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SARCOIDOSIS OF THE RESPIRATORY SYSTEM

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Sarcoidosis is an autoimmune disease unknown etiology characterized by the formation of non-caseous epithelioid cell granulomas in various organs and tissues. Sarcoidosis can be caused by environmental factors, infectious agents, and genetic predisposition. There are cases of family sarcoidosis, but not in every generation. The annual incidence of sarcoidosis ranges from 1 to 15 cases per 100,000, depending on the region. The highest rate is in the Nordic countries (Scandinavia). Since the majority of patients are people of working age, treatment and further study of the problem has an important social aspect. The variety of clinical symptoms of sarcoidosis significantly lengthens the process of diagnosis and leads to a large number of diagnostic errors, therefore, the development of new methods, timely and adequate treatment of this pathology are extremely important for the prevention of complications, the formation of which largely depends on the timing of diagnosis.

To describe a clinical case of sarcoidosis of the respiratory organs.

The data of the medical documentation of the patient G. for the period from 10/30/2023 to 11/22/2023 and the epicrisis of the State Institution "RNPC of Pulmonology and Phthisiology" were used.

Patient G., born in 1985, was admitted to the State Institution "RNPC of Pulmonology and Phthisiology" on 10/30/2023 with complaints of dry cough, periodic chest and navel pain, fever up to 37 C. Concomitant diseases: ARVI.

She considers herself ill since 08.2023, when a dry cough appeared. In August 2023, she was ill with ARVI (PCR for Covid-19 was negative), after recovery she had a cough. She was observed by an allergist, a therapist at her place of residence. In September 2023, chest X-ray (RSC) was performed. A course of non–specific antibacterial therapy has been prescribed, R-OGK control - without dynamics. After a follow-up examination (CT scan), the diagnosis was mad: A disseminated process in the lungs. Intracoracic lymphadenopathy. Sent to the State Institution "RNPC of Pulmonology and Phthisiology" for morphological verification of the diagnosis. From the hereditary anamnesis: brother – Sarcoidosis of the respiratory organs, pulmonary-mediastinal form (morphologically verified in 2017), has a profundity (aluminum dust), mother – Sarcoidosis of the respiratory organs, pulmonary form (morphologically verified in 2020), has a profundity (works with paints). During the follow–up examination, the following studies were carried out: Diaskintest from 10/27/2023 was negative, sputum bacterioscopy from 11/22/2020 – AFB was not detected, sputum analysis for G.Xpert from 11/22/2023 – MBT DNA was not detected. On 11/01/2023, VTS was performed on the right, atypical S4 resection of the right lung. According to the results of histological examination dated 08.11.2023, conglomerates of epithelioid cell granulomas without necrosis with giant multinucleated cells of the Pirogov-Langhans type and "foreign bodies" were revealed in the lung tissue, most of the granulomas are in the stage of fibrosis and hyalinization. Conclusion: Sarcoidosis. Diffuse changes of the spleen were detected Ultrasound of the OBP-abdominal area + kidneys from 11/16/2023, and on ultrasound of the thyroid gland from 11/16/2023 without pathology. An examination by an optometrist on 11/15/2023 revealed low-grade myopia of the right eye, vascularized old opacity of the cornea of the right eye. On the spirogram from 24.10.2023 – the ventilation function of the lungs is not impaired. According to the results of the examination, the final diagnosis was made Sarcoidosis of the respiratory organs, pulmonary-mediastinal form, active phase (morphologically verified by the VTS from 01.11.2023). The following treatment is prescribed: methylprednisolone 20mg / day for 1 month, then a dose reduction of 2 mg / day every month, asparkam 1 tablet 2 times a day.

This example shows the development of sarcoidosis in one family.