

CLINICAL SYMPTOMS, CT-SIGNS, LUNG VENTILATION AND DIFFUSION DISTURBANCES IN PATIENTS WITH LUNG PARENCHYMA SARCOIDOSIS

G. L. Gumeniuk

Abstract

The *aim* of the study was to evaluate the diagnostic value of clinical examination, computed tomography (CT) and pulmonary function tests in patients with sarcoidosis, affecting lung parenchyma.

Material and methods. Clinical manifestations, CT pattern, lung ventilation and diffusion capacity, blood gases were studied in 146 patients — 69 males (47,3 %) and 77 females (52,7 %); age 20 to 67 years ($39,8 \pm 0,9$ years). Stage II of the diseases was diagnosed in 134 patients (91,8 %), stage III — in 12 (8, 2%).

Results. Clinical symptoms of the disease were present in 113 patients (77,4 %); in 33 cases (22,6 %) the diagnosis was established by means of radiological examination. Loeftgren syndrome was observed in 8 patients (5,5 %). Non-pulmonary signs of sarcoidosis were registered in 30,8 % of patients.

Typical radiological signs of sarcoidosis were observed frequently: from 67,1 % (perilymphatic distribution of tuberculi) to 91,1 % (bilateral perihilar lymphadenopathy). The rate of non-typical signs was from 0,7 % (single-side perihilar lymphadenopathy) to 36,5 % (cluster-symptom). In all cases with no exception non-typical signs were associated with typical lesions. This made a verification of diagnosis by means of additional diagnostic methods (transbronchial or surgical biopsy) unnecessary.

Ventilation disturbances in patients with lung parenchyma sarcoidosis are quite rare (one of five patients) and non-specific, having no diagnostic value. Slight decrease of blood oxygen partial pressure may be observed in patients with lung ventilation or diffusion disturbances.

Conclusion. In diagnosis of lung parenchyma sarcoidosis a CT-scan plays a major role.

Key words: sarcoidosis, affecting lung parenchyma, clinical symptoms, CT-signs, disturbances of lung ventilation and diffusion.

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Galyna L. Gumeniuk

*SI «National institute of phthysiology and pulmonology
named after F. G. Yanovsky NAMS of Ukraine»*

MD, PhD

10, M. Amosova str., Kyiv, 03680, Ukraine

Tel./fax: 38 044 270-35-61, gumenuk@ifp.kiev.ua