THE RATE OF RELAPSES IN PATIENTS CLINICALLY CURED FROM PULMONARY SARCOIDOSIS

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Abstract

Aim — to study the rate of relapses of sarcoidosis in patients with spontaneous cure and in those who completed glucocorticosteroid (GCS) therapy or immunosuppressive therapy.

Material and methods. The rate of pulmonary sarcoidosis relapses have been studied in 116 patients. A spontaneous cure without the use of specific therapy was observed in 27 asymptomatic debut patients. Another 34 patients had also no clinical signs at visit 1, but due to the absence of spontaneous regression they received GCS therapy. 40 patients with respiratory symptoms and/or disturbances of lung function were administered GCS therapy at visit 1. 15 patients with respiratory symptoms and/or disturbances of lung function were administered immunosuppressive therapy (methotrexate, 10 mg/week) because of contraindications for the use of GCS. Outcomes were assessed based on the results of clinical examination and CT data after 6, 12 and 24 months upon reaching clinical cure.

Results. In patients with spontaneous regression the relapses were registered sporadically (3,7 %). In asymptomatic patients on GCS therapy due to lack of spontaneous regression, the rate of relapses was 41 %; in patients with respiratory symptoms and/or disturbances of lung function — in 45 %. The majority of relapses (66 %) occurred within first 6 months after discontinuation of therapy. This may indicate incomplete clinical cure. Generally, our results confirm literature data that GCS therapy is a risk factor of sarcoidosis relapses. On the other hand this makes possible to conclude that in asymptomatic patients GCS therapy should only be initiated in progressive cases or lack of improvement after 3-months follow-up period. The rate of relapses after immunosuppressive therapy ((13,3 \pm 8,8) %) is significantly lower than in patients on GCS therapy ((45,0 \pm 7,9) %; p < 0,01).

Conclusion. Preliminary data, demonstrating relatively lower rate of relapses in sarcoidosis patients, taking methotrexate, necessitate further research of late outcomes of immunosuppressive therapy.

Key words: pulmonary sarcoidosis, glucocorticosteroid and immunosuppressive therapy, relapses.

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