

A HYPOTHESIS ABOUT THE TREATMENT OF SARCOIDOSIS WITH BCG

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The observation of the last years unanimously testify that there can always be found in sarcoidosis signs which relate to the morbid functioning of the immunoapparatus. The negative tuberculin test is only one symptom of the presence of the immunodefect. The analysis of the changed reaction disposition reveals the reduction of the effector cells which give the immune-response — that is the T-lymphocytes, respectively their reduced functioning. We have also data about the T-impending factor in the serum of the patient, suffering from sarcoidosis. On the other hand, the functioning of the B-cells bearing the humoral response can be more agile, the consequence of which is the increase of different kinds of immunoglobulins. Though the immunobiological happenings which take place in the sarcoidosis are not yet cleared up in many regards, the statements mentioned above are generally accepted.

It is known besides these that the Mycobacterium tuberculosis entering into the organism starts a delayed type immuneresponse due to its antigen properties which occur with the increase of the immune cells and their stronger utilisation. Thus it may seem, that *in patients suffering from tuberculosis and sarcoidosis there take place two processes opposite each other*. If it is so, then it seems reasonable the recompensation of the immunodepressive state of the sarcoidoistal body by introduction of Mycobacterium tuberculosis. For this purpose — we think — the BCG can be used without danger with its well-known intradermal dosage.

Our procedure is the following: we inject the BCG vaccina in the skin on the left shoulder of the examined patient, and we repeat this vaccination monthly until the appearance of the tuberculin allergy, then we give him a last dosis. We watch the behaviour of the T- and B-cells with laboratory tests carried out twomonthly. With this method the BCG vaccina does not cause complication and the forming cicatrice is also acceptable from aesthetycal view point.

We have used the BCG vaccina only for four months still in very small number of patients: with five patients of 1st and 2nd degree of sarcoidosis. Therefore we cannot conclude, but the turning in positive of the tuberculin test — generally in the second month — and parallel with this the encouraging development of the laboratory tests is promising. We have also noticed a radiological improvement in our cases, namely in an illness spontaneously inclined to healing, however this cannot be evaluated with so small causuistics.

We were induced to write this working hypothesis by the reflection that in our territory too much time should pass until we are able to test the BCG treament on sarcoidosis, but maybe this method can rank among the „immunostimulating“ procedures known so far in countries where this illness with still uncertain issue is essentially more frequent.

