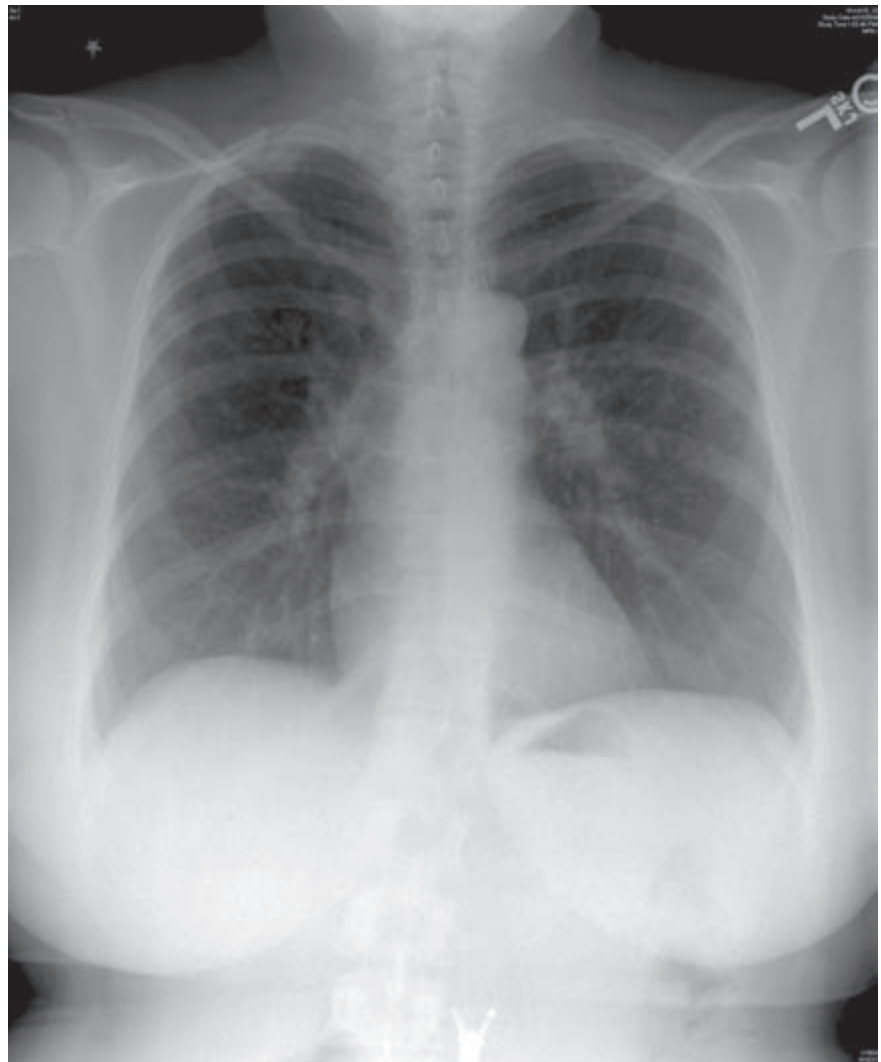


abnormal chest radiograph. Four types of radiographic appearance have been described: type 0 is normal; type I shows enlargement of hilar, mediastinal, and occasionally paratracheal lymph nodes; and type II shows the adenopathy seen in type I as well as pulmonary infiltrates (Figure 6.9). Type III demonstrates the infiltrates without the adenopathy. Type II involvement is the most common among patients with sarcoidosis who have respiratory distress.

Two patterns of arthritis are observed in sarcoidosis, and are classified as to whether the arthritis occurs within the first 6 months after the onset of the disease, or late in the course of the disease. The early form of arthritis often begins in the ankles and may spread to involve the knees and other joints. The axial skeleton is typically spared. Monarthritis in the early phase is unusual.

Erythema nodosum, a syndrome of inflammatory cutaneous nodules frequently found on the extensor surfaces of the lower extremities, occurs in about two-thirds of patients and is strikingly associated with early arthritis. *Lofgren's syndrome* involves a triad of hilar lymphadenopathy, erythema nodosum, and arthritis. The late form of arthritis occurs at least 6 months after the onset of sarcoidosis, and is generally less dramatic than the early form. The knees are the most common joints to be involved, followed by the ankles. Monarthritis can occur in the late form of arthritis, and erythema nodosum is not commonly noted.

Other rheumatic manifestations associated with sarcoidosis include involvement of the larynx, nasal turbinates, and nasal cartilage, thereby resembling the clinical presentation of Wegener's granulomatosis (Figure 6.10). Eye involvement



Figures 6.9a and 6.9b. Posterior-anterior (a) and lateral (b) chest radiographs of a patient with type II sarcoidosis. This patient presented with severe shortness of breath.