

SARCOIDOSIS

- Sarcoidosis is a condition of unknown cause affecting about one in 5,000 Australians
- While the exact cause is unknown, it appears to result from an abnormality in the immune system causing excess stimulation of part of the immune system
- Sarcoidosis can affect almost any part of the body, but usually affects the lungs primarily
- Sarcoidosis is **not** a form of cancer or an infectious disease, nor is it 'contagious'

What causes it?

- The exact cause of sarcoidosis is unknown although there are a number of different theories – further research is currently under way
- There appears to be a genetic predisposition to the disease

What are the symptoms?

- The symptoms of sarcoidosis can vary greatly between different people
- Some people may have no symptoms at all, and may be diagnosed with sarcoidosis only after a chest Xray is done that is slightly abnormal
 - other people may have breathlessness or cough as a result of lung involvement
 - less commonly, sarcoidosis may affect the skin, eyes, heart or other organs
- Most people have *some* form of lung involvement, and this is often recognised on a chest Xray
 - most commonly, there is enlargement of the lymph glands in the centre of the chest (this is often completely asymptomatic and does not result in any problems)
 - occasionally, there is 'scarring' of the substance of the lungs that may result in deterioration in the function of the lung over time if it is not treated

Does sarcoidosis result in progressive problems?

- In most people with sarcoidosis (about 80%), sarcoidosis does not cause any deterioration within the lungs (or elsewhere)
 - most people do not even require any treatment!
- In a minority of people with sarcoidosis, there may be a deterioration of the lungs due to 'scarring', and this may require treatment to control this

How is it diagnosed?

- Often the diagnosis is just made from Xrays in conjunction with symptoms
- Sometimes it may be necessary to obtain a biopsy to be sure about the diagnosis
 - this biopsy may be obtained by performing a 'bronchoscopy' (examination of the breathing tubes) with 'transbronchial biopsy', or by biopsying a lymph node, or sometimes may need a surgical lung biopsy

What is the treatment?

- **Most people (over 80%) do not need any treatment at all**
 - these people just need periodic follow-up by a physician to ensure that there is no evidence of 'active' sarcoidosis, by performing Xrays or CT scans, and with lung function tests
- A minority of people may require treatment with 'steroids' or other immune suppressing treatments
 - prednisone is the usual form of such treatment, although inhaled corticosteroids (e.g. budesonide/ pulmicort or fluticasone/ flixotide) or other immunosuppressants (methotrexate, azathioprine, cyclophosphamide) may occasionally be used