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Title: Treatment dilemmas in sarcoidosis - a retrospective cohort study

Dr. Rosemary 19703 Trafford rosemary.trafford@nhs.net MD [1], Dr. Androniki 19705 Abelidis androniki.abelidis@nhs.net MD [1], Dr. Li Shan 19704 Liu lishan.liu@nhs.net MD [1], Dr. Marta 19706 Babores marta.babores@nhs.net MD [1] and Dr. Sriram 19707 Iyer sriram.iyer2@nhs.net MD [1]. [1] Respiratory Department, Macclesfield District General Hospital, Macclesfield, Cheshire, United Kingdom, SK10 3BL .

Body: Background: Despite a lot of published literature, little is known about the evolution of treated or untreated sarcoidosis. No factors have been shown to aid decision to treat or predict response to treatment. Treatment has not been shown to have significant effect on mortality or progression to fibrosis. Aims: - Define demographics of our sarcoidosis cohort. - Identify the effect of various factors on decision to treat or response to treatment. Methods: We retrospectively identified our cohort of sarcoidosis patients from clinical coding data. Clinical information, laboratory data and radiology were reviewed. Categorical data was analyzed using Chi-squared test Results: Sixty patients had a coded diagnosis of sarcoidosis or granulomatous lung disease. Mean(SD)age was 53.8(12.67)yrs. Two thirds(67%) were male. Mean FVCwas 93.9%. Chest radiographwas normal only in 17% of patients and most(77%) had respiratory symptoms. Majority (63%) had raised serum ACE(sACE) levels. Presenting symptoms, age or gender did not have any bearing on baseline lung function. Older patients(>60years) were more often observed than commenced on steroids but were more likely to respond to treatment(p=0.0076). Gender and smoking status did not affect treatment or response to treatment if it was started. There was no correlation between raised sACE and positive histological diagnosis. ACE levels did not influence treatment choice or response. Histological diagnosis had no bearing on treatment choice or response. Conclusions: We have demonstrated heterogeneity in our sarcoidosis cohort. Aside from increasing age, no other factors have been shown to influence prognosis. The decision to treat patients remains a clinical one.