

DOI: 10.5152/TurkThoracJ.2019.135

[Abstract:0415] MS-193 [Accepted: Oral Presentation] [Sleeping Disorders]

Clinical and Polysomnographic Evaluation of Sleep Breathing Disorders in Patients with Sarcoidosis

Özlem Ataoğlu, Ali Nihat Annakkaya, Peri Meram Arbak, Pınar Yıldız Gülhan, Mehmet Fatih Elverişli

Department of Chest Diseases, Düzce University School of Medicine, Düzce, Turkey

Objectives: Obstructive Sleep Apnea (OSA) Syndrome is an important public health problem that indirectly affects daily activities. In sarcoidosis patients, an increase in possible respiratory sleep disorders can be expected due to both lung and lymphatic involvement of the disease and the effect of steroids which has been using for treatment. The aim of this study is to evaluate sleep breathing disorders in sarcoidosis patients.

Methods: OSA symptoms were investigated in 51 patients with sarcoidosis diagnosed in our clinic for evaluating of sleep breathing disorders. In addition to general clinical evaluation, Epworth, Stanford, Pittsburg, Berlin, STOP and STOPBANG questionnaires were applied. 32 Patients underwent polysomnography.

Results: 38 (74.5%) female and 13 (25.5%) male sarcoidosis patients with a mean age of 51 were included to study. In the Pittsburg sleep quality scale, 51.3%, in the Berlin questionnaire 46.2%, in the STOP questionnaire 59% and in the STOP-BANG questionnaire 64% of sarcoidosis patients were found at high risk for sleep breathing disorders. 75% (24/32) of patients who underwent polysomnography were diagnosed with OSA. 37.5% of sarcoidosis patients were mild, 25% were moderate, and 12.5% were severe OSA. There was no significant difference in terms of OSA incidence in male and female sarcoidosis patients. The mean age is significantly higher in patients with sarcoidosis whom detected OSA ($p=0.021$). The incidence of OSA detected with polysomnography was significantly higher in patients with sarcoidosis who were clinically high-risk patients according to STOP and STOP-BANG questionnaires ($p=0.030$ and $p=0.008$, respectively). While no OSA was observed in stage 1 sarcoidosis patients who underwent polysomnography, OSA was found in 76.9% (20/26) in stage 2 and in 3 (3/3) in stage 3. It has been observed that when the stage of sarcoidosis increased, the incidence of OSA also was significantly increased ($p=0.007$). 52.9% of sarcoidosis patients had not received any treatment, 31.4% had received treatment before, 15.7% were still receiving treatment. OSA was detected in 50% of untreated sarcoidosis cases, 83.3% of those who received treatment before, and 87.5% of those who still receiving treatment. The OSA rates were higher in patients who is still treating but this difference is not statistically significant ($p=0.055$)

Conclusion: High rates of OSA were detected in sarcoidosis patients. This rates were increased when the disease stage were increased. In all patients with sarcoidosis, the symptoms of OSA should be questioned and if necessary this patients should be evaluated polysomnographically.

Keywords: Obstructive sleep apnea, polysomnography, sarcoidosis, questionnaire