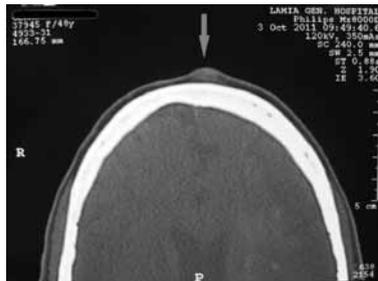


# Extracranial, localized, corrosive, frontal bone formation as a first presentation of sarcoidosis

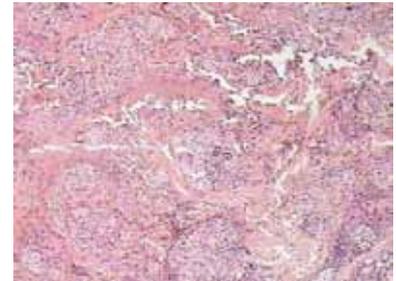
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A 48 year-old female presented with a hard, midline lesion of frontal bone without accompanying headache after a non-significant head injury 3 months ago (Figure 1). The biopsy was compatible with sarcoidosis (non-caseating granuloma with multinucleated giant cells and accumulation of highly differentiated macrophages) (Figure 2). Follow up of the patient revealed an increase in serum angiotensin converting enzyme (SACE) (from 22 U/L to 47,2 U/L in 3 months) and a characteristic, specific CT scan, more typical in a follow-up scan after 3 months (Figures 3, 4).



**FIGURE 1.** Extracranial, localized, corrosive type, frontal bone formation, left of midline, of the adjacent internal capsule of diploe



**FIGURE 2.** Extended capture of dermis and connective tissue from non-caseating, circumscribed granulomas from epithelioid histiocytes with eosinophilic cytoplasm, oval nucleus and central small nucleus involving varying numbers of lymphocytes and Langhans' type giant cells.



**FIGURES 3,4.** Enlarged lymph nodes and multiple diffuse nodules intralobularly and along the bronchovascular bundles.

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