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PARADOXICAL SARCOIDOSIS CASE

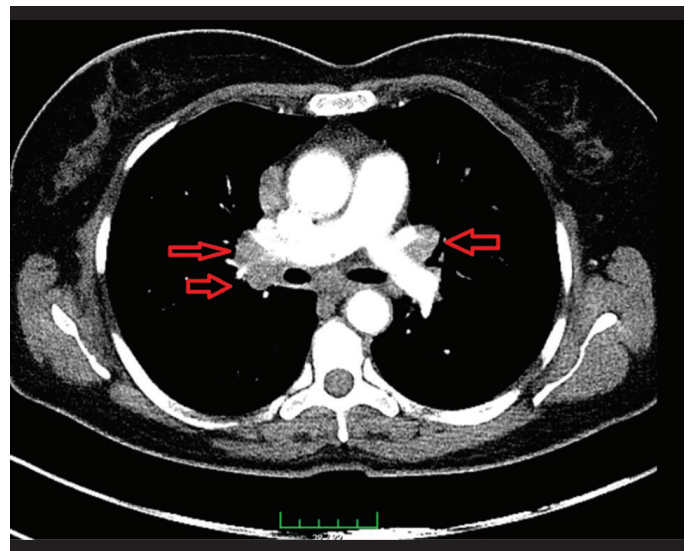
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Keywords: Paradoxical, sarcoidosis, certolizumab

INTRODUCTION

A 56-year-old female patient was being followed up with ankylosing spondylitis, and as her pain increased, certolizumab treatment was initiated by her physician. After receiving 5 doses of certolizumab, the patient presented with weight loss 8 kg in 1 month, fatigue, loss of appetite, and widespread joint pain. Cervical ultrasonography (USG) was performed since lymphadenomegaly was detected in the neck during the physical examination. On USG, 17x13 mm lymphadenomegaly was detected at the bilateral cervical level 3. In the analysis, it was found to be C-reactive protein: 36 mg/dL, erythrocyte sedimentation rate: 8 mm/hour and angiotensin converting enzyme 43 mcg/L. Bilateral hilar lymphadenomegaly was detected on thorax and abdominal computed tomography (CT) (Figure 1). Because of the biopsy taken under the guidance of Ebus, non-casing granuloma was detected. Because lymphadenomegaly was not detected in the patient's thorax CT scan take 8 months ago, the patient was diagnosed with paradoxical sarcoidosis. Certolizumab was discontinued, and the patient was followed up. Such reactions tend to improve or resolve with the discontinuation of the agent (1).

**Figure 1.** Bilateral hilar lymphadenomegaly

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Ethics

Informed Consent: Written informed consent was obtained from the patients who participated in this study.

Authorship Contributions

Surgical and Medical Practices: P.D.Y., B.E., S.P., Concept: S.P., Design: S.P., Data Collection or Processing: P.D.Y., Analysis or Interpretation: B.E., Literature Search: B.E., Writing: B.E.

Conflict of Interest: The authors have no conflicts of interest to declare.

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