

Sarcoidosis Cannot Be Reliably Distinguished from Other Causes of Hepatic Granulomas in a Liver Biopsy Alone

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ABSTRACT

CONTEXT

Hepatic granulomas occur in a variety of circumstances. Sarcoidosis is a common cause with the liver following lymph nodes and the lung in frequency of involvement. The present study aimed to determine whether granulomatous hepatitis caused by sarcoidosis can be distinguished in a liver biopsy from other etiologies.

DESIGN

24 patients with liver biopsies diagnosed as “sarcoidosis” or “granulomatous hepatitis” were retrieved from the Surgical Pathology database of TJUH. Six patients were eliminated because of significant necrosis in the granulomas. 5 patients were eliminated, owing to the absence of clinical data. The clinical records of the remaining 13 patients were reviewed for evidence of sarcoidosis as defined by the ACCESS trial. Their biopsies were reviewed for the density and distribution of granulomas, as well as the extent of non-granulomatous lobular and portal inflammation.

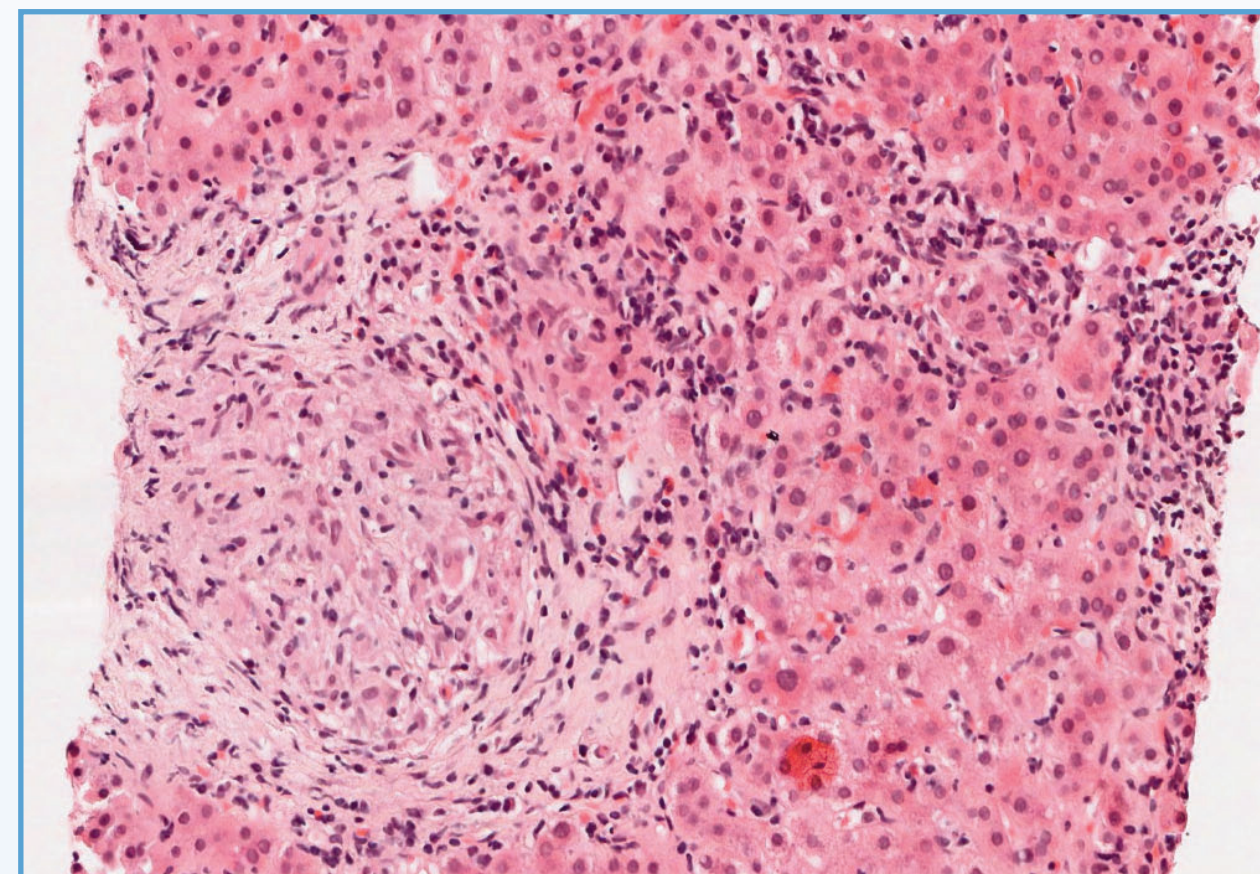
RESULTS

7 patients were diagnosed clinically with sarcoidosis. In 2, granulomas accompanied chronic hepatitis C, whereas no cause was evident in the remaining 4 patients. The sarcoidosis biopsies varied in the extent of non-granulomatous inflammation. In several, only sharply circumscribed granulomas were randomly scattered throughout the parenchyma. In the others, portal and lobular lymphocytic inflammation with interface hepatitis was present. A similar variability was evident in the non-sarcoidosis biopsies. Discrete, well-formed, and isolated granulomas were accompanied by a range of chronic inflammatory infiltrates in both the portal tracts and liver lobules.

