Airway Obstruction in Sarcoidosis

Sarcoidosis is a multisystem granulomatous disease of unknown etiology. The lungs are the most commonly involved organs. The granulomatous process typically begins in the peribronchial regions and can subsequently extend to involve the bronchioles and alveolar walls. Granulomas may protrude into the airways, leading to obstruction.

What is the basis of obstruction of the airway in sarcoidosis? Longcope and Freiman suggested that granulomatous lesions can obstruct the airways, affecting their function and preventing optimal gas exchange. Levinson et al. believed that diminished lung function tests, particularly forced expiratory volume in one second (FEV₁) and forced vital capacity (FVC), and abnormal airway resistance, are indicators of obstruction in sarcoidosis. These findings suggest that the obstruction may be caused by granulomatous changes in the airways.

Can we prevent the development of advanced obstruction of the airway by treating patients with sarcoidosis early if studies of pulmonary function reveal dysfunction of the airway? It is interesting to consider whether early intervention could prevent the progression of airway obstruction in sarcoidosis.
that Smellie, Apthorp, and Marshall found that treatment with corticosteroids usually produced an improvement in VC and FEV₁ but had little effect on initially low compliance and a small increase in diffusing capacity. Other authors have concentrated on the effect of therapy with corticosteroids on the diffusing capacity but neglected to study the function of the airway. Studies are needed to investigate the effect of therapy with corticosteroids on the function of the airway at an early stage, in order to see if advance airway-obstructive sarcoidosis can be nipped in the bud.

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**REFERENCES**

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