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| **Characteristics and Disease Course of Sarcoidosis Patients in Waikato Hospital** |
| Liam Petrie1, Eskandarain Shafuddin1 |
| *1Department of Respiratory Medicine, Te Whatu Ora Waikato, Hamilton, New Zealand* |
| **Introduction/Aim:** Sarcoidosis has substantial racial differences in epidemiology in some countries. A study conducted in Auckland suggested that Polynesian patients tended to have different clinical features than NZ Europeans. We aimed to characterise clinical and radiological features, treatment and disease course of sarcoidosis, and to compare between Māori and European patients.**Methods:** Retrospective audit of respiratory clinic attendees with sarcoidosis Jan 2019- Dec 2020. Extra-thoracic features, lung function, chest radiograph and CT findings, treatment, hospitalisation and all-cause mortality were collected Jan 2019- Nov 2021. Annualised changes in lung function, and changes in chest radiographs and CT were quantified. We analysed the differences in clinical and radiological features, changes in lung function and radiology, hospitalisation and mortality between Māori and European patients.**Results:** 158 patients were included: 27 (17%) Māori and 110 (70%) Europeans. 55 (35%) were diagnosed during study period. 62 (39%) had extra-thoracic involvement, mostly ocular and cutaneous. Most had radiographic stage 4 [39 (25%)] and thoracic lymphadenopathy on CT [120 (78%)]. Annualised DLCO improved in radiographic stage 0 and 1 but <20%. 22 (14%) had $\geq $1 respiratory-related hospitalisation and 6 (4%) died. 33 (14%) started on new treatment, had no clinically significant changes in lung function, and most did not have deterioration in radiology. 66 on treatment, 5 (8%) stopped treatment due to intolerance and none caused hospitalisation or death. Māori tended to be younger, female, and had more extra-thoracic involvement than Europeans (15/27 (56%) vs 38/110 (35%), p=0.045). Europeans had more lung fibrosis on imaging without differences in lung function. No significant differences in changes of lung function, imaging, hospitalisations, and mortality.**Conclusion:** Our sarcoidosis patients have heterogenous staging and extra-thoracic manifestations. Treatment is well tolerated but steroid-sparing agent use is sparse. Māori have greater extra-thoracic involvement and are less likely with lung fibrosis than Europeans without significance difference in outcomes. **Grant Support:** Waikato Clinical School Summer Studentship |