



A Case of Testicular and Ocular Sarcoidosis

Jared Fredrickson MD¹, Redion Petrela², Robert Swan MD¹

¹SUNY Upstate Medical University Department of Ophthalmology and Visual Sciences, ²SUNY Upstate School of Medicine

Introduction

Sarcoidosis is an important differential diagnosis for uveitis. It is estimated that 5-7% of patients presenting to uveitis clinics have sarcoidosis. 5-20% of those diagnosed with systemic sarcoidosis have ocular involvement. Testicular sarcoidosis, however, is rare; being diagnosed in only 0.2% of all cases of sarcoidosis.

Case Report

A 27-year-old was referred from an outside clinic with pain, photophobia, floaters, & decreased vision for 1 month. Past medical history was significant for a testicular mass diagnosed 3 months prior. Testicular ultrasound showed “multifocal hypoechoic lesions in the bilateral testicles. These ultrasound findings should be deemed malignant unless proven otherwise.” Inguinal lymph node biopsy showed “Extensive necrotizing granulomatous lymphadenitis.” The patient underwent partial orchiectomy with pathology “consistent with granulomatous orchitis.” There was otherwise no significant family or past medical history. Review of systems for inflammatory diseases was negative.

Case Report

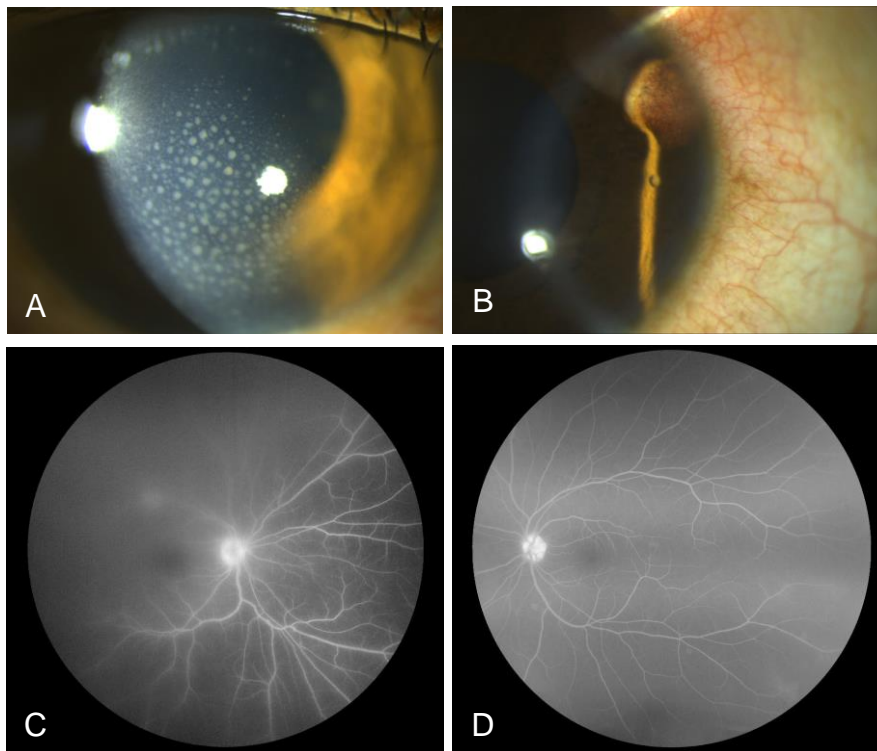


Figure 1 – A) Slit lamp photo of the right eye showing keratic precipitates B) Slit lamp photo of the left eye showing an iris nodule/mass C) Fluorescein angiogram of the right eye D) Fluorescein angiogram of the left eye

Slit Lamp Exam	Right	Left
Visual Acuity	20/200	20/20
Conjunctiva/Sclera	1+ injection	White and Quiet
Cornea	3+ KP, mutton fat	1+ KP
Anterior Chamber	3+ Cell, 3+ Flare	2+ Cell, 2+ Flare
Iris	Few small nodules	Large nodule S/T
Lens	Clear	Clear
Vitreous	3+ Haze, 3+ Cells in Gel	Trace Haze, 1+ Gel

Discussion

This patient’s ocular exam was typical of sarcoidosis. The patient was referred to a pulmonologist. He was diagnosed with sarcoidosis after a mediastinal lymph node biopsy showed noncaseating granulomas. The ocular exam helped differentiate sarcoidosis from testicular cancer and was critical in the accurate diagnosis and treatment for this patient. Metastatic testicular cancer can be difficult to differentiate from sarcoidosis as they have similar presenting symptoms, epidemiology, serum markers, and imaging. Incorrect diagnosis can lead to unnecessary surgical interventions such as orchiectomy; as well as incorrect chemotherapy. These can have serious consequences for both the patient and the patient’s future fertility.

Conclusion

A complete eye exam can be essential and even life saving in differentiating many systemic diseases including metastatic testicular cancer and sarcoidosis

References

- 1) Niederer RL, et al. Am J Ophthalmol. 2019 Oct;206:149-153
- 2) Babst C et al. Urol Case Rep. 2018 Feb 3;17:109-110.
- 3) Gupta et al. Case Rep Oncol. 2011 Mar 2;4(1):118-24.



This study was funded in part by unrestricted grants from Research to Prevent Blindness, Inc. New York, New York and Lions District 20-Y1, Syracuse, New York. No other significant financial interests or relationships to disclosure

