

SHORT- AND LONG-TERM OUTCOMES OF METHYLPREDNISOLONE AND METHOTREXATE MONOTHERAPY IN PATIENTS WITH NEWLY DIAGNOSED PULMONARY SARCOIDOSIS

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Abstract

Background: Current literature provide little data regarding comparative efficacy of methylprednisolone (MP) and methotrexate (MTX) in patients with pulmonary sarcoidosis in terms of evaluation of short- and long-term clinical outcomes and the rate of relapses.

Objective: to report short- and long-term outcomes of treatment with MP and MTX in patients with newly diagnosed pulmonary sarcoidosis.

Methods: We examined 185 patients with newly diagnosed pulmonary sarcoidosis, verified by high-resolution computed tomography (CT). Glucocorticoid therapy (GC) with MP in dose of 0,4 mg/kg was used for 4 weeks, following the tapering of the dose to 0,1 mg/kg by the end of 6th month. Total duration of therapy was 12 months in average. When contraindications or serious toxic effects or refractoriness to MP were met, MTX was administered in dose of 10-15 mg once a week. The rate of relapses was studied during 2 years of follow-up after the resolution of changes on CT in 27 patients without specific therapy, in 74 patients — upon completion of GC therapy and in 15 patients — upon completion of MTX course.

Results: Treatment with MP was successfully completed only in 125 patients (67,6 %). In 60 (32,4 %) patients due to contraindication, toxic effects or GC refractoriness MTX was prescribed. 6-months course of MTX in patients with contraindications for use of GC was effective 69,6 % of cases. The relapses during 2-year follow up period were registered in 43,2 % of patients who completed long-term GC therapy. In contrast, there were almost no relapses in patients with spontaneous regression. In 15 patients on MTX monotherapy there was only 1 sarcoidosis relapse registered.

Conclusion: We established statistically significant ($p = 0,00759$) difference in rate of relapses between MP and MTX monotherapy groups. Nevertheless, these results should be considered as preliminary and require further investigation.

Key words: pulmonary sarcoidosis, methylprednisolone, methotrexate, efficacy, relapses.

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