

Sarcoidosis: What Every Dentist Should Know

Dwayne Evans*¹, Ryan R Vahdani², Gary Frey³, Ben F Warner³, Cleverick “CD” Johnson³, Kathy Gibson³ and Don Le⁴

¹Assistant Professor, Department of General Dentistry and Public Health, UTHealth Houston School of Dentistry, 7500 Cambridge Street, Houston, Texas 77054, USA

²Associate Professor, Master of the Academy of General Dentistry, Department of General Dentistry and Public Health, UTHealth Houston School of Dentistry, 7500 Cambridge Street, Houston, Texas 77054, USA

³Professor, Department of General Dentistry and Public Health, UTHealth Houston School of Dentistry, 7500 Cambridge Street, Houston, Texas 77054, USA

⁴Adjunct Assistant Professor, Department of General Dentistry and Public Health, UTHealth Houston School of Dentistry, 7500 Cambridge Street, Houston, Texas 77054, USA

***Corresponding author:** Dwayne Evans, Assistant Professor, Department of General Dentistry and Public Health, UTHealth Houston School of Dentistry, 7500 Cambridge Street, Houston, Texas 77054, USA

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Introduction

As primary care providers and professionals with frequent patient contact visits, dentists play a crucial role in the early detection of oral manifestations and management of systemic conditions. Sarcoidosis, a systemic granulomatous disease of unknown etiology, is one such condition where a dentist’s knowledge can significantly impact patient care by early recognition of the symptoms. The disease is characterized by the formation of non-caseating granulomas in various organs, including the lungs, heart, lymph nodes, nervous system, skin, and eyes. The resulting organ damage can lead to complications, and in rare situations, even death (4-10%) [1]. While sarcoidosis predominantly affects the lungs, the associated oral manifestations are less common (10-15%) [2,3] and the subtle lesions on multiple soft tissue sites, xerostomia and tissue inflammation can be clinically significant as they may be among the first indicators of the disease, making awareness among dentists particularly valuable. As previously stated, the clinical presentation of sarcoidosis includes several oral symptoms, including xerostomia, granulomatous lesions and tissue inflammation. The dry mouth condition, resulting from the salivary gland involvement, can lead to painful oral ulcers, gingival hyperplasia, and even the appearance of nodules or plaques in the oral cavity

which may complicate the differential diagnosis as these symptoms are easily mistaken for other common oral issues or conditions. The granulomatous lesions may appear as asymptomatic, non-specific nodules or patches in the oral cavity, including the buccal mucosa, tongue, and palate. While these lesions are often benign, their presence can be indicative of systemic involvement and may require a biopsy for diagnosis. Though rare, sarcoidosis can present with oral cysts or mimic tumors. Distinguishing these from other conditions, such as malignancies, requires careful clinical and radiographic evaluation. Biopsy of the area should routinely be included in the diagnostic process.

The systemic inflammatory response can contribute to the progression of periodontal disease and increase the patient’s discomfort while impacting the patient’s oral health. Regular periodontal assessments and diligent oral hygiene practices are essential. Sarcoidosis treatment often involves corticosteroids or immunosuppressive drugs, which can have side effects impacting dental care. Corticosteroids can lead to oral candidiasis and other opportunistic infections. Dentist should be aware of the patient’s medication regimen and possible interactions with dental treatment. Regular monitoring of the patient’s overall health is crucial. Sarcoidosis can affect various or-

gans, so coordination with the patient's healthcare team is necessary to ensure comprehensive care and to address any systemic complications that might impact oral health. In conclusion, it is important for dentists to understand the effects of dry mouth, periodontal disease and the side effects of medications for all patients and work to prevent more severe dental problems. It is incumbent upon dentists to be knowledgeable about diseases and conditions which resemble traditional dental problems and may pass unnoticed and untreated, resulting in progression of the disease and more difficulty in treatment. A dentist who is familiar with sarcoidosis will be better equipped to recognize these oral manifestations early and refer patients for eval-

uation. Early detection and diagnosis are crucial for sarcoidosis, as timely intervention can prevent disease progression, systemic involvement of multiple organs and complications.

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