

## Current concepts of the management of sarcoidosis

Ulrich Costabel, MD, PhD

Department Pneumology/Allergy, Ruhrlandklinik, Essen, Germany

e-mail address: ulrich.costabel@ruhrlandklinik.de

Ulrich Costabel is Professor of Medicine and Chief of the Division of Pneumology and Allergology at the Ruhrlandklinik in Essen, Germany. His research interests lie in clinical and immunological studies in interstitial lung diseases, with a specific focus on clinical and research applications of bronchoalveolar lavage. He is Vice President of the World Association of Sarcoidosis and Other Granulomatous Disorders (WASOG). He has been actively involved with the ERS. At present, he is Head of the Clinical Assembly and member of the Executive Committee of the ERS.



Sarcoidosis is a systemic disorder that preferentially affects the lungs. As a multi-organ disorder, patients may present initially to various organ specialists, but a pulmonary specialist should finally take over the management of the patient which often requires a multi-disciplinary approach. The diagnosis of sarcoidosis is based on a compatible clinical and/or radiological picture, histological evidence of non-caseating granulomas and the exclusion of other diseases capable of producing a similar histological or clinical picture. The corner stone of disease management involves careful baseline assessment of disease distribution and severity by organ, with emphasis on vital target organs. Because the clinical course can be unpredictable, regular monitoring for signs of disease progression is necessary, using least invasive and most sensitive tools available.

The indication to treat a patient depends on many factors, the most important being whether or not the patient is symptomatic. Except for life- and site-threatening organ involvement, it should be carefully considered whether the patient might benefit from treatment. For asymptomatic pulmonary patients, a watch and wait is appropriate; treatment should mainly be considered if symptoms develop or lung function deteriorates. Initial systemic therapy is still based on corticosteroids. However, most patients with chronic disease require months to years of therapy. Alternatives to corticosteroids include methotrexate, azathioprine, and hydrochloroquine, all given usually in combination with low dose corticosteroids. For refractory sarcoidosis patients, new therapeutic approaches have begun to emerge through the use of immuno-modulatory agents. Based on current understanding of pathogenic mechanisms, these are TNF-alpha-blocking drugs, such as infliximab, thalidomide, and pentoxifyllin.

### Key references

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