

Advanced pulmonary sarcoidosis is observed in less than 5–6 % of all patients with pulmonary sarcoidosis. If stage I sarcoidosis (root lymphadenopathy) were excluded from total number of the disease cases, than the prevalence of advanced pulmonary sarcoidosis with lung parenchyma lesions (stages II and III) would increase to 12–15 %.

Advanced pulmonary sarcoidosis may long time manifest with minimal clinical signs and only at the stage of extensive pulmonary fibrosis with rough disturbances of lung architecture in form of traction bronchiectases and stenosis of bronchi (stage IV or end stage sarcoidosis) a severe respiratory failure appears.

Late diagnosis and, as a consequence of this, a hesitation with a start of specific therapy, is a major cause of advanced pulmonary sarcoidosis. In most cases a wrong diagnosis of pulmonary tuberculosis is established and long-term anti-tuberculosis therapy conducted.

A resistance to glucocorticosteroids (GCS) is more serious cause of advanced pulmonary sarcoidosis.

185 patients with newly diagnosed pulmonary sarcoidosis were examined at interstitial lung diseases department of F. G. Yanovsky National Institute of phthisiology and pulmonology. Glucocorticosteroid (methylprednisolone) and immunosuppressive therapy (methotrexate) were administered in accordance with Unified clinical protocol "Sarcoidosis".

The results demonstrated the resistance to GCS in 32 (17,3 %) patients; in 9 of them — absolute resistance, in 23 — relative resistance. GCS resistance was a most frequent indication for methotrexate administration.

Two cases of advanced pulmonary sarcoidosis are presented in current report. One of them is an example of delay of specific therapy due to late diagnosis. Another case illustrates an absolute GCS-resistance.

Key words: advanced pulmonary sarcoidosis, glucocorticosteroid resistance.

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