

MULTISYSTEM SARCOIDOSIS PRESENTING WITH HEPATIC CIRRHOSIS: WHEN SILENT GRANULOMAS TURN FIBROTIC

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Sarcoidosis is a multisystem granulomatous disorder characterised by non-caseating granulomas and variable clinical manifestations. Hepatic involvement is common histologically but often clinically silent, and progression to cirrhosis is rare. In tuberculosis-endemic regions, distinguishing sarcoidosis from infectious granulomatous disease can be challenging. A 56-year-old woman with diabetes and hypertension presented with chronic right upper abdominal pain, intermittent fever occasionally high-grade, anorexia, and significant weight loss. Laboratory evaluation showed normocytic anaemia and a cholestatic pattern of liver enzyme derangement. Imaging revealed bilateral hilar and mediastinal lymphadenopathy with hepatomegaly and abdominal lymphadenopathy. Initial histopathology suggested granulomatous disease with features raising suspicion for tuberculosis; however, subsequent review confirmed non-caseating granulomatous inflammations with cirrhosis. Microbiological testing, including GeneXpert and acid-fast bacilli staining, was negative. Elevated serum angiotensin-converting enzyme levels and hypercalcaemia supported the diagnosis. The patient was treated with corticosteroids and mycophenolate mofetil, with clinical improvement and stabilisation of liver function on follow-up. Hepatic sarcoidosis may remain clinically silent until advanced disease develops. This case highlights the importance of careful clinicopathological correlation in differentiating sarcoidosis from tuberculosis to enable timely diagnosis and management.

Keywords: Sarcoidosis, Hepatic sarcoidosis, Liver cirrhosis, Granulomatous hepatitis, Hilar lymphadenopathy

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