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Sarcoidosis:

Edited by: Donald Mitchell, Athol Wells, Stephen Spiro, David Moller.

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Book reviewed for
The West of England Medical Journal
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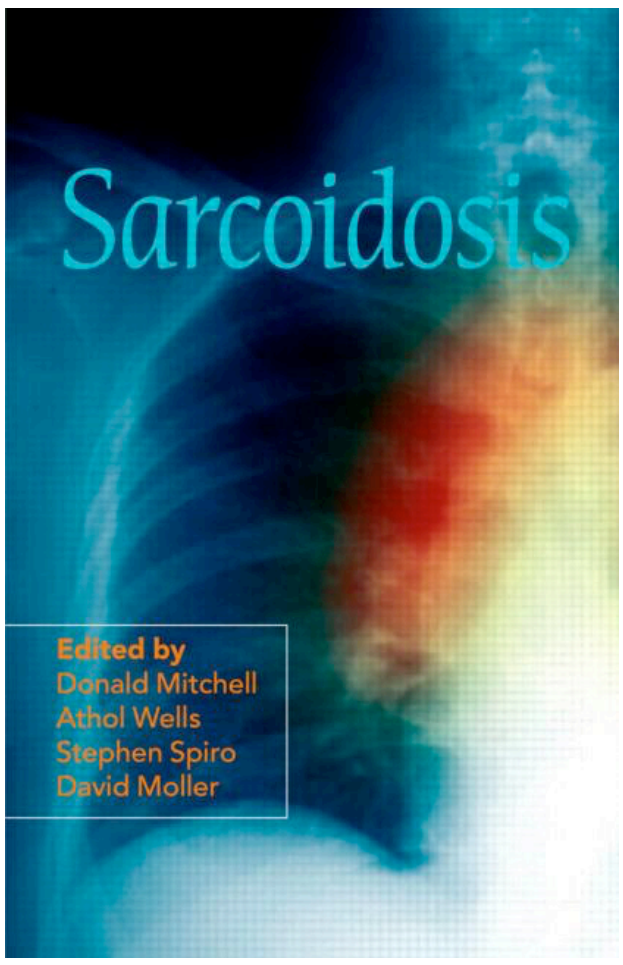
Book Review

Since 1958, an annual conference on sarcoidosis has been taken place. This reflects the interest in understanding this condition which remains to be of unknown cause. The variability in presentation makes it difficult to conduct large prospective studies. Therefore, both the cause(s) and the management escaped clinical trials.

Sarcoidosis incurs a lot of anxiety. Its clinical and radiological manifestations resemble lymphoma and tuberculosis. The name 'sarcoidosis' is similar to 'sarcoma' which is a malignant condition. Therefore, the disease is faced with apprehension by patients and health care professionals alike. A production of a textbook on this condition is an insightful step.

This is not the first book on sarcoidosis, but this textbook merits special attention. The authors are headed by Dr Donald Mitchell, a man who dedicated his working life to relentlessly trying to understand and describe sarcoidosis.
The starts with a fascinating run of chapters on the history of sarcoidosis, followed by definition and epidemiology. The latter chapter outlines the difficulty in estimating the size of the problem. Sarcoidosis is not a notifiable condition. Therefore, quantifying the extent of the disease remains difficult. The epidemiology is hard to ascertain and is likely to differ from one country to another. All these are clearly outlined in this chapter.

An attempt to study the cause of the disease occupies several chapters. Aetiology of sarcoidosis has been areas of debate for a number of years. An abnormal reaction to mycobacterial infection (tuberculosis TB) has been long proposed as the cause of this disease. However the absence of identifiable bacteria and the lack of increase prevalence in high prevalence



areas of TB act against this theory. This chapter addresses these points and are complemented nicely on the chapter on the genetics of sarcoidosis.

Diagnostic procedures for sarcoidosis are discussed in several chapters. This includes serology as well as radiology followed by biopsy obtaining methods.
A very useful chapter on Kveim test has been included. This useful test has now vanished because of theoretical and largely unjustified anxiety of HIV transmission by doing the test. The material used in Kveim test is extracted from spleens and lymph node of patients with sarcoidosis. The material is injected intra-dermally and a skin biopsy is taken at 14 days. The test has a high diagnostic predictive rate and a negative reaction has a high exclusion rate. Wisely, the authors do not advocate directly the introduction of Kveim test, but the comprehensive appraisal of this test quests its re-introduction.

A fascinating series of chapters examines comprehensively features of sarcoidosis in various organs follow. This included the upper airways, the lungs, the skin and the GI system. Chapter on neuro-sarcoidosis and the disconcerting cardiac sarcoidosis follows.
One particularly useful chapter is the one that discusses hypocalcaemia and hyper hypercalciurea. This included mechanisms, clinical manifestations and treatment.

One of the notable chapters is the distinction between sarcoidosis and beryllium lung disease. Whilst this occupational lung disease is not a big problem in the UK, it is probably commoner in rapidly growing economy countries. The similarities and differences have been described.

Arguably, the most useful chapter in this textbook is the management. Treatment of sarcoidosis affecting various organs is alluded to in previous chapters. But this chapter discusses the evidence of treatment by corticosteroids and by other disease modifying agents. Indications for treatment have been elegantly outlined. The evidence for using corticosteroids in different doses and different durations are mentioned with referral to comprehensive set of studies. The role of cytotoxic agents as well as biological agents is described. This included methotrexate, azathioprin, infleximab and other anti-TNF alpha agents.

The book finishes with examining non-pharmacological interventions such as physiotherapy, pulmonary rehabilitation, oxygen therapy and lung transplant. Understandably, there is only slight evidence of these interventions in patients with sarcoidosis per se, and their effects were extrapolated from chronic obstructive pulmonary disease (COPD) and lung fibrosis. In my view, these chapters as well as chapters on sleep impairment in sarcoidosis could be omitted without diminishing the value of this textbook.

It is highly advisable for each department of respiratory medicine to own a copy of this textbook.
Sarcoidosis is a variable disease in more than one way. Respiratory physicians have different threshold in starting and continuing the treatment. This book gives an up-to- date directions on understanding and the management of this mercurial condition.