



A Sarcoid Mimic

Diffuse nodules and calcified nodes can look like sarcoidosis. Sometimes the decisive finding is in the occupational history.

A 37-year-old man had diffuse nodular lung disease in July 2025, labelled as sarcoidosis, for which he was treated. He worsened. When I reviewed his August 2026 CT, the disease had progressed substantially.

There was much more extensive nodular and confluent peribronchovascular infiltration, with densely calcified mediastinal nodes, including egg-shell calcification (Fig. 1). The comparison with the earlier scan made the progression clear. It was time to revisit the diagnosis.

The missing clue came from asking what he actually did at work: shot blasting (Fig. 3). In the context of this exposure history and the CT appearances, the diagnosis was silicosis. In this case, the answer came from good history taking, without a biopsy.

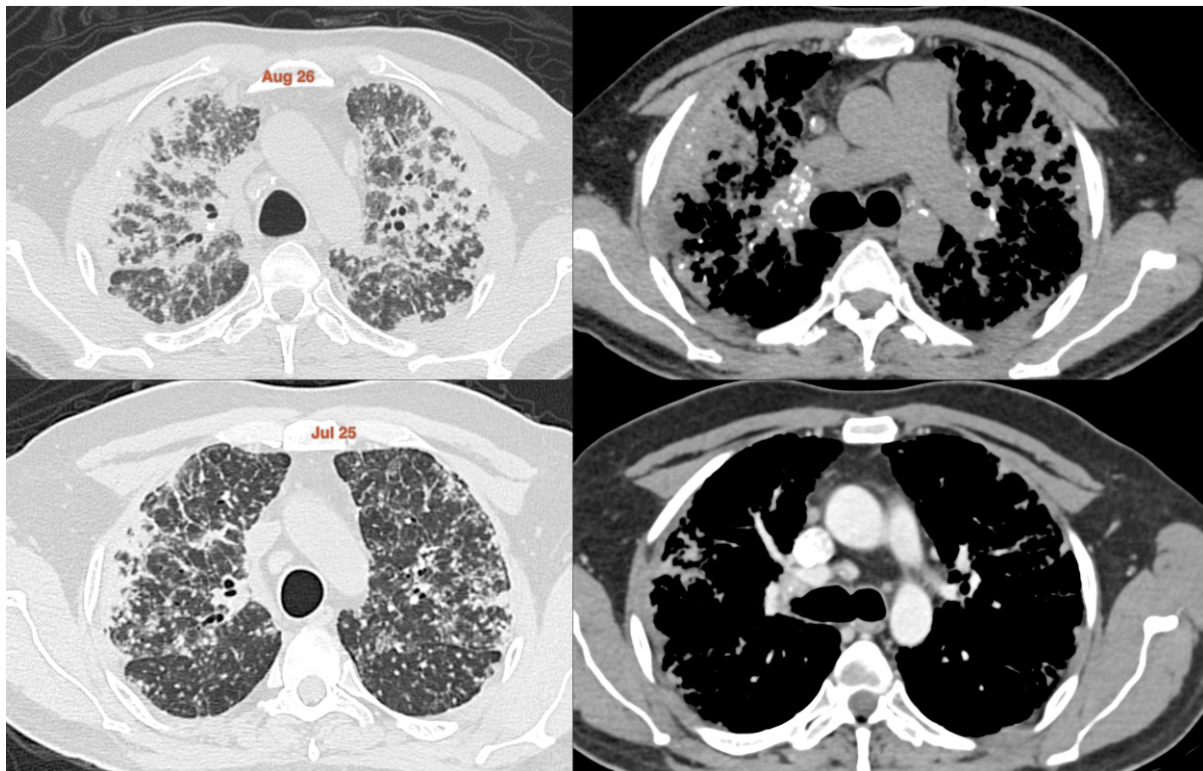
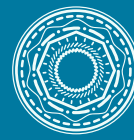


Fig. 1 – Serial chest CT. August 2026 (top) compared with July 2025 (bottom), in lung windows (left) and mediastinal windows (right). There is marked progression of nodular and confluent lung disease, with prominent nodal calcification on the later scan.

**At a glance**

- ◆ Silicosis can mimic sarcoidosis on CT. Egg-shell nodal calcification is a clue.
- ◆ Ask about the actual work process, the material being blasted and

dust exposure; a job title alone is not enough.

- ◆ A compatible exposure history and characteristic imaging can establish silicosis without biopsy when competing diagnoses have been adequately excluded.

Why it looked like sarcoidosis

Sarcoidosis and silicosis can both produce diffuse nodules, peribronchovascular disease, lymphadenopathy and conglomerate opacities. Egg-shell nodal calcification is a useful clue to silicosis. The pattern should prompt an exposure history rather than settle the diagnosis by itself.

For the referring physician. If presumed sarcoidosis worsens, revisit the diagnosis and take a detailed occupational history. Arrange respiratory and occupational assessment to address further exposure.

Adapted from Case of the Day 229 – Dr. Bhavin Jankharia. Video: https://youtu.be/dJpPX_NdCX8

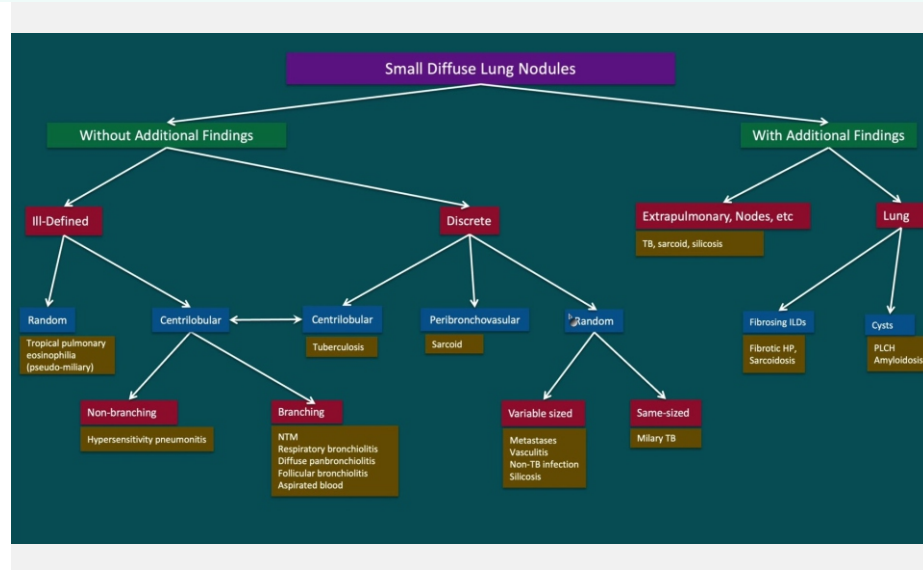


Fig. 2 – Approach to small diffuse lung nodules. Assess nodule definition and distribution, then look for additional lung findings and lymph nodes. The chart is a differential framework; the occupational history is essential when silicosis is a possibility.



Fig. 3 – Shot blasting. High-velocity abrasive removes rust and scale from metal. Silica exposure depends on the abrasive and surface contamination; steel shot itself is not silica. Illustration from the case video.

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