

ADVERSE REACTIONS OF METHOTREXATE IN SARCOIDOSIS PATIENTS WITH EITHER CONTRAINDICATIONS OR RESISTANCE TO GLUCOCORTICOSTEROID THERAPY

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Abstract

The character and the prevalence of adverse reactions of methotrexate (MTX) in sarcoidosis patients with either contraindications or resistance to glucocorticosteroid (GCS) therapy were studied in 33 patients (23 female and 10 male, 26 to 68 years of age). Stage II sarcoidosis was diagnosed in 32 patients, stage III — in 1 patient.

In 19 patients MTX was administered because of existing contraindications for GCS therapy. In 14 cases immunosuppressive therapy was initiated because of GCS resistance. MTX was administered to all patients in same dose 10 mg once a week. In order to reduce occurrence of possible adverse effects a folic acid was also administered in dose 5 mg weekly. Before the start of therapy and monthly during the therapy a total blood count, ALT, AST, total and direct bilirubin, creatinine were monitored.

Adverse reactions of MTX were observed in 10 of 33 patients (30,3 %). Serious reactions, requiring complete (drug-induced pulmonitis) or temporary (elevation of ALT 4 times above upper limit) discontinuation of treatment with further 50 % reduction of dose was registered in 2 (6,1 %) patients. Gastro-intestinal disorders were observed in 2 (6,1 %) patients at the beginning of treatment. These were managed by splitting the weekly dose in 2 intakes: 5 mg 2 times a week. 6 patients with adverse reactions (4 cases with mild elevation of ALT and 2 cases with mild thrombocytopenia) required no change of therapy.

The results demonstrate good tolerability of treatment with MTX 10 mg weekly in patients with pulmonary sarcoidosis.

Key words: pulmonary sarcoidosis, glucocorticosteroid therapy, contraindications, resistance, methotrexate, adverse reactions.

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