

## Bölüm 27

### PULMONER SARKOİDOZ

Sertan BULUT<sup>1</sup>

#### GİRİŞ

Sarkoidoz etiolojisi bilinmeyen, başlangıç bulguları ve hastalık gidişi bir hayli çeşitlilik gösteren multisistemik granümatöz bir hastalıktır<sup>1</sup>. Olguların yaklaşık %90'unda mediastinal ve hiler lenf nodu büyümesi vardır. Ancak deri, göz, karaciğer, kalp ve beyin tutulumu gibi diğer organları da tutabilir. Tanı için uyumlu klinik radyolojik özellikler, non-nekrotizan, nonkazeöz granülomların varlığı ve diğer granümatöz hastalıkların dışlanması gerekir<sup>2</sup>. Tedavi yanıtı iyi olan ve iyi prognozlu bir hastalıktır. Bu açıdan doğru tanı koymak ve sonraki dönem takipleri önemlidir<sup>1,3,4</sup>.

#### EPİDEMIYOLOJİ

Yıllık prevalansı yüzbinde 10 ile 20 arasındadır<sup>5</sup>. Yıllık insidans tam bilinmemekle birlikte yüzbinde 10 civarındadır<sup>6</sup>. Hastalığın pik yaşı erkeklerde kadınlara kıyasla biraz daha erken görülmekle birlikte 20-60 yaş arasındır<sup>7,8</sup>. Siyah ırkta beyazlara kıyasla daha sık görülür. Hastalığın başlangıcı ve seyri çok heterojen olmakla birlikte siyahi ırkta akut başlangıç ve ağır hastalık, beyaz ırkta ise asemptomatik olma ve kronik hastalık şeklinde eğilimi vardır<sup>9</sup>. Kardiyak tutulum erkeklerde daha sık gözlenirken cilt ve göz tutulumu kadınlarda daha sık olur<sup>10,11</sup>.

#### ETİYOLOJİ

Sarkoidozda etiyoloji tam olarak belli değildir. Özellikle mesleki maruziyetler suçlansa da arada bir ilişki saptanmamıştır<sup>12</sup>.

#### PATOFİZYOLOJİ

Sarkoid granülom oluşumunda immun sistem hücrelerinin kompleks etkileşimi mevcuttur. İlk olarak, antijen sunucu hücreler (dentritik hücreler ve makrofajlar) şu an için tanımlanamayan antijenleri sunarlar. Bu antijenler CD4 T lenfositlere

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