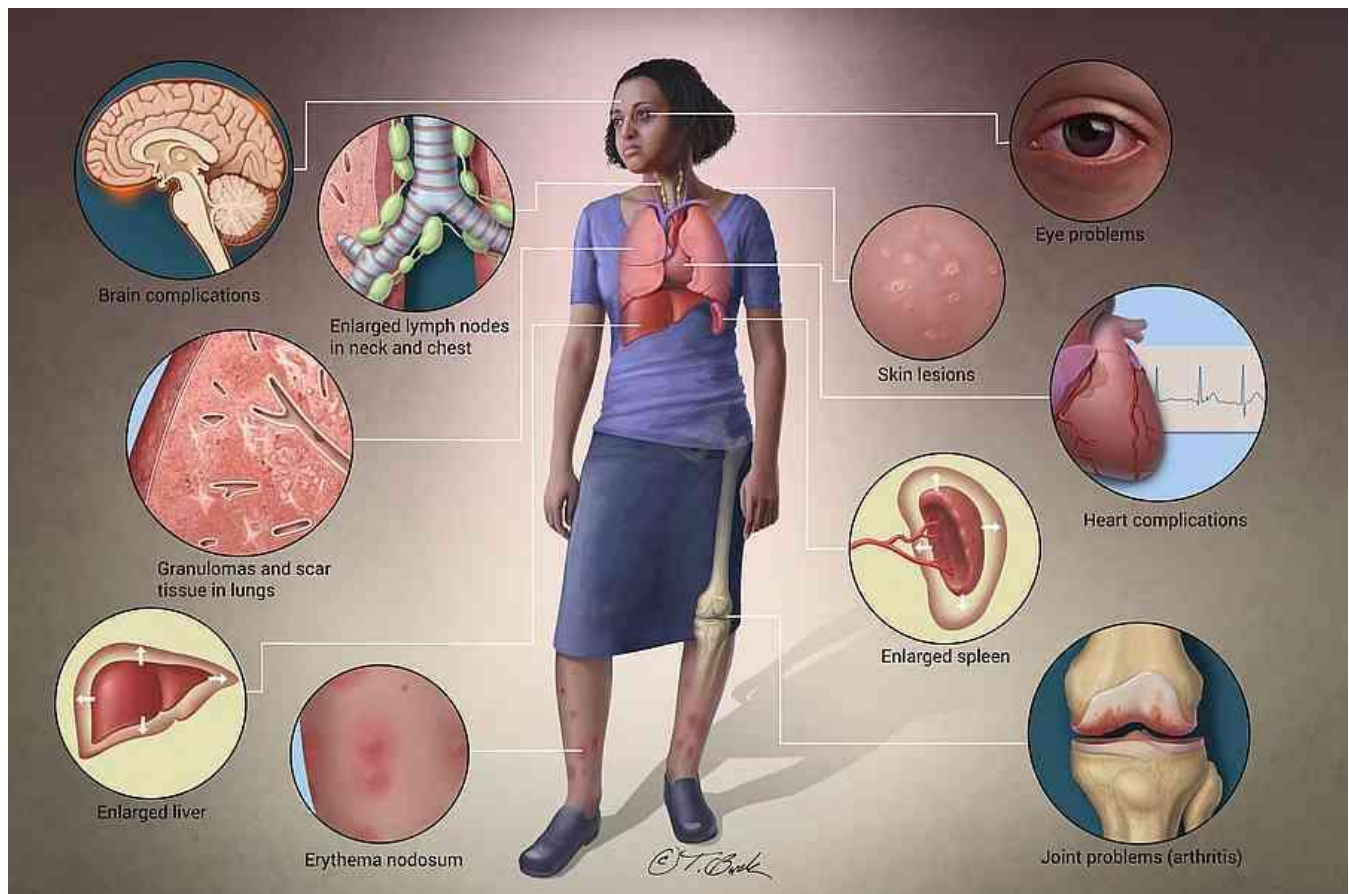


# Sarcoidosis (Skin Involvement)

## What Is Sarcoidosis?

**Sarcoidosis** is an **inflammatory condition** in which the immune system forms small clusters of inflammatory cells, called **granulomas**, in different parts of the body. It can affect many organs—most commonly the **lungs and lymph nodes**—and it can also involve the **skin**.

Sarcoidosis is **not contagious** and **not caused by infection**. Its course varies widely: some people have mild disease that improves on its own, while others need ongoing treatment.



## How Sarcoidosis Affects the Skin

Skin involvement (called **cutaneous sarcoidosis**) may be the first sign of sarcoidosis—or occur in people who already have a diagnosis.

