sarcoidosis may be a clue to the diagnosis of this condition. Spots that are well-defined, yellowish to pale orange, and round may be seen with dermoscopy. These spots are bigger than those that occur with alopecia (at least three times the size of the yellow dots)<sup>7</sup>. At pathology, these orange spots correspond to the round, well-formed granulomas in the superficial dermis and dystrophic hairs that may indicate granulomatous activity<sup>7</sup>.

According to the literature, most patients with alopecia related to sarcoidosis have systemic involvement. There are 39 published cases of sarcoidosis-induced alopecia<sup>2</sup>. The age range of the patients was between 23 and 78 years, with a predominance of females. Pulmonary and lymph node involvement are also common with alopecia-related sarcoidosis<sup>2</sup>.

Therefore, careful and complete skin examination should be performed along with a work-up for systemic sarcoidosis. We should also follow up the patient for systemic involvement due to scalp involvement.

### Ethics

**Informed Consent:** Consent form was filled out by all participants.

**Peer-review:** Externally peer-reviewed.

### Authorship Contributions

Surgical and Medical Practices: Ş.Y., Concept: Ş.Y., F.C., Design: Ş.Y., S.A., Data Collection or Processing: Ş.Y., F.G., Analysis or Interpretation: Ş.Y., P.G., Literature Search: Ş.Y., Writing: Ş.Y.

**Conflict of Interest:** No conflict of interest was declared by the authors.

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