

# OUTCOMES OF AZATHIOPRINE MONOTHERAPY IN PULMONARY SARCOIDOSIS PATIENTS WITH CONTRAINDICATIONS FOR USE OR SERIOUS ADVERSE REACTIONS TO GLUCOCORTICOSTEROIDS

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## *Abstract*

Immunosuppressive therapy is indicated in pulmonary sarcoidosis patients with contraindications for use or serious adverse reactions, or resistance to glucocorticosteroids (GCS).

*Aim* of the study was to assess the effectiveness of azathioprine monotherapy in patients with pulmonary sarcoidosis with either contraindications for use or serious adverse reactions to GCS.

*Materials and methods.* We examined 10 patients with stage II pulmonary sarcoidosis (9 women and 1 man, aged 27–60 years). GCS were contraindicated in 4 of them. Serious adverse reactions, requiring discontinuation of GCS, were registered in 6 patients. Azathioprine was administered in daily dose of 50 mg with subsequent increase of the dose by 25 mg daily every 2 weeks up to 150 mg daily. Efficacy was evaluated using high-resolution computed tomography (HRCT), bodyplethysmography, spirometry and lung diffusion tests data.

*Results.* Serious adverse reactions, associated with the use of azathioprine which led to its discontinuation, were observed in 2 patients. One case — leukopenia and thrombocytopenia, another case — elevation of ALT with leukopenia. Sarcoidosis regression and decrease of small noduli dissemination density in 3 months of therapy were observed in 2 cases. A significant progression of sarcoidosis on the background of azathioprine treatment occurred in 6 patients, which was confirmed by an increase of nodular dissemination density on lung CT scans.

*Conclusion.* These results give no reasons to recommend azathioprine in monotherapy in pulmonary sarcoidosis patients with contraindications/serious adverse reactions to GCS.

**Key words:** pulmonary sarcoidosis, contraindications for use of glucocorticosteroids, azathioprine.

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