

Pulmonary sarcoidosis in HIV-infected patients

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Conflict of interest: none

OBJECTIVE. To determine the clinical, X-ray examination features in the newly detected sarcoidosis in HIV-infected patients.

MATERIALS AND METHODS. HIV-infected patients (6 women, 10 men, middle age – 43.5, range – 25-62 years) with the newly detected sarcoidosis had been observed during 2006-2022 years. The level of CD4⁺ cells, signs or symptoms of disease, dependence of development of sarcoidosis on the terms of setting of antiretroviral therapy were considered. The following criteria were evaluated during X-ray examination and computer tomography (CT): lymphadenopathy, pulmonary knots, focal consolidations, reticular or grainy changes, symptom of ground glass, cysts or fibrosis.

RESULTS AND DISCUSSION. A middle interval between two diagnoses was 1 year. A level of CD4⁺ cells was 424/ μ l (range – 34-680 cells/ μ l). All patients had pulmonary signs or symptoms at diagnosis giving of sarcoidosis. X-ray examination showed a lymphadenopathy, pulmonary knots, focal consolidations, reticular changes, symptom of ground glass, cysts. CT showed a lymphadenopathy, knots, bulge of intersegments partitions, focal consolidations, reticular dimnesses, symptom of ground glass and cysts. All patients received a course of treatment based on corticosteroids. The result of the treatment was assessed as positive. No relapses of the disease were found.

CONCLUSIONS. The X-ray and clinical features in the newly detected pulmonary sarcoidosis in HIV-infected patients are analogical to those in patients without HIV-infection. A level of CD4⁺ cells in most patients was $>200/\mu$ l. Development of sarcoidosis depends from conservation or updating of level of CD4⁺ of lymph cells, and mostly it exceeds 200 cells/ μ l. A treatment with corticosteroids promotes recovery.

KEY WORDS: HIV-infection, pulmonary sarcoidosis, X-ray and clinical features.