

Treatment

Corticosteroids, most commonly prednisone, have been the standard treatment for many years. In some patients this treatment can slow or reverse the course of the disease, but other patients unfortunately do not respond to steroid therapy. The use of corticosteroids in mild disease is controversial because many times the disease can remit spontaneously. Additionally, corticosteroids have many recognized dose- and duration-related side effects, and their use has been linked to relapses and worsening of the disease.

Severe symptoms have generally been treated with steroids, and later with steroid-sparing agents. As the granulomas are caused by collections of immune system cells, particularly T cells, there has been some early indications of success using immunosuppressants, interleukin-2 inhibitors or anti-tumor necrosis factor treatment (such as infliximab). Unfortunately, none of these have provided reliable treatment and there can be significant side effects such as an increased risk of reactivating latent tuberculosis.

Disciplined avoidance of sunlight and Vitamin D foods is necessary in patients who are prone to develop hypercalcemia and will help relieve symptoms in all sarcoidosis patients.

Antibiotic therapy has been reported to be effective for lung, lymph and cutaneous manifestations of sarcoidosis but this therapy is not currently the standard of care. On March 28, 2006, the FDA Office of Orphan Products Development designated Minocycline in the treatment of sarcoidosis, with the 'Autoimmunity Research Foundation' designated as the sponsor.