

THE RESULTS OF TREATMENT OF PULMONARY SARCOIDOSIS PATIENTS (RETROSPECTIVE ANALYSIS OF DATA FROM CLINICALLY CURED CASES)

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Abstract

Based on retrospective data analysis it was revealed that a higher rate of unfavorable outcomes of treatment (progression, lack of effect after 6 month of treatment, fibrosis after treatment) occurred in stage III sarcoidosis patients.

The aim of the study was to examine the causes of most unfavorable outcomes of treatment of stage III pulmonary sarcoidosis patients.

Material and methods. 50 clinically cured pulmonary sarcoidosis patients with unfavorable outcomes were enrolled: 25 sarcoidosis patients in stage III and 25 patients in stage II (group of comparison). Clinical examination was performed along with chest computed tomography, pulmonary function, gas diffusion and blood gases tests.

Results. In cured patients with stage III sarcoidosis the rate of misdiagnosis (i.e. pulmonary tuberculosis) was high (40 %). This caused 3 months to 3 years delay with a start of specific therapy, which was one of the major causes of unfavorable outcomes of treatment.

The evaluation of treatment quality demonstrated that only in 34 % of patients the therapy corresponded to current standards. 20 % of symptomatic patients received no treatment et all. In 14 % of cases corticosteroids were administered in non-sufficient dose. Terms of treatment were out of required range in 12 % of patients. In 16 % of patients with progressive disease, resistant to steroids, second-line therapy (immunosuppressants) was not administered.

In patients cured from stage III sarcoidosis in comparison with stage II patients the rate of residual lung lesions (lung fibrosis, mainly quite extensive) was two times higher.

Ventilation and lung diffusion disturbances were revealed in 40 % of clinically cured stage III sarcoidosis patients, which was three times more frequent than in the group of comparison.

Conclusion. A differential diagnosis of tuberculosis must be improved to avoid misdiagnosis of this disease. Timely initiation of corticosteroid therapy with administration of approved dosages and schedules according to standards, use of second-line therapy in corticosteroid-resistant cases is essential.

Key words: sarcoidosis, affecting lung parenchyma, unfavorable outcomes of treatment

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