

A strange case of ascites

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45-year-old man comes to our observation for abdominal tension and general discomfort for several months. In anamnesis no pathologies. Clinical examination showed a hydro saline decompensation pattern with ascites, bilateral pleural effusion and declivous edema. In addition, inguinal and laterocervical lymphadenopathy was present. Laboratory tests showed anemia, mild increase of beta2microglobulin. Infectious screening was negative. Ultrasonography examination showed hepatosplenomegaly and latero-cervical and inguinal lymphadenomegaly and abdominal chest contrast CT scan showed diffuse lymphadenomegalies in deep as well as superficial lymphoid stations and hepato-splenomegaly, in the

absence of any changes in the lung parenchyma. We performed total body PET scans showing limited glucose metabolism at the lymphadenopathies (SUV max 3.4) and diffuse splenic accumulation (SUV 2.3). We decided to perform excisional lymph node biopsy, with inconclusive histology for diagnostic aims, so splenic biopsy was performed. Histological examination showed chronic non-necrotizing granulomatous inflammatory process compatible with Sarcoidosis for which the patient underwent steroid therapy. Sarcoidosis is a multisystem disease whose clinical manifestations are very heterogeneous and not very specific; therefore the diagnosis is often difficult, especially in forms in which pulmonary involvement is not predominant.