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**Sarcoidosis Revealed by Osteolytic Lesions and Hypercalcemia: A Case Report**

**Introduction.** Sarcoidosis is a multisystemic disease that is often challenging to diagnose. Its bone manifestations are rare and heterogeneous, which can lead to a significant risk of misdiagnosis.

**Clinical Case.** A 64-year-old woman from Algeria was hospitalized in early 2020 for malignant hypercalcemia, treated with hyperhydration, corticosteroids, and bisphosphonates, with a favorable outcome. One year later, the patient experienced thoracolumbar pain. An MRI revealed multilamellar and multisegmental geodes in the dorsal region with a gap in the L2 segment. Serum protein electrophoresis showed beta2 hyperglobulinemia, but immunoglobulin, complement, and immunophenotyping tests were negative. A bone biopsy revealed bone marrow hypoplasia with the presence of non-caseating granulomas. A thoraco-abdomino-pelvic CT scan showed only typical stage 2 sarcoidosis lesions and ruled out the possibility of cancer, in addition to a gastrointestinal endoscopy. The diagnosis of systemic sarcoidosis with bone manifestations was confirmed. Biological tests were normal, particularly the absence of cytopenia, leading to a decision against treatment and opting for regular monitoring instead.

**Discussion.** Bone involvement is identified in only 3 to 5% of sarcoidosis cases [1]. Sarcoidosis lesions detected by MRI in the axial skeleton and long bones resemble bone metastases [2], as do bone marrow lesions, which are rare and often incidental findings. This complicates the diagnosis or necessitates the formal exclusion of neoplasms or malignant hematological disorders, as in our case. Treatment is not standardized and ranges from simple monitoring to the use of anti-TNF agents, depending on reported cases.

**Conclusion.** Bone sarcoidosis is a cautious and underdiagnosed diagnosis, based on multiple factors, and treatments are discussed on a case-by-case basis.