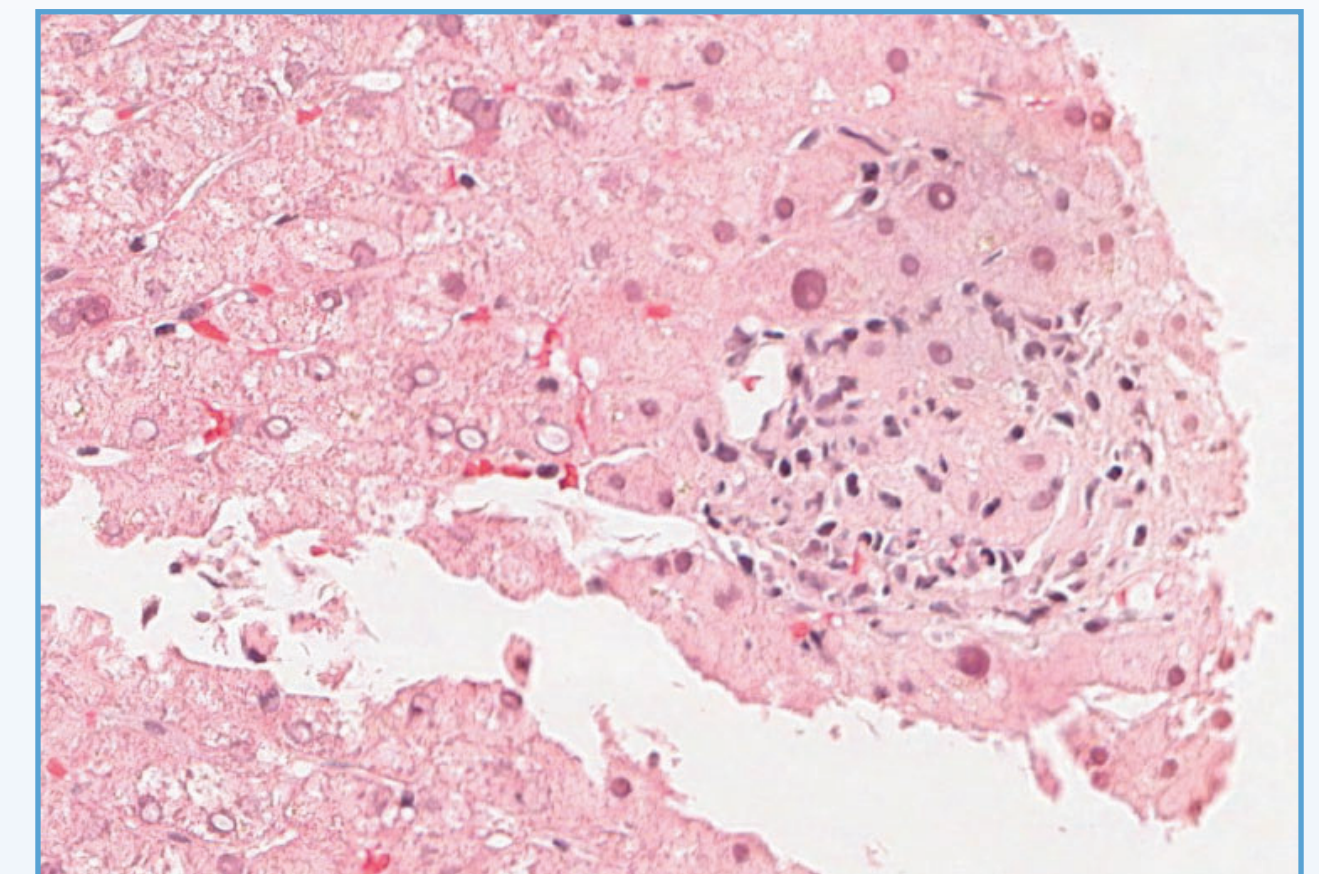
CONCLUSION

Liver biopsies with granulomas associated with systemic sarcoidosis cannot be distinguished from those with other causes. Sarcoidosis as a cause of granulomatous