



## $^{18}\text{F}$ -FDG PET/CT of sarcoidosis with extensive cutaneous and subcutaneous nodules: *the snow leopard sign*

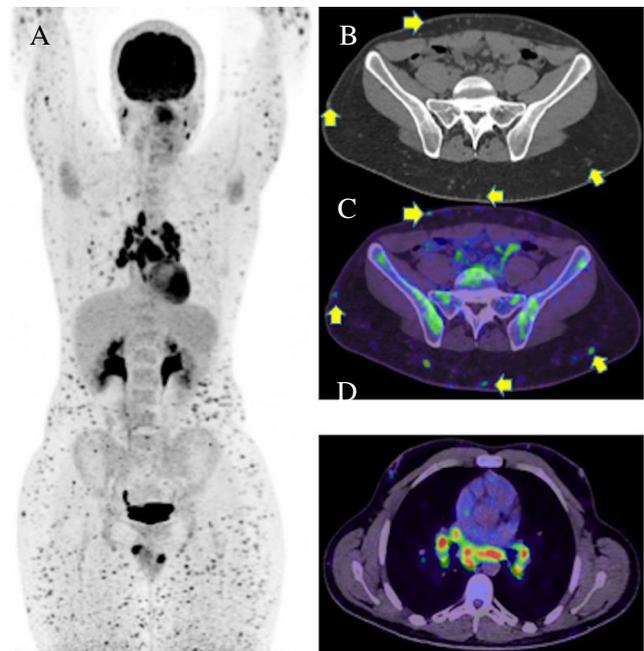
Florian Bompard<sup>1</sup> · Mathilde de Menthon<sup>2</sup> · Léa Gomez<sup>1</sup> · Jeremy Gottlieb<sup>2</sup> · Nouredine S. Saleh<sup>1</sup> · Malika Chekroun<sup>1</sup> · Gilles Grimon<sup>1</sup> · Cécile Goujard<sup>2,3</sup> · Emmanuel Durand<sup>1,4</sup> · Florent L. Besson<sup>1,4</sup>

Received: 1 April 2019 / Accepted: 30 April 2019 / Published online: 24 May 2019  
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A 29-year-old man was referred to our PET unit to evaluate the activity of a systemic sarcoidosis with lung, lymph node and cutaneous involvement.

Whole-body non-contrast-enhanced  $^{18}\text{F}$ -FDG PET/CT was performed. The 3D PET maximal intensity projection (MIP) showed extensive and intense cutaneous and subcutaneous  $^{18}\text{F}$ -FDG micronodular uptakes (Fig. A) appearing as hyperdense tissular nodules on CT (Fig. B, *yellow arrows*) and PET/CT (Fig. C). The PET/CT also showed multiple  $^{18}\text{F}$ -FDG nodal uptakes, in particular the mediastinum (Fig. D).

Clinical cutaneous lesions occur in 25–35% of sarcoidosis and correspond to specific (noncaseating granulomas) or non-specific lesions (erythema nodosum being the most common) [1, 2]. Specific lesions develop in 9% to 35% of all sarcoidosis patients [3, 4]. Cutaneous lesions do not always correlate with the prognosis activity of the disease [5, 6] except for Lupus Pernio. This subcutaneous form of sarcoidosis (Darier-Roussy) is a rare specific entity occurring in 6.9% of patients with systemic sarcoidosis [4].



This article is part of the Topical Collection on Image of the Month.

✉ Florian Bompard  
florian.bompard@gmail.com

- <sup>1</sup> Department of Biophysics and Nuclear Medicine, Hôpitaux Universitaires Paris-Sud, Assistance Publique-Hôpitaux de Paris, Le Kremlin-Bicêtre, France
- <sup>2</sup> Department of Internal Medicine, Hôpitaux Universitaires Paris-Sud, Assistance Publique-Hôpitaux de Paris, Le Kremlin-Bicêtre, France
- <sup>3</sup> CESP-Inserm U1018, Université Paris-Sud, Université Paris-Saclay, Orsay, France
- <sup>4</sup> IR4M-UMR8081, Université Paris-Sud/CNRS, Université Paris-Saclay, Orsay, France

### Compliance with ethical standards

**Conflict of interest** The authors have nothing to disclose.

**Patient consent** The patient was informed and signed a consent agreement for this publication case.

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