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Beneath the Surface: Sarcoidosis in Burn Scars

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Introduction & Objectives: Sarcoidosis is a systemic granulomatous disease of unknown etiology, involving skin in up to one-third of cases. Lesions are diverse, often presenting as symmetrical facial maculopapules or extensive infiltrated nodules and plaques. Up to 9% of cases may arise in scars, resulting from surgery, trauma, acne, venipuncture, or tattoos. We report an unusual case revealing its origin in old burn scars after a lengthy evolution.

Materials & Methods (case report): An 85-year-old woman with extensive hot water burns over 15 years ago, presented with acute desquamative plaques and neuropathic pain on the neck and thigh. Initial considerations included eczematous and papulosquamous conditions, or an isotopic response to possible past herpes zoster. Topical and systemic corticosteroids plus analgesia showed poor response. Pandemic disrupted follow-up, and after 2 years, the patient reported continuous use of potent topical steroids due to recurrent skin flare-ups. Examination now revealed similar extent plus considerable skin atrophy and a yellowish hue. Clear involvement of old burn scars previously hidden by inflammation was evident on the neck. Conversely, scars on the affected thigh were imperceptible, despite the patient reporting extensive burns in the area. Clinical findings, dermoscopy, and two biopsies ultimately led to a diagnosis of scar sarcoidosis. To date, no involvement in other systems has been found except for possible small-fiber neuropathy. She is currently being treated with topical tacrolimus, hydroxychloroquine, and multimodal analgesia.

Results (discussion): Infiltration of scars by non-caseating granulomas is a known specific manifestation of sarcoidosis. However, the frequency and clinical characteristics are limited by few reported cases. In existing series, burn scars are underrepresented compared to other types of scars. Lesions may be confined to or extend beyond the scars, as in our case. Greater extension correlates with increased chronicity, severity, and systemic involvement, including pulmonary involvement in up to 40-100% of cases. Our case underscores an unusual presentation with obscured initial scarring due to extensive inflammation, resembling a zosteriform pattern. Moreover, it involves burned areas with no evident residual scarring.

Conclusion: Sarcoidosis mimics various conditions, even when localized to one system. Unusual manifestations emphasize the importance of a thorough medical history. Further studies may reveal the prognosis of distinct disease phenotypes.