A 20-year-old African-American woman presented to the emergency room for the evaluation of a 1-day history of chest pain radiating to the left shoulder. She reported having similar symptoms 6 months prior that had resolved spontaneously. A chest radiograph performed at that time was within normal limits. She denied any flu-like illness, trauma or any associated shortness of breath. She also denied any fever, chills, weight loss or haemoptysis. She is a non-smoker and denied any illicit drug use. Physical examination did not reveal any chest wall tenderness.

A complete blood count and comprehensive metabolic panel were normal. Antinuclear antibody was positive. Erythrocyte sedimentation rate 57 mm/h, C reactive protein 0.7 mg/dL and HIV 1–2 antibodies were non-reactive. Purified protein derivative and quantiferon test (interferon γ-release assay) were negative. ACE levels were within normal limits. A chest radiograph revealed a vague nodular opacity in the left lingula (figure 1). A CT scan of the chest (figure 2) confirmed the presence of multiple bilateral parenchymal nodules. An ultrasound biopsy of one of these masses (figure 3) was performed and subsequent histopathological examination demonstrated non-caseating granulomas with multinucleated giant cells (figure 4).

Typical radiographic findings in sarcoidosis include bilateral hilar lymphadenopathy often with right paratracheal lymph node involvement with or without parenchymal air space disease. Nodular pulmonary sarcoidosis is a rare atypical presentation of intrathoracic sarcoidosis characterised by multiple discrete nodular opacities.
Learning points

▸ Typical radiographic findings in sarcoidosis include bilateral hilar lymphadenopathy with possible parenchymal involvement.
▸ Nodular pulmonary sarcoidosis represents a rare atypical form of intrathoracic sarcoidosis characterised by multiple nodular opacities.
▸ Nodular pulmonary sarcoidosis may present as acute chest pain.
▸ Diagnosis is confirmed by biopsy of the lesions.

Competing interests None.
Patient consent Obtained.
Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES


Figure 4 Non-caseating granuloma with multinucleated giant cells and epithelioid histiocytes.