

CLINICAL MODEL OF RELAPSING PULMONARY SARCOIDOSIS PHENOTYPE

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Abstract

Long-term outcomes of glucocorticosteroid therapy in pulmonary sarcoidosis patients testify for high rate of relapses, which nowadays are the most acute problem in providing care to these patients.

Aim: to study clinical factors, associated with pulmonary sarcoidosis relapse.

Materials and methods. 108 patients with newly diagnosed pulmonary sarcoidosis were examined (stage II — 102 patients, stage III — 6 patients). There were 48 men and 60 women, age from 24 to 64 years. The diagnosis of sarcoidosis was verified by high-resolution computed tomography (CT). All patients received GCS therapy with methylprednisolone 0,4 mg/kg for 4 weeks with subsequent dose tapering down to 0,1 mg/kg by the end of 6th month. Treatment was continued until clinical cure. Upon discontinuation of therapy the patients were followed for 2 years using CT-control in 6, 12 and 24 months. The relapse of sarcoidosis was registered in 56 patients (group 1); no relapse – in 52 patients (group 2).

The rate of relapses was assessed in association with 10 clinical factors. Significance of the differences between qualitative indices was calculated as ($M \pm m$) and Student's *t* value was calculated. Pearson χ^2 test and Fisher's exact test were used to analyze the rate of relapses in association with studied factors.

Results. Clinical phenotype model of the patient with relapsing pulmonary sarcoidosis was created. It updated the known literature data and confirmed previously demonstrated role of GCS-therapy as the risk factor for sarcoidosis relapses. The following factors correlated with higher rate of relapses: 1) use of GCS therapy; 2) slow developing clinical symptoms; 3) extrapulmonary lesions; 4) bronchoconstriction; 5) concomitant diseases.

Conclusion. Clinical phenotype model of patients with relapsing pulmonary sarcoidosis should be complemented by radiological, immunological, biochemistry factors, associated with the risk of relapse, which requires further research.

Key words: pulmonary sarcoidosis, relapses, clinical risk factors.

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