Recent Trends in Sarcoidosis in Southeast Asia and Nepal

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Granuloma: a common finding in a biopsy in Asia, often presents with confusion between tubercular and non-tubercular diseases. Among these granulomas, Sarcoidosis presents itself as a unique disease with variable organ involvement, though the cause remains enigmatic and largely unknown.[1] It appears that, intensity and clinical patterns across different regions of the world is variable.

In Southeast Asia and Nepal, sarcoidosis has shown distinct trends that warrant a closer examination to enhance diagnosis, management, and patient outcomes. Previous notion of low incidence and prevalence in Asia including Nepal largely appears to be a diagnostic and clinical deficiency rather than the reality.[1] The current day scenario proves otherwise in Nepal and our diagnostic adequacy has now diagnosed many relevant cases of Sarcoidosis.[2]

Sarcoidosis predominantly affects adults with average age of 40s, with equal male to female preponderance[3] and some studies stating female predominance[4]. In Southeast Asia, the incidence of sarcoidosis appears to be lower compared to Western countries and Scandinavian countries, potentially due to genetic, environmental, and socio-economic factors[5]. However, recent studies suggest an increasing trend in diagnosis, possibly due to heightened awareness and improved diagnostic techniques. So, it appears that sarcoidosis has always been in the Asian Population.[6]

In Nepal, the exact incidence and prevalence rates of sarcoidosis remains unclear, largely due to underreporting and misdiagnosis. A significant number of cases might be misclassified as tuberculosis, given the high endemicity of tuberculosis in the region[4]. However, with advances in diagnostic modalities like high-resolution computed tomography (HRCT) and endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA), more cases of sarcoidosis are being accurately identified[5].

The the diagnostic challenge of sarcoidosis in Nepal and Southeast Asia is particularly challenging due to the overlapping clinical and radiological features with tuberculosis[6]. The presence of non-caseating granulomas on biopsy remains the gold standard for diagnosis, but distinguishing these from granulomas caused by tuberculosis can be difficult without molecular testing[7].

Recent advancements, such as the use of serum angiotensin-converting enzyme (ACE) levels, although nonspecific[8], and the role of positron emission tomography (PET) scans in cardiac sarcoidosis, have shown promise in improving diagnostic accuracy[9]. Additionally, the increasing availability of EBUS-TBNA in tertiary care centers across Nepal is a significant step forward[10].

The management of sarcoidosis in Nepal follows international guidelines, primarily involving corticosteroids and immune-modulators[11]. However, the prolonged use of steroids poses significant risks, especially in a population with a high burden of co-morbidities like diabetes and hypertension[11]. There are distinct guidelines towards the use of steroid-sparing agents such as methotrexate, azathioprine, and biologics like infliximab, which have shown efficacy in refractory cases and they are the main recommendations in the recent published treatment guidelines.[11]

Public health majors aimed at improving public awareness among healthcare providers and patients should be the main focus if we want higher case detections. Training programs and continuous medical education can enhance early detection and appropriate management of sarcoidosis[12]. Additionally, establishing a national registry for sarcoidosis in Nepal could provide valuable data to understand its epidemiology better and tailor public health strategies accordingly.

In conclusion, like tuberculosis, sarcoidosis remains a major part of respiratory practice in Nepal. The rare disease status of Sarcoidosis, probably needs a revisit, as all of us have encountered this disease in various forms and in increasing frequency. New diagnostic techniques have helped us to identify sarcoidosis with proper histopathology findings. The recent guidelines on diagnosis and treatment of sarcoidosis have given us, clear and distinct pathway to follow for the management.

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