

NEW APPROACHES TO ADMINISTRATION OF SPECIFIC THERAPY FOR PULMONARY SARCOIDOSIS PATIENTS

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Abstract

Sarcoidosis is a systemic disease with unknown cause, characterized by a presence of epithelioid-cell non-necrotizing granulomas in different organs. In most cases the disease manifests with an involvement of intra-thoracic and pulmonary lymphatic nodes. Sometimes it affects eyes, skin, heart, liver, spleen, kidney and central nervous system.

Sarcoid granulomas are considered a protective mechanism aimed at elimination of yet unidentified antigens and limitation of an inflammatory focus. Hence the presence of granuloma in lung parenchyma is not the indication for treatment of its own, since sarcoid granuloma on the contrast to infectious granuloma (e.g. in tuberculosis) is not the source of pathological process widespread.

In recent years the criteria for evaluation of treatment outcomes have been revised, mainly the term "clinical remission", which meant lung computed tomography symptoms resolution. The quality of life, which includes the level of patient's work capability and social status restoration, is now considered a primary endpoint of treatment effectiveness (ERS clinical practice guidelines on treatment of sarcoidosis, 2021).

Two tools for quality-of-life assessment in patients with pulmonary sarcoidosis have been reviewed in current article: Fatigue Assessment Scale (FAS) and King's Sarcoidosis Questionnaire (KSQ).

New statements of 2021 ERS clinical practice guidelines, which underline the importance of quality-of-life evaluation for the patients with pulmonary sarcoidosis, and the literature data presented in current report, substantiate the use of FAS i KSQ scores and its change during treatment as an instrument for making a decision regarding either initiation or discontinuation of specific therapy.

Key words: pulmonary sarcoidosis, indications for specific therapy, methods of quality of life evaluation, FAS, KSQ.

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