**Case History**

- A 45-year-old female with history of reflux disease presented with ten years of post-prandial abdominal discomfort. Her pain was localized to the mid epigastric area and was associated with intermittent bloating and early satiety that worsened over six months. Review of systems was otherwise negative.

- Colonoscopic evaluation revealed multiple sessile polyps throughout the colon. Histology demonstrated non-necrotizing granulomas without dysplasia or inflammation and negative staining for mycobacterial and fungal organisms. Peripheral lymph node biopsy yielded similar results and upper endoscopy and colonic biopsies were consistent with sarcoidosis of the gastrointestinal (GI) tract.

**Introduction**

- Sarcoidosis is a multorgan disease characterized by the presence of non-caseating granulomas that can involve any organ system.

- Sarcoidosis occurs mainly in the third decade of life.

- 1 - 40 per 100,000 people are affected in the United States with greater prevalence and severity in African Americans.

**Discussion**

- Sarcoidosis involving the colon is rarely reported.

- The sites most commonly affected are the lung, mediastinal and peripheral lymph nodes, eyes, skin, liver, and spleen.

- Up to 1% of patients with systemic disease have clinically evident involvement of the GI tract. Gastric sarcoidosis is the most common form of GI tract sarcoidosis while esophageal and small bowel involvement is extremely rare.

- Symptomatic GI tract sarcoidosis is infrequent; when present, the most prominent symptom of gastric sarcoidosis is usually postprandial epigastric pain. Ulcerations may cause severe GI bleeding and can lead to gastric outlet obstruction.

- Sarcoidosis of the colon presents as multiple nodules, polyps, obstructive lesions, or small punctuate bleeding sites; abdominal pain is associated in over 50% of cases.

- The diagnosis of GI sarcoidosis depends upon history, histopathologic evidence of noncaseating granulomas on biopsy and evidence of multisystem involvement.

**Conclusion**

- Sarcoidosis of the GI tract can resemble malignancy, Crohn’s disease, bacterial and fungal infections, tuberculosis, peptic ulcer disease, syphilis, microscopic colitis, foreign body reaction, radiation injury, and Whipple’s disease. Therefore, it is important to exclude other causes of GI tract granulomas before making a diagnosis of GI sarcoidosis.

**References:**


