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SARCOIDOSIS

INTRODUCTION

The study of sarcoidosis is a meeting point for specialists of different disciplines, for the lesions caused by this diffuse granulomatous process or its fibrotic sequelae are widespread. Its masquerades, like those of syphilis in the pre-penicillin era, may embrace any branch of medicine. This symposium number draws attention to these diverse modes of presentation and endeavours to guide the clinician towards earlier recognition and treatment.

Initial observations on sarcoidosis stemmed from dermatologists, so it is fitting that Professor Nils Danbolt should review this historical background. He holds a chair of dermatology, which was occupied at different times by Carl William Boeck and his nephew Caesar Boeck.

This illustrious heritage enabled Professor Danbolt to record the autopsy findings on Caesar Boeck's original case a half-century later. Although his theme in this issue is historical, his contributions to the study of sarcoidosis, particularly the immunological aspects, are international. Happily for British readers, they are embodied in Mackenna's 'Modern Trends in Dermatology'.

The other overseas contributor to be welcomed in this issue has been given the gargantuan task of discussing the aetiology of sarcoidosis. Dr. Louis Siltzbach's lucid and balanced account provides many stimulating clues for the future. It is hoped that his concepts will prepare clinicians of different disciplines for a final assault against this remaining outstanding problem.

The aspect which arouses the greatest controversy and even emotion is the relationship of sarcoidosis to tuberculosis. Siltzbach presents the arguments favouring both the tuberculous and the non-tuberculous aetiology, with the authority of one who has considerable experience of both diseases. Elsewhere, he has succinctly expressed his own feelings in the controversy thus '... The fact remains, however, that even those physicians who feel strongly about the tuberculous aetiology of sarcoidosis behave as if the disease were not tuberculosis. Given a young asymptomatic patient

with bilateral, symmetrically enlarged hilar lymph nodes, a negative tuberculin reaction and a pre-scalene lymph node biopsy specimen which shows epithelioid-cell tubercles, the physician feels no urgency to treat the patient with antituberculosis drugs to prevent spread of the process; he does not insist on prompt examination of all familial and household contacts for evidence of a source case or a secondary case of tuberculosis; nor does he inform the health authorities that a public health menace may exist. In short, he does none of the things he ordinarily might do on discovering a new case of tuberculosis'.

Dr. Citron considers that the distinction between sarcoidosis and tuberculosis may be largely a verbal one. He states that the finding of tubercle bacilli in biopsy specimens does not exclude sarcoidosis. On the other hand, Dr. Thomson lists this as one of his differential points against sarcoidosis and Siltzbach likewise states that the sarcoid follicle contains no tubercle bacilli.

The reader who does not wish to become involved in an academic wrangle may, nevertheless, seek a clear-cut management for the occasional case under his care. This devolves into the problem of whether antituberculous drugs should or should not be used. There appears to be no good argument for antituberculous chemotherapy, even prophylactically, and its indiscriminate use is to be condemned. Antituberculous drugs should be reserved for the exceptional patient in whom tuberculosis cannot be definitely excluded. Most authorities would agree that corticosteroid therapy is often rewarding, particularly when the disease is early and active. It has undoubtedly changed the natural history of sarcoid iridocyclitis and greatly improved the prognosis in berylliosis.

Interest in sarcoidosis is rapidly growing and information concerning it may be applicable to other conditions. It may prove to be a prototype for other disorders of immunity mechanisms, including infections, reticuloses and the collagen diseases. Viewed in this way, advances in knowledge concerning the one may reflect information on the others.

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