Skin findings can include:

- **Firm bumps or plaques** (skin-colored, red-brown, or purple)
- Lesions on the **face, neck, arms, or legs**
- **Lupus pernio**: violaceous thickening on the nose, cheeks, lips, or ears
- **Scars or tattoos that become raised or inflamed**
- Areas that don't itch much but feel firm or tender

Because sarcoidosis skin lesions can look like many other conditions, evaluation by a dermatologist is important.

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## Other Symptoms to Mention

Even if you're seeing us for skin changes, tell us if you also have:

- Shortness of breath or persistent cough
- Fatigue or unexplained weight loss
- Joint pain or swelling
- Eye irritation or vision changes
- Enlarged lymph nodes

These details help guide testing and coordination of care.

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## How We Diagnose Sarcoidosis

Diagnosis often involves **several steps**:

### 1) Skin Examination

We look at lesion type, location, color, and firmness.

### 2) Skin Biopsy (Key Step)

A small sample of skin is removed and examined under the microscope. Sarcoidosis typically shows **noncaseating granulomas**.

This helps confirm the diagnosis and rule out look-alike conditions.

### 3) Additional Testing (When Needed)

If sarcoidosis is confirmed or suspected, we may coordinate:

- Blood tests
- Imaging (such as chest imaging)
- Referrals to pulmonology, rheumatology, or ophthalmology

# Treatment Options

Treatment depends on:

- Severity of skin involvement
- Symptoms
- Whether other organs are affected

## Skin-Directed Treatment

For limited skin disease:

- Prescription topical medications to reduce inflammation
- Local treatments for symptomatic or cosmetically sensitive areas

## Systemic Treatment

If skin disease is extensive or other organs are involved:

- Oral or injectable medications that calm the immune system
- Coordinated care with other specialists

Some skin lesions may improve slowly—even with treatment—so patience and follow-up are important.

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# Pre-Op Instructions

*(Not surgery—these are “before your visit or biopsy” tips)*

## Before Your Appointment

- Take photos of skin lesions if they change or fade between visits
- Bring a list of:
  - All medications and supplements
  - Any prior sarcoidosis testing or diagnoses
- Note any **systemic symptoms** (lungs, eyes, joints, fatigue)

## If a Skin Biopsy Is Planned

- Tell us if you:
  - Take blood thinners
  - Bruise easily
  - Have allergies to numbing medicine, antiseptics, or adhesives
-  Do **not** stop prescribed blood thinners unless directed by your prescribing clinician.

# Post-Op Instructions

## After a Skin Biopsy

- Keep the bandage on and dry for **24 hours** (unless told otherwise)
- After 24 hours, daily:
  1. Clean gently with soap and water
  2. Pat dry
  3. Apply a thin layer of ointment if instructed
  4. Cover with a clean bandage
- Avoid soaking (baths, pools, hot tubs) until healed
- Call if you notice increasing redness, warmth, swelling, pus, fever, or bleeding that won't stop with pressure

## After Starting Treatment

- Use medications exactly as prescribed
  - Improvement may take **weeks to months**
  - Keep follow-up appointments so we can adjust your plan as needed
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## When to Seek Urgent Care

Seek urgent or emergency care if you develop:

- Worsening shortness of breath or chest pain
  - Vision changes or severe eye pain
  - Neurologic symptoms (weakness, numbness, severe headache)
  - Rapidly worsening skin pain or blistering
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## Sarcoidosis – Frequently Asked Questions

### Is sarcoidosis contagious?

No. Sarcoidosis is not contagious.

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### Does sarcoidosis only affect the skin?

No. While some people have skin-limited disease, sarcoidosis can also affect the lungs, lymph nodes, eyes, joints, heart, or nervous system. That's why coordination of care is important.

## Is sarcoidosis an autoimmune disease?

It's considered an **immune-mediated inflammatory condition**. The exact cause is unknown.

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## Why is a skin biopsy important?

Many rashes look similar. A biopsy helps confirm sarcoidosis and rule out infections or other inflammatory conditions that require different treatment.

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## Will sarcoidosis go away?

In some people, sarcoidosis improves or resolves over time. In others, it may be chronic and need ongoing management. The course is highly individual.

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## Does sun exposure affect sarcoidosis?

Sun sensitivity varies. Some skin lesions may darken or become more noticeable with sun exposure. We'll advise you on sun protection based on your presentation.

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## Will sarcoidosis leave scars?

Some skin lesions may resolve without scarring, while others—especially thicker plaques—can leave texture or color changes.

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## How often will I need follow-up?

Follow-up depends on severity and whether other organs are involved. Your dermatologist will recommend an appropriate schedule.

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## Call to Action

If you have unexplained, persistent skin lesions—or a known history of sarcoidosis with new skin changes—early evaluation can guide the right diagnosis and care plan.

 [Schedule a Dermatology Evaluation](#)