Sarcoidosis is an inflammatory disease of unknown etiology that causes non-caseating granuloma formation in multiple organ systems. The clinical presentation varies, depending on the severity of involvement, and most commonly consist of fever, dyspnea on exertion, and cough. Examination findings include crackles and bilateral hilar lymphadenopathy.

This case discusses a patient with a pleural mass, initially presenting as lung malignancy, that was later confirmed as sarcoidosis. Pleural involvement is rare, and only one case of sarcoidosis presenting with pleural mass is noted in literature.

### Clinical Manifestations

- Incidentally detected by routine testing on asymptomatic individuals.
- Common radiographic abnormalities: bilateral hilar adenopathy and reticular opacities.
- Lungs are most frequently affected, with diffuse interstitial lung disease as the classic type of involvement.
- Common respiratory symptoms: cough, dyspnea, and chest pain, frequently accompanied by fatigue, malaise, fever, and weight loss.
- Extrathoracic manifestations, such as skin lesions, joint swelling, or muscle weakness, in up to 30%.

### Discussion

Pleural involvement is unusual in sarcoidosis (<5% of patients), and has been recognized as pleural thickening and abnormalities in subpleural regions. Pleural involvement can further result in lymphocytic exudative effusion, hemothorax, and pneumothorax.

This rare presentation of sarcoidosis can easily be mistaken for lung malignancy, especially given the patient's history and presenting symptoms. Sarcoidosis is a possible differential diagnosis in patients presenting with chest wall mass and pneumothorax, especially in patients with higher risk factors.

In this patient, the relationship between non-caseating granulomas and bacterial infection is unclear. As Acinetobacter was cultured from the specimen, bacterial infection may play a role in triggering granuloma formation and possibly spark the presentation of sarcoidosis. Conversely, pleural involvement in sarcoidosis may increase susceptibility to bacterial infections.

### Key Points

- Consider sarcoidosis as a differential diagnosis in patient with pleural mass, especially in patient with high risk factors.
- Patients presenting with sarcoidosis can have concurrent comorbid condition such as infection.

### References and Acknowledgements