COMPUTED TOMOGRAPHY CHARACTERISTICS OF LUNG PARENCHYMA LESIONS IN SARCOIDOSIS

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Abstract

The guidelines are recommended for the experts in radiology, pulmonology and phthisiology.

The characteristics of radiological symptoms of mediastinal lymphadenopathy in pulmonary sarcoidosis was presented in previous publication (Ukrainian pulmonology journal, 2019, Vol. 4). Current report describes different types of lung parenchyma involvement.

Present computed tomography (CT) criteria for diagnosing of sarcoidosis could be divided on classic and atypical ones. Classic signs include the symptoms frequently observed in sarcoidosis and rarely found in other diseases. And vice versa, atypical lesions are characteristic of other chest cavity conditions and found rarely in sarcoidosis.

Classic symptoms of lung parenchyma sarcoidosis include: reticularnodular pattern (micronoduli 2-4 mm in diameter, well-defined with bilateral distribution), perilimphatic distribution of noduli (along bronchialvascular bundles, subleural and in interlobular septa), lesions which are predominantly located in upper-middle zones of lung.

Macronoduli (from 5 to 10 mm in diameter), merging into larger nodules (10–30 mm), formations and consolidation (> 30 mm), "galaxy" symptom, "cluster" symptom, reticular pattern, isolated cavity, ground glass opacity without micronodules, mosaic attenuation of lung transparency, pleural effusion, pleural thickening, chylothorax and pneumothorax constitute the atypical signs of pulmonary sarcoidosis.

In conclusion, it has been noted that high-resolution CT is enough reliable method of pulmonary sarcoidosis diagnosing. Atypical signs of sarcoidosis frequently associated with highly specific symptoms. In only about 2 % of cases atypical symptoms are the only manifestation of the disease, which requires surgical lung biopsy.

Recommendations are illustrated by CT scans from archive, collected for years of sarcoidosis patients follow-up.

Key words: sarcoidosis, lesions of lung parenchyma, computed tomography.

Ukr. Pulmonol. J. 2020; 1:33-40.

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