A 46-year-old woman presented to the internal medicine department with a 6-month history of swelling of the phalangeal soft tissue of both hands, with painful tenderness (Figure 1). She had medical history of stage 2 sarcoidosis diagnosed two years earlier without disease progression noticed in computer tomography (CT) scan of the chest and spirometry performed during the follow up. She had no other medical history and no treatment. At the time of presentation, the patient was afebrile and had no other pulmonary or abdominal symptoms. Both hand examinations revealed painful nodular subcutaneous lesions in different phalangeal segments without signs of arthritis. Laboratory test showed normal angiotensin-converting enzyme, calcium, and vitamin-D levels, without inflammatory syndrome. Plain film radiography of hands showed no abnormalities. Magnetic resonance imaging of the hand revealed multiple subcutaneous granulomas surrounding the extensor and flexor tendons of the different fingers and associated infiltrating phalangeal osseous lesions without joint lesions (Figures 2 and 3). Technetium-99m bone scintigraphy showed bilateral osseous lesions in fingers and toes without other involvement in the rest of the skeleton (Figure 4). Medical treatment with methotrexate and standard folate supplementation was started. The 6-month follow up showed a regression in size of the lesions. Osseous sarcoidosis frequently involves frequently the peripheral skeleton, with a majority of involvement in phalanges of the hands.1,2 Although this form of sarcoidosis is less common than the pulmonary features, it can be associated with multi-organ involvement,3 especially in cases of increased disease activity or relapse.4 Treatment of the osseous form of sarcoidosis is particularly recommended for relief of symptoms.5
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FIGURE 3. Magnetic resonance imaging revealed multiple subcutaneous granulomas, surrounding the extensor of the different fingers.

FIGURE 4. Technetium-99m bone scintigraphy showed bilateral osseous lesions in both hands.