

An unusual cause of persistent vomiting

A 37-year-old man presented with 8 weeks of daily vomiting, weight loss and a rash on both arms. He was mildly dehydrated and had multiple, non-tender, erythematous nodules on both arms (**Figure 1**).

Initial blood tests revealed an acute kidney injury (urea 8.6 mmol/litre, creatinine 172 μ mol/litre) and mild microcytic anaemia (haemoglobin 12.8 g/dl, mean corpuscular volume 80.3 fl). Liver function tests and C-reactive protein levels were normal.

A chest X-ray showed mediastinal and bilateral hilar lymphadenopathy. Following this, his serum calcium was checked, which was elevated (3.02 mmol/litre). High resolution computed tomography of the thorax (**Figure 2**) confirmed bilateral perihilar and mediastinal lymphadenopathy with pulmonary nodules, consistent with acute sarcoidosis.

Biopsy of a cutaneous nodule showed well-formed non-caseating epithelioid granulomata filling the mid and deep dermis, consistent with cutaneous sarcoidosis. Stains for acid-fast bacilli were negative, confirming a diagnosis of sarcoidosis. Following treatment with intravenous fluids and oral prednisolone, his calcium level normalised and his vomiting stopped.

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Figure 1. Multiple cutaneous nodules, subsequently shown to be cutaneous sarcoidosis.

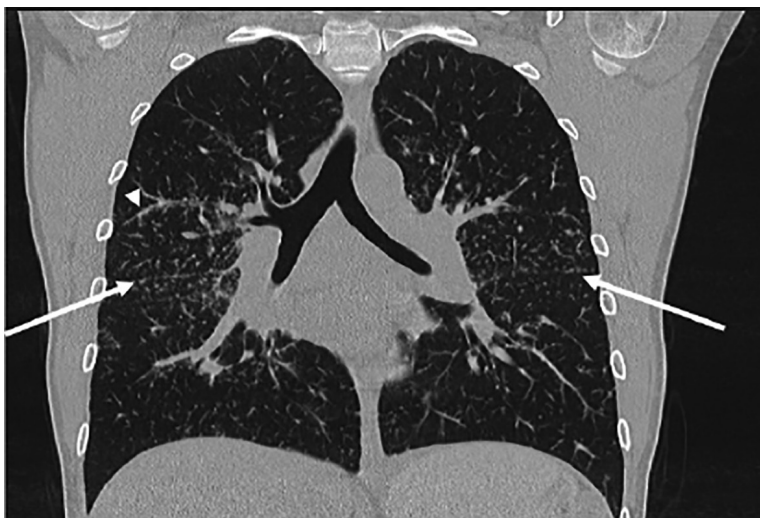


Figure 2. High resolution coronal computed tomography scan of the thorax demonstrating bilateral perihilar lymphadenopathy with tiny, scattered, predominantly mid-zone nodularities some of which were subpleural, peri-bronchovascular (arrowhead) and peri-fissural (arrow), consistent with acute sarcoidosis.

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