hepatitis must remain a clinical diagnosis.

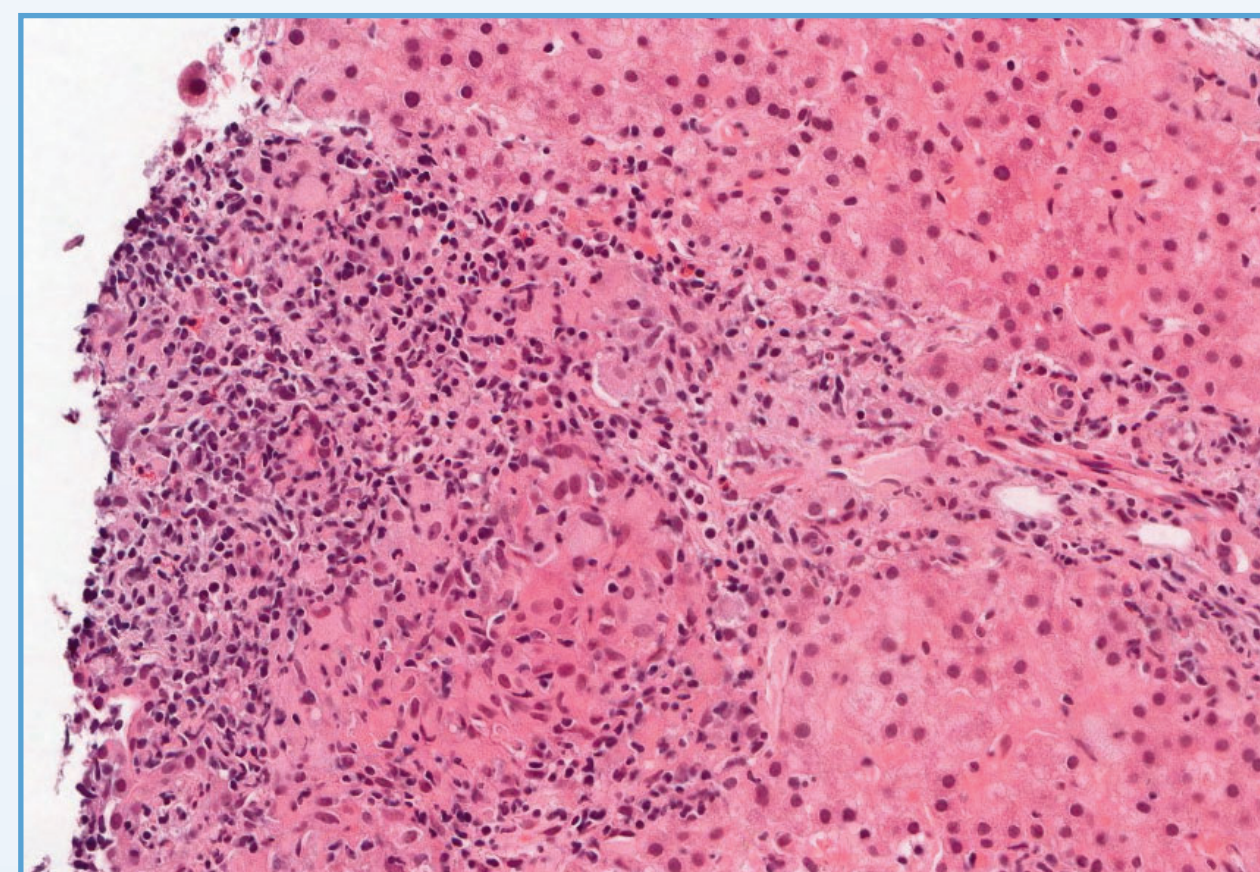
Four core liver biopsies displaying well-circumscribed, non-necrotic granulomas with varying degrees of lobular inflammation.



