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Net Letter

Polymorphous cutaneous sarcoidosis

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Dear Editor,

It was with great interest that we read the article "Sarcoidosis – The master mimicker" by Mohan *et al*. The authors have reported the coexistence of two different morphological types of sarcoidosis in the patient—well-defined plaques with slightly elevated borders and minimal central atrophy over forehead, ears and nose, and hypopigmented to yellowish-white xanthelasma-like papules over the upper back, neck, and arms.[1] It was a distinctive case and was succinctly presented. It prompted us to perform a search of literature, which revealed that such cases may be termed "polymorphous cutaneous sarcoidosis."[2]

Polymorphous cutaneous sarcoidosis refers to the presence of different types of skin lesions of sarcoidosis, both specific and non-specific, in the same patient. This form has been reported to be associated with multisystem disease. The term appears to be first used by Krasowska *et al*., who reported the coexistence of three types of skin manifestations of sarcoidosis, namely, subcutaneous nodules, annular plaques, and erythema nodosum-like lesions, along with multisystem involvement, in a 56-year-old woman.[2] However, even before this report, a study of 23 patients with cutaneous sarcoidosis published in 2006, reported that 12 of the patients had polymorphous lesions, although significant association with multisystem disease was not noted.[3]

There are a few other case reports where patients exhibited polymorphous skin lesions, although the association with multisystem involvement has not been consistent [Table 1].[2,4-7] In the case reported by Mohan *et al*., the only evidence of systemic disease was pulmonary involvement, the prevalence of which in sarcoidosis is even otherwise reported to be as high as 90%.[1,8]

The term "polymorphous cutaneous sarcoidosis" has occasionally been used interchangeably with "polymorphic lesions of sarcoidosis."[5,7,8] The latter is a term used to encompass the wide spectrum of lesions that have been observed in sarcoidosis, earning the condition the name "the great mimicker." It would be ideal if "polymorphous cutaneous sarcoidosis" is used solely to describe cases of sarcoidosis where skin lesions of different morphologies are seen in the same patient, simultaneously or sequentially.[2,8]

The existing body of evidence is not sufficient to establish that there is an association between polymorphous cutaneous sarcoidosis and systemic involvement. Systematic reviews and meta-analysis are needed for arriving at definitive conclusions regarding the same.

Table 1: Case reports of polymorphous cutaneous sarcoidosis.

S. No.	Reference	Year	Patient profile	Types and sites of skin lesions	Systemic involvement
1.	Krasowska *et al.*	2008	56-year-old woman	Subcutaneous nodules along upper and lower extremities, annular, scaly plaques on shins, and violaceous, palpable, and slightly tender nodules, deeply placed in the skin of knee joints	Ocular involvement, pulmonary fibrosis, cystic lesions in hand bones, cardiac involvement, and pulmonary artery hypertension
2.	Pandhi *et al.*	2010	30-year-old woman	Erythematous, infiltrated papules over eyelids, erythematous, infiltrated papules and plaques over the trunk, thighs and legs, infiltrated nodules over forehead and nose, scar sarcoidosis, and tattoo sarcoidosis	Pulmonary fibrosis, lymphadenopathy, hepatomegaly, splenomegaly, and bone involvement— juxta-articular osteopenia of bones of hands and feet
3.	Madke *et al.*	2011	39-year-old man	Erythematous papules and plaques, psoriasiform plaques over knees and elbows, brownish, annular plaques on dorsa of hands and feet, plaques with peau d'orange appearance on back, and plaques with central hypopigmentation and atrophy over forehead	Splenomegaly and pulmonary involvement
4.	Nirmal *et al.*	2018	31-year-old man	Papules over chest, psoriasiform lesions over abdomen and groins, and pigmented purpuric dermatosis-like lesions over extremities	Peripheral vascular disease
5.	Chauhan *et al.*	2020	40-year-old man	Reddish-brown shiny papules, plaques and nodules over face, neck and arms, reddish-brown plaque with central depression and overlying prominent telangiectasias over the left perioral area, atrophic plaques and annular plaques over arms, and large, indurated, subcutaneous, and atrophic plaques over the arm and back	Hilar adenopathy

Declaration of patient consent

Not required as there are no patients in this article.

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Conflicts of interest

Dr. Parvathy Santhosh and Dr. Mamatha George are on the editorial board of the Journal.

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