

DIAGNOSTIC CRITERIA FOR GCS-RESISTANT RESPIRATORY SARCOIDOSIS

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Abstract

Despite the availability of complex clinical and radiological algorithms, accurate prediction of the individual course of respiratory sarcoidosis remains a difficult task

Objective. Assessment of the effectiveness of the treatment of respiratory sarcoidosis using inexpensive highly sensitive markers of inflammation.

Materials and methods. 68 patients with pulmonary sarcoidosis were examined before the start of therapy and after 3 months of treatment. In addition to general clinical methods of examination of patients with sarcoidosis, TNF- α and CRP levels were additionally determined.

Results. In patients with active pulmonary sarcoidosis, there is a 2.61-fold ($p<0.05$) increase in IL-2 levels in bronchoalveolar contents and 9.05-fold ($p<0.05$) in peripheral blood serum, a 4.98-fold ($p<0.05$) increase in TNF- α levels in bronchoalveolar contents and 3.2-fold ($p<0.05$) in peripheral blood serum compared to the data in the control group. In the group of patients where the effectiveness of the prescribed therapy was established, a decrease in the level of IL-2 was noted by 2.08 times ($p<0.05$) in bronchoalveolar contents and by 3.76 times ($p<0.05$) in peripheral blood serum, a decrease in the concentration of TNF- α by 3.87 ($p<0.05$) in bronchoalveolar contents and by 2.06 times in peripheral blood serum compared to baseline data.

Conclusions. The decrease in the level of TNF- α in bronchoalveolar contents, against the background of 3-month treatment, correlated ($r=0.89$; $p<0.05$) with changes in peripheral blood serum, and at the same time, the decrease in the level of TNF- α in peripheral blood serum correlated ($r=0.82$; $p<0.05$) with a decrease in IL-2 in the peripheral blood of patients with respiratory sarcoidosis.

Keywords: sarcoidosis, GCS resistance, prognosis.

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