ΕΠΙΣΤΗΜΟΝΙΚΗ ΕΝΩΣΗ Γ.Ν.Α. «Ο ΕΥΑΓΓΕΛΙΣΜΟΣ»

ΕΚΔΗΛΩΣΕΙΣ ΤΕΤΑΡΤΗΣ

ΠΑΡΟΥΣΙΑΣΗ ΠΕΡΙΣΤΑΤΙΚΩΝ «ΔΩΜΑ» (11ος) - ΩΡΑ 13:30

ΤΕΤΑΡΤΗ 26 ΦΕΒΡΟΥΑΡΙΟΥ 2020

«Η Σαρκοείδωση από την πλευρά του Πνευμονολόγου:
Θεραπεία & Παρακολούθηση»

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Θεραπευτική προσέγγιση

Because of the high rate of spontaneous remission, treatment is not indicated for asymptomatic stage I disease. [B]

Because of high rates of remission, treatment is not indicated in asymptomatic stage II or III disease with mildly abnormal lung function and stable disease. [D]

Thorax 2008;**63**(Suppl V):v1–v58

Θεραπευτική προσέγγιση

Oral corticosteroids are the first line of therapy in patients with progressive disease determined by radiology or on lung function, significant symptoms or extrapulmonary disease requiring treatment. [B]

Treatment with prednisolone (or equivalent) 0.5 mg/kg/day for 4 weeks, then reduced to a maintenance dose which will control symptoms and disease progression, should be used for a period of 6–24 months. [D]

Thorax 2008;**63**(Suppl V):v1–v58

Θεραπευτική προσέγγιση

Inhaled corticosteroids, either as initial treatment or maintenance therapy, are not of significant benefit. [B] Inhaled corticosteroids may be considered for symptom control (cough) in a subgroup of patients. [D]

Other immunosuppressive or anti-inflammatory treatments only have a limited role in sarcoidosis, but should be considered in patients when corticosteroids are not controlling the disease or side effects are intolerable. At present, methotrexate is the treatment of choice. [C]

Lung transplantation should be considered in end stage pulmonary sarcoidosis. [D]

Thorax 2008;**63**(Suppl V):v1–v58

Παρακολούθηση

In half of cases, disease resolves spontaneously within 2 years, and does so in many other cases within 5 years. After 5 years, remission is much less likely.

Am J Respir Crit Care Med 1999; **160**: 736–55.

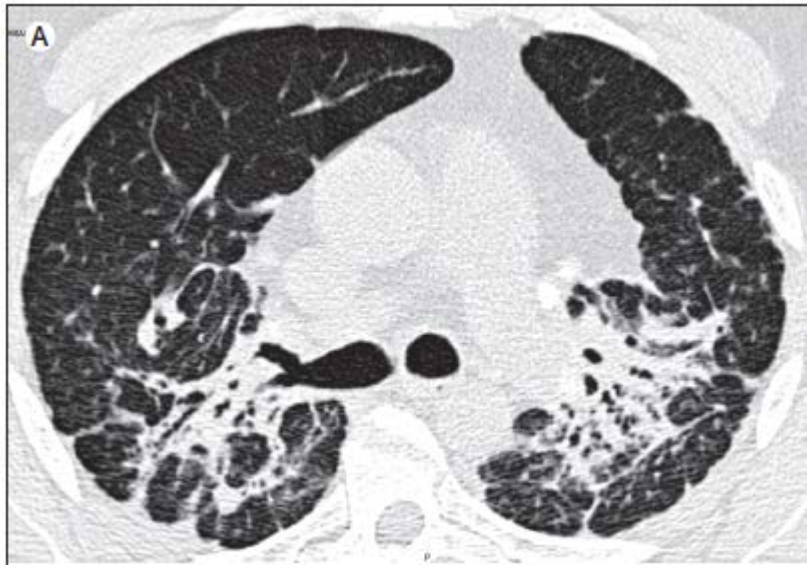
A general guide should be:
examination and chest radiograph every 3–6 months, pulmonary function tests, ECG and blood tests that include serum creatinine and calcium concentrations measurements every 6 months.

Lancet 2014; 383: 1155–67

Although disease relapse in patients with spontaneous remission is rare (8%), 37–74% of treated patients have exacerbation or relapse when corticosteroids are tapered or discontinued.[101] Relapses mostly occur 2–6 months after corticosteroid withdrawal, and are rare after 3 years without symptoms.[101] This fact justifies a minimum 3 year follow-up after the end of treatment

Sarcoidosis Vasc Diffuse Lung Dis 1998; **15**: 52–58.

Στάδιο IV



Lancet 2014; 383: 1155–67

Fishman's 5th ed. Chapter 55, p.835

- treatment remains controversial
- high incidence of haemoptysis due to infection with *Aspergillus spp*
- Dyspnoea on exertion and extremely low DLCO raise concern of pulmonary hypertension