

The Outlook

Sarcoidosis affects people differently and often follows an unpredictable course. Most patients with pulmonary sarcoidosis recover spontaneously within a few years; sometimes no treatment is needed.

Treating Sarcoidosis

When treatment is required, it is designed to help relieve the symptoms as the disease runs its course. A consultant may prescribe drugs if, for example, the lungs malfunction or there is scarring in the lung tissue.

There is no cure for sarcoidosis. The goal of the treatments below is to suppress the lung inflammation and scarring while the disease is active. You will discuss with your doctor the best treatment regime for you - regular check-ups may be necessary.

Corticosteroids (commonly **prednisolone**) may be used for a year or more. These drugs act to suppress the symptoms of the disease. A high dose is usually prescribed at the start of the treatment, before being reduced to a 'maintenance dose'.

NsAIDs (Non-steroidal Anti-Inflammatory Drugs) are anti-inflammatory drugs similar to aspirin; they are also mild pain-killers.

Methotrexate is usually given in combination with corticosteroids - in tablet form or administered by repeated injections.

Other treatments: New drugs such as **infliximab** and **adalimumab** are sometimes used to treat difficult and severe forms of sarcoidosis.

Who We Are

SarcoidosisUK provide support and information to anyone affected by sarcoidosis. We also raise awareness and fund research. The vast majority of our funds go towards researching a cure. Contact us for information on our Support Groups network and free Nurse Helpline.

How You Can Help

Donate to fund research:
www.sarcoidosisuk.org/donate

Get involved in medical research:
www.sarcoidosisuk.org/research/get-involved-sarcoidosis-research/

Thanks to:

SBN, The Dutch Sarcoidosis Society.

Prof. S. Birring, Respiratory Physician at Kings College Hospital, London.

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Contact Us

SarcoidosisUK, 49 Greek Street,
London, W1D 4EG

020 3389 7221

info@sarcoidosisuk.org

www.sarcoidosisuk.org

Charity number: 1063986

Facebook: facebook.com/groups/sarcoidosisuk

Twitter: @sarcoidosisuk

SarcoidosisUK

SARCOIDOSIS and the LUNGS



SarcoidosisUK

Sarcoidosis and the Lungs

Sarcoidosis can occur in any organ of the body. In most patients it affects the lungs and/or lymph glands. This is known as pulmonary sarcoidosis. This leaflet is for those people.

Function of the Lungs and Sarcoidosis

Your lungs transfer oxygen from the air to the blood. At the same time, carbon dioxide leaves the blood through the lungs. This exchange happens in lung tissue.

In sarcoidosis of the lung this tissue becomes inflamed. The white blood cells which gather (also known as granulomas) disrupt the uptake of oxygen and release of carbon dioxide. In addition, these granulomas may develop in the lymph system of the lungs (the lymph system is an important part of the immune system).

The granulomas adversely affect the operation of the lungs and can cause scarring. This inhibits the stretching, and therefore capacity, of the lungs. This in turn leads to a shortness of breath.

Symptoms of Pulmonary Sarcoidosis

Sometimes, the symptoms of pulmonary sarcoidosis start suddenly and don't last long. In other patients, the symptoms may develop gradually and last for many years.

Some people don't have any symptoms at all and are told they have sarcoidosis after having a routine chest x-ray or other investigations.

Common symptoms of pulmonary sarcoidosis:

- fatigue
- shortness of breath, especially with exercise
- dry cough
- chest pain

Living with Pulmonary Sarcoidosis

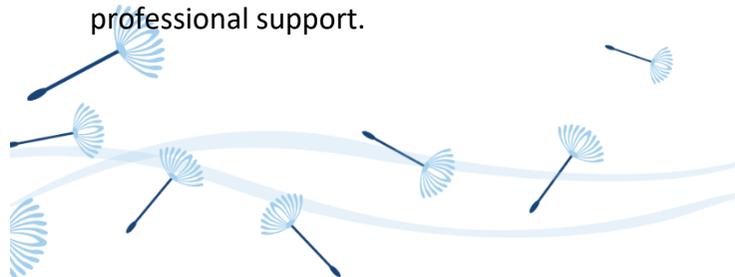
Sarcoidosis affects people very differently - each case is unique. However there are some shared experiences for those living with sarcoidosis.

It is common that patients with sarcoidosis may feel tired and lethargic (fatigued), lose weight or suffer with fevers and night sweats.

Sometimes symptoms may suddenly get worse - this is known as a 'flare-up'. This may be triggered by stress, illness or nothing recognisable.

It is important to make sure you eat healthily, pace yourself and talk to friends and family about your sarcoidosis. You should discuss your condition early on with your employer - use the SarcoidosisUK Leaflet 'Information for Employers'.

Sarcoidosis can leave patients feeling scared and isolated - recognise mental health problems early and seek support. Please contact SarcoidosisUK or your GP for professional support.



Techniques to Understand your Condition

X-rays can give you a picture of lung abnormalities. Generally, if abnormalities are found, additional tests are performed to confirm any diagnosis.

Lung Function Tests Spirometry tests how well you breathe in and out. Lung volume tests measure the total size of your lungs. Gas transfer tests measure the amount of oxygen that passes from your lungs into your blood.

CT scan (also called CAT scan or computed tomography) combines x-rays and computer technology to create detailed images of the inside of your body.

MRI scans use magnetic fields and radio waves. They show abnormal tissue clearer than CT scans. MRI is rarely used with the lungs but may be useful to check other organs.

Bronchoscopy involves your consultant inserting a thin tubular viewing device to examine your lungs. **Lavage** is a technique sometimes used with bronchoscopy that uses salt water to extract cells for study under a microscope.

Biopsy During bronchoscopy your consultant may take a piece of lung tissue (biopsy) to examine under the microscope. They may also take cells from an inflamed lymph node. In a few cases surgery is required to obtain a biopsy. This technique is often used when doctors want to confirm the disease as sarcoidosis. The most common technique for this is called **VATS** (video-assisted thoracoscopic surgery).