# 52-year-old male with 4 months of persistent dry cough and exercise intolerance

Todd Costello, MS3

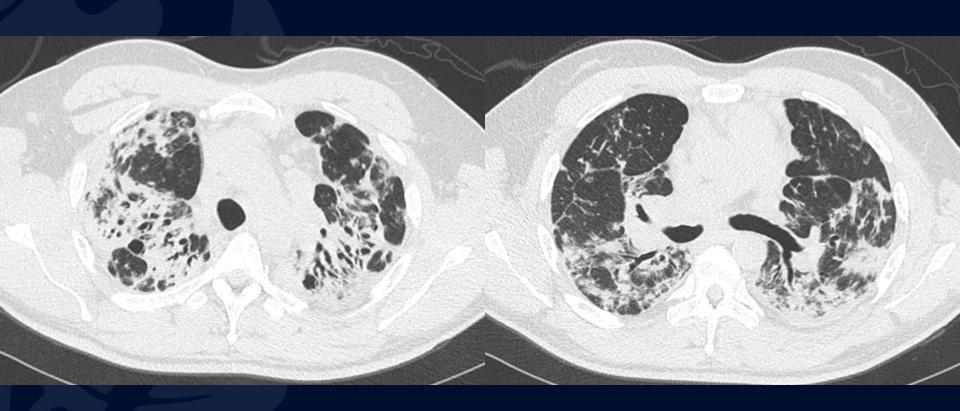


# PA Radiograph



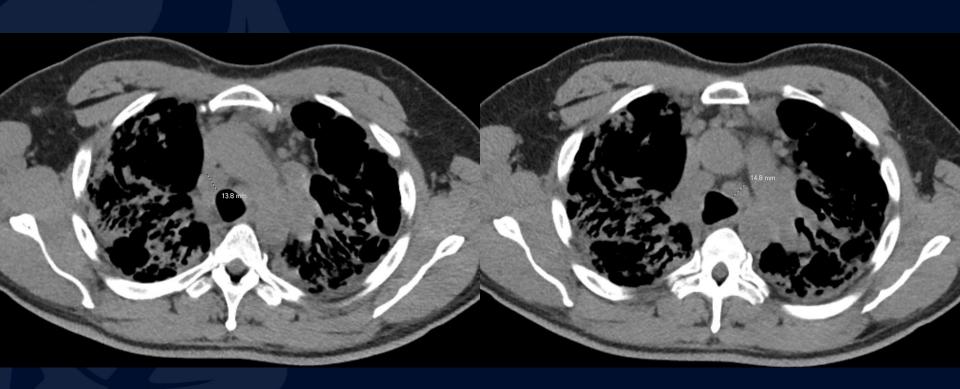


## High Resolution Chest CT





#### CT without contrast









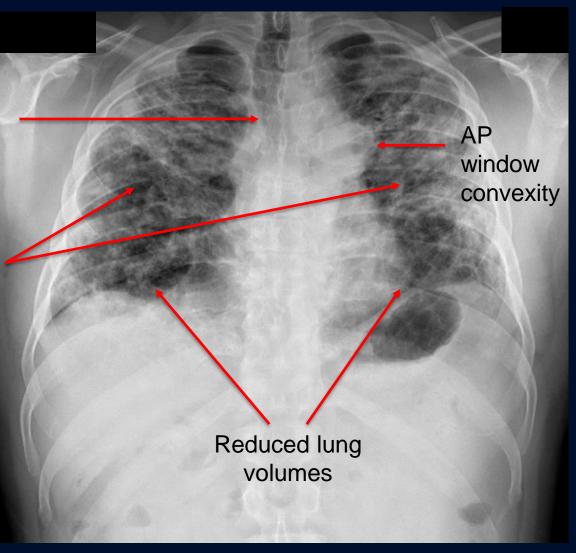
# Sarcoidosis



## PA Radiograph

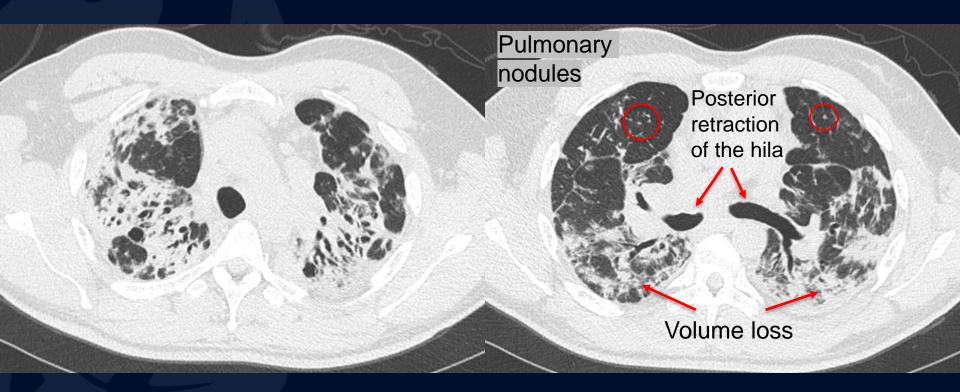
Thickened paratracheal stripe

Diffuse interstitial thickening with distorted parenchymal architecture





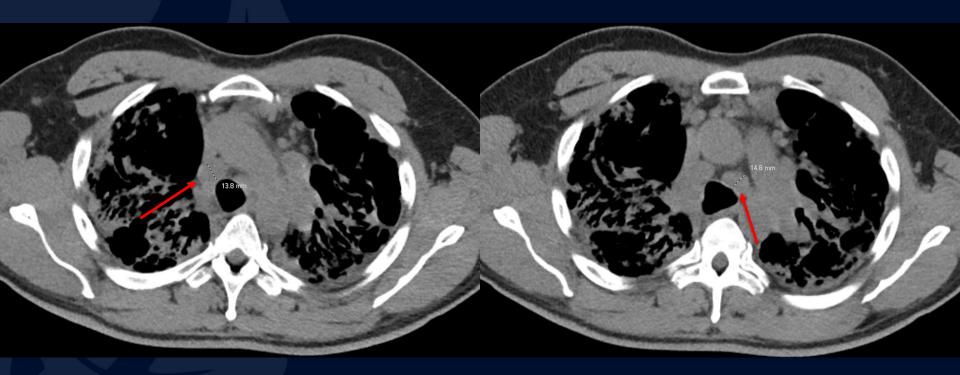
### High Resolution Chest CT



Massive pulmonary fibrosis



#### CT without contrast



Paratracheal adenopathy

Hilar adenopathy



#### Sarcoidosis

- Sarcoidosis is a multisystem disorder of unknown etiology characterized by the development of noncaseating granulomas in various organs.
- Clinical features of pulmonary sarcoidosis (dry cough, dyspnea on exertion, chest pain) are often nonspecific, so imaging is essential to diagnosis.
- Lung involvement can result in architectural distortion of the lungs and progressive loss of pulmonary function.
- About 10%-30% of patients with sarcoidosis develop progressive pulmonary disease, and more than 60% of deaths are due to advanced pulmonary sarcoidosis.
- Differential diagnosis: TB, Lymphoma, Hypersensitivity Pneumonitis, Metastasis
- Image findings include <u>symmetric</u> hilar lymphadenopathy, mediastinal lymphadenopathy (especially involving the right paratracheal and AP window nodal stations), micronodules in perilymphatic distribution, and pulmonary fibrosis.

**RADIOLOGY** 

#### References

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- Ganeshan, D., Menias, C. O., Lubner, M. G., Pickhardt, P. J.,
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  What the Radiologist Needs to Know. *Radiographics*, 38(4), 1180–1200.
  <a href="https://doi.org/10.1148/rg.2018170157">https://doi.org/10.1148/rg.2018170157</a>

