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Title: Unusual multisystemic relapse of sarcoidosis after corticosteroids withdrawal

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Body: Sarcoidosis is a multisystemic disease with variable presentations. We report a case of unusual clinical course after corticosteroids withdrawal. A 40-year-old man presented with visual impairment and eye pain. Ophthalmoscopic examination diagnosed left anterior uveitis. HRCT revealed mediastinal lymphadenopathy, perilymphatic micronodules and hepatomegaly. The diagnosis of sarcoidosis was proposed. Broncoscopy showed enanthematous and grainy surface of the laryngeal and bronchial mucosa. Biopsy of those sites revealed non-caseous chronic granulomatous inflammation. Sarcoidosis was confirmed and oral corticosteroid started. Six months after initiation of therapy, lymphadenopathy and pulmonary lesions improved, signs of uveitis were absent and prednisone was tapered. Five months after corticosteroid suspension (2.5 years after the first dose) the patient reported erectile dysfunction, polydipsia, polyuria and asthenia. A biopsy of a right epididymal nodule was performed and showed chronic granulomatous inflammation. Laboratory showed impaired renal function and low thyreothopin, IGF-1 and free testosterone. Parathormone was supressed. Diabetes insipidus was suspected by a urinary volume of 4000ml/24h and an upper limit serum sodium. Cranial MRI revealed absence of the usual bright signal at pituitary gland and a thickened stalk. Prednisone 0.5 mg/kg daily, methotrexate and desmopressin were initiated. Three months later, erectile dysfunction, polydipsia and polyuria improved, hormonal dosages and renal function became normal. This atypical multisystemic relapse after prednisone withdrawal once again raise the discussion whether glucocorticoid treatment predisposes to worse evolution in sarcoidosis.