

HYPERCALCEMIA IN PULMONARY SARCOIDOSIS IS NOT ASSOCIATED WITH GRADE OF SEVERITY, CLINICAL COURSE AND EFFECTIVENESS OF TREATMENT

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Abstract

Aim of study was to estimate rate and degree of hypercalcemia in patients with sarcoidosis, affecting lung parenchyma, and evaluate its correlation with extent of sarcoidosis lesions and dynamics during the supervision/treatment of patients.

Material and methods. We examined 153 newly diagnosed stage II–III pulmonary sarcoidosis patients. The level of ionized blood calcium was measured using electrolyte analyzer «AVL 9180» (Roche).

Results. Hypercalcemia was registered in average in 37 % of patients. In absolute majority of patients mild elevation of blood calcium level was observed. Patients with high density sarcoid lung dissemination had no significant differences comparing with low and moderate density lesions in terms of hypercalcemia rate. At the same time level of calcium in more severe patients was insignificantly higher than those in patients with mild-to-moderate density dissemination.

In 3 months of glucocorticosteroid (GCS) therapy a regression of disease was observed in majority (81 %) of patients, stabilization — in 15 %, and only in 4 % — progression. In group of patients left without treatment a progression of sarcoidosis occurred in each third case, making reasonable grounds to conclude that non-interventional follow-up of patients without symptoms and pulmonary function disturbances awaiting spontaneous regression should be considered as wrong tactics. The rate and grade of hypercalcemia did not depend on clinical course of the disease, remaining unchanged both in remission or progression.

Conclusion. Study results provide enough evidence to exclude hypercalcemia from the list of indications for GCS therapy of pulmonary sarcoidosis patients at forthcoming (2016) revision of Unified protocol “Sarcoidosis”.

Key words: sarcoidosis, affecting lung parenchyma, hypercalcemia.

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