

RELAPSES IN PULMONARY SARCOIDOSIS

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Abstract

Sarcoidosis is a multisystem disease of unknown cause, characterized by the formation of non-caseous epithelioid-cell granulomas in affected organs. The disease can involve the eyes, skin, liver, spleen, lymphatic nodes, saliva glands, heart, nervous system, muscles, bones and other organs. But in more than 90 % of cases the lungs are affected. The cause of sarcoidosis remains unknown; thus the therapy is aimed against granulomatous inflammation.

One of the most challenging problems of sarcoidosis therapy is high rate of relapses, which are occurring according to different authors in 15–68 % of patients. Such a significant variation is due to many factors, for instance, the form and the stage of disease, grade of other organs and systems involvement, concomitant conditions etc. Along with this the type and the duration of specific treatment is of great importance.

Current review presents the literature data, suggesting the significantly more often occurrence of relapses in association with long-term glucocorticosteroid (GCS) therapy and use of anti-cytokine medication infliximab. Unlike GCS and infliximab a second-line medication methotrexate cause the relapses much more rarely. This is confirmed by few studies, including those done by the authors of this article, dedicated to both short and long-term outcomes of methotrexate therapy in patients with contraindications for use of GCS. At the same time, the authors underline that these data are preliminary and require further investigation.

Key words: pulmonary sarcoidosis, glucocorticosteroids, methotrexate, infliximab, relapses.

Ukr. Pulmonol. J. 2020; 2: 67–70.

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