

Laparoscopic splenectomy for isolated sarcoidosis of the spleen.

Sarcoidosis is a granulomatous disease of unknown etiology. Over 90% of patients with sarcoidosis present with pulmonary findings at the time of diagnosis. Extrapulmonary involvement is common, including the liver, eyes, central nervous system, lymph nodes, and joints. However, isolated granulomatous disease confined to the spleen is rare. This report documents a rare case of isolated granulomatous disease of the spleen diagnosed and treated laparoscopically. A 47-year-old female presented to her internist with nausea and mild epigastric abdominal pain. Laboratory evaluation revealed slightly elevated bilirubin and liver function tests as well as neutropenia. An abdominal ultrasound revealed normal biliary and pancreatic anatomy and multiple splenic lesions. Computed tomography of the abdomen confirmed the multiple hypodense lesions within the spleen. The differential diagnosis at this time included neoplasm, infection, and autoimmune etiologies. Subsequently, the patient underwent a diagnostic laparoscopy with splenectomy. No other intra-abdominal pathology was found. Pathology revealed multiple noncaseating, splenic granulomas. Isolated extrapulmonary manifestations of sarcoidosis occur in only 10% of these patients. Moreover, isolated splenic sarcoidosis is rare. Currently, the literature documents only two prior cases of sarcoidosis presenting with isolated splenic lesions. Primary management consists of medical therapy with prednisone, methotrexate, and/or antimalarial drugs. Indications for surgery include symptomatic splenomegaly, severe hypersplenism, prophylaxis for splenic rupture, and neoplastic exclusion. Our patient required a laparoscopic splenectomy for diagnostic purposes and neoplastic exclusion. Once diagnosed, patients require continual follow-up for systemic manifestations and associated complications of sarcoidosis.

Zia H, Zemon H, **Brody F.** [Laparoscopic splenectomy for isolated sarcoidosis of the spleen. J Laparoendosc Adv Surg Tech A. 2005 Apr. 15\(2\):160-2](#)