

European Respiratory Society Annual Congress 2012

Abstract Number: 4471

Publication Number: P3619

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Sarcoidosis **Keyword 2:** Neoplastic diseases **Keyword 3:** Bronchoscopy

Title: Sarcoidosis is a frequent benign cause of lymphadenopathy in neoplastic patients

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Body: BACKGROUND: clinical and radiographic aspects of sarcoidosis and malignancy might mimic one another, making the distinction between the two difficult in some cases. Cancer and sarcoidosis have been associated in some case series from the literature but this association remains controversial. Objectives: a descriptive retrospective study to evaluate the incidence of sarcoidosis in patients followed-up for previous cancer and referred for hilar/mediastinal lymphadenopathies, with no pulmonary lesions. METHODS: we conducted a retrospective chart review of all patients who were referred to our pulmonology department in the period between January 2007 and December 2011 with a new onset hilar/mediastinal lymphadenopathies during follow-up for previous neoplasms. RESULTS: forty-eight patients (31 males, 17 females) of mean age 63 years (range 20-81) underwent EBUS/EUS trans-bronchial needle aspiration (TBNA). Patients had been followed-up for lung cancer (10 cases), lymphoma (9 cases), breast cancer (7 cases), urologic cancer (6 cases), gastro-intestinal tumors (6 cases), larynx/pharynx tumors (4 cases), gynecologic tumors (3 cases), other cancer (8 cases). Six patients had a history of two tumors or more in the past. Procedure was diagnostic in 45 patients (94%) and diagnosis was sarcoidosis in 12 patients (26,7%), metastasis from previous cancer in 13 patients (28,9%) and normal lymph node in 20 patients (44,4%). CONCLUSIONS: our study suggests that sarcoidosis should be considered in the differential diagnosis of patients with a history of malignancy who develop hilar/mediastinal lymphadenopathies; a tissue diagnosis should be obtained before instituting therapy for presumed cancer recurrence.