

PROGNOSTIC ROLE OF HIGH RESOLUTION COMPUTED TOMOGRAPHY DURING 2-YEAR FOLLOW-UP IN PATIENTS WITH STAGE I SARCOIDOSIS

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Sarcoidosis is a disease of unknown aetiology and unpredictable course in individual patient. So far there is no marker that could allow for certain prognosis, however the high resolution computed tomography (HRCT) enables to visualise the subtle parenchymal opacities in I stage of sarcoidosis (only hilar enlargement seen on chest X-ray). The aim of this study was to assess the prognostic role of HRCT in I stage of sarcoidosis. Fifty one patients (28 males and 23 females aged 23-58 years) were studied. Based on HRCT examination two groups were distinguished: HRCT-positive (28 patients with pathologic changes in pulmonary parenchyma- mainly nodular opacities) and HRCT-negative (23 patients without parenchymal changes). Results: At the beginning and at the end of 2 years of observation (every 3 months control visit) there was no statistically significant difference between HRCT- negative and HRCT positive group in terms of mean values of pulmonary function tests (FEV1, FVC, FEV1/FVC, DICO and d(A-a)O2). In regards to the radiological follow-up, there was no statistically significant difference reported between number and percentage of patients showing stabilisation, progression and improvement on X-ray in HRCT-positive and HRCT-negative group (18% vs 39%, 21% vs 4%, 61% vs 57% respectively). Conclusion: The HRCT examination in I stage sarcoidosis has no significant prognostic role during 2 years follow-up.