ASS 2022 – OP 04

Clinical Characteristics of Sarcoidosis in Sri Lanka; a Single Center Retrospective analysis of a cohort of patients followed up in National Hospital of Sri Lanka.

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Background
Sarcoidosis is a multi-system granulomatous disease of unknown etiology. The clinical presentation of the disease is highly variable and reflects the multisystem nature of sarcoidosis. Pulmonary and Extrapulmonary manifestations are seen. Although annual incidence of Sarcoidosis is 1-2 per 100000 in Asia, incidence and clinical characteristics in Sri Lanka have been poorly documented.

Objectives
This study aimed to examine the clinical characteristics of patients with sarcoidosis, using a database of rheumatology clinic in National Hospital of Sri Lanka.

Methods
Patients with sarcoidosis from January 2018 to July 2022 formed the study population. Diagnosis of sarcoidosis was based on joint decision of consultant rheumatologist and consultant respiratory physician. A standard data extraction form was used to collect the demographic and disease characteristics. Descriptive statistics were used to analyze the data as the sample size was small.

Results
There were 11 patients. Seven (63.6%) were females and four (36.3%) were males. Mean (s.d.) age at the onset was 45.3 (9.4) years with minimum age of 30 years and maximum of 65 years. At the onset of disease nonspecific constitutional symptoms were observed in 64% (95%C.I. 35-85). Eighty two percent (95%C.I. 53-95) had respiratory involvement, and radiological stage at presentation was stage I in 1, II in 5 and III in 3 patients. All the patients had lymphadenopathy where ten patients (90%) had thoracic lymphadenopathy. Joint manifestations were observed in 63.6% as follows: arthralgia in 4 and arthritis in 3patients. Cutaneous manifestations were noted in 4(36%) patients, including erythema nodosum in 2, lupus pernio in 1 and subcutaneous nodules in 1. Ocular sarcoidosis was present in 4(36%) patients, commonest was uveitis (3 patients) while retinal granuloma noted in 1 patient. Hepatomegaly, hepatosplenomegaly and splenomegaly were seen in 2,1 and 1 patients respectively. Three had cardiac involvement with heart block needing pacemaker and 1 had neurological manifestations.
During the diagnostic workup, 9 patients had elevated ESR and the mean(s.d.) ESR value was 49(22) mm. Serum ACE levels were elevated among 5 patients and only 1 patient had elevated serum Calcium levels. Six patients had histological confirmation, with extra thoracic lymph node biopsy in 4 and skin biopsy in 2, while rest of the patients were diagnosed on the basis of clinico-radiological evidence. Two of the patients had positive tuberculin test and was treated with anti-TB medications during the course of illness. All patients were treated with corticosteroids and 10 patients were treated with Methotrexate. Four patients required TNF alpha inhibitors

(Adalimumab/Infliximab) for cardiac manifestations, severe eye involvement, long standing high dose steroid dependency and hilar lymphadenopathy obstructing pulmonary stent.

Conclusion

Sarcoidosis is a multisystem disease, with different presentations. Respiratory symptoms were the commonest, while constitutional symptoms and joint symptoms also observed commonly. Cardiac, skin and ocular involvement were less common. Elevation of ESR was common, while elevated serum calcium was minimal.

Tuberculosis can present with similar picture to sarcoidosis and can give rise to late diagnosis and treatment. This should be considered in a setting, where tuberculosis is highly prevalent.