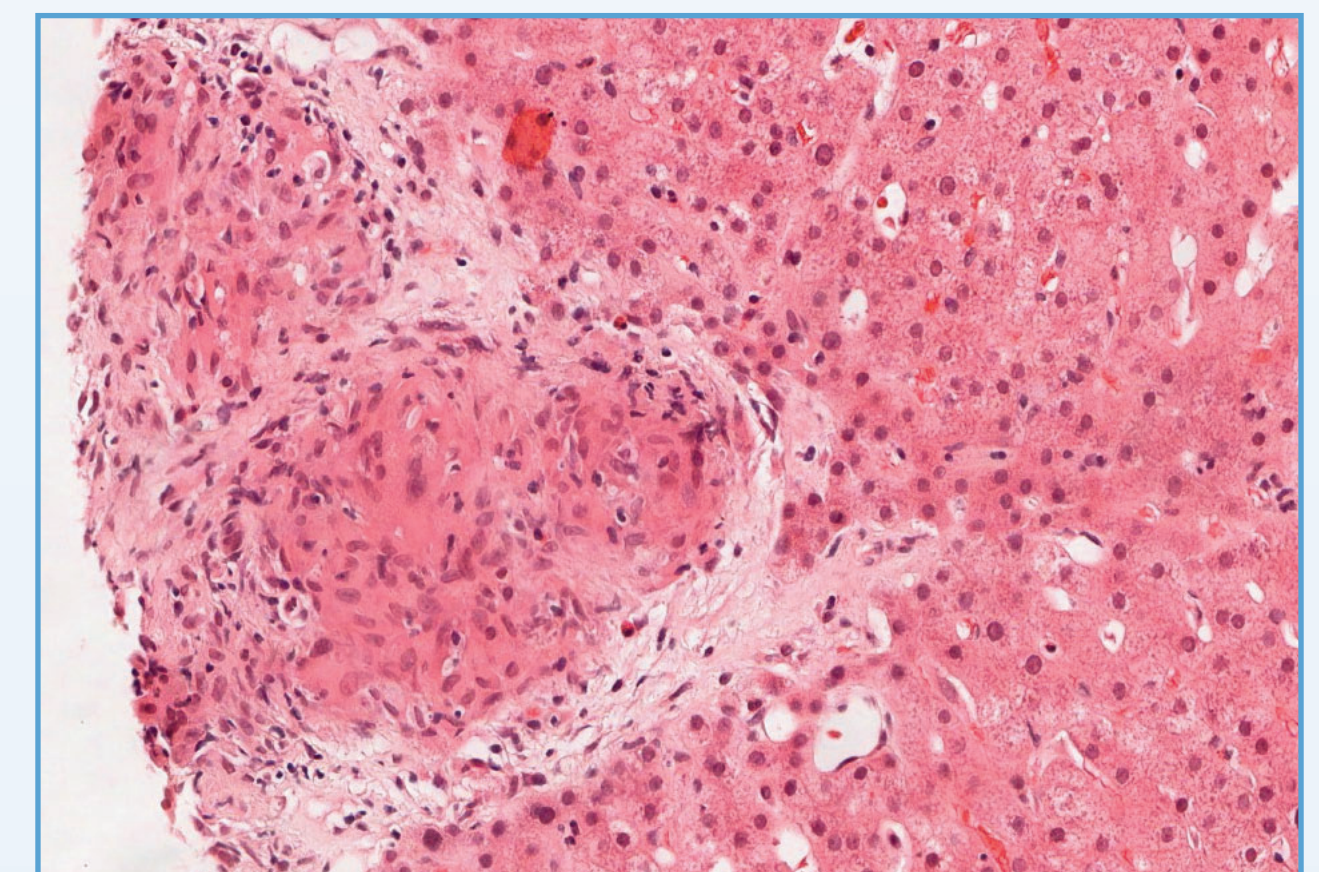
Clinical sarcoidosis with lobular inflammation



Clinical sarcoidosis with no lobular inflammation



Clinically not sarcoidosis with lobular inflammation



Clinically not sarcoidosis with no lobular inflammation