Anosmia as the initial presentation of neurosarcoidosis

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Figure MRI brain

Axial fluid-attenuated inversion recovery MRI (A, B) with extensive vasogenic edema in the inferior anterior medial frontal lobes and axial T1-weighted contrast images (C) show bilateral frontal pial and parenchymal enhancement. Seven months after treatment (D, E) shows resolution of the vasogenic edema and enhancement, respectively.

A 35-year-old man presented with progressive anosmia and no other complaints or findings. MRI brain showed extensive bifrontal edema and enhancement (figure, A–C). In retrospect, 7 years prior he had a neck mass with granulomata on biopsy, but had never received treatment for sarcoidosis. Clinical symptoms and MRI abnormalities improved (figure, D and E) with oral prednisone and methotrexate and he was diagnosed with probable neurosarcoidosis. Neurosarcoidosis is a rare etiology of anosmia but needs to be considered as a differential consideration.¹ Anosmia in sarcoidosis is caused by an obstructed nose or neurosarcoidosis of the olfactory epithelium, bulb, or tract.²

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Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

Author contributions

L. Arcot Jayagopal: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval. G. von Geldern: drafting/revising the manuscript, data acquisition, study concept or design, analysis or interpretation of data, accepts responsibility for conduct of research and final approval.

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References

1. Kieff DA, Boey H, Schaefer PW, Goodman M, Joseph MP. Isolated neurosarcoidosis presenting as anosmia and visual changes. *Otolaryngol Head Neck Surg* 1997;117: S183–S186.
2. Landis BN, Dubach P, Caversaccio MD. Anosmia and sarcoidosis. *Am J Med* 2011; 124:e25; author reply e27.

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