

INFLIXIMAB IN PHARMACOTHERAPY FOR PULMONARY SARCOIDOSIS

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Sarcoidosis is a system granulomatosis of unknown etiology. Morbidity in different countries varies from 0,125 to 24, 0 new cases per 100 000 of population a year and observed its steady increase.

The main pathologic substratum of sarcoidosis is sarcoid granuloma.

Considered that tumor necrosis factor alpha (TNF α) is a key cytokine that takes part in formation of sarcoid granuloma.

The primary goals in sarcoidosis treatment are suppression of inflammatory reaction, prevention of granuloma's fibrotic transformation and maintenance of patient's life quality at the proper level. Choice of treatment is determined by the process' localization, severity of inflammation and presence of extrapulmonary manifestations.

In recent years search of medicines that suppress TNF α – the key cytokine in formation of sarcoid granulomas – is considered as the most perspective.

Infliximab is a chimeric monoclonal antibody against tumor necrosis factor alpha (TNF α). It is a specific antagonist of TNF α . Clinical using of this medicine is just starting and only economically developed countries of Europe, United States and Canada have experience in its using. It is recommended for using only in countries with low level of tuberculosis distribution.

In Ukraine Infliximab is registered under the name Remicade.

Baughman R. P., Lower used Infliximab in treatment of chronic refractory to steroids and immunosuppressants sarcoidosis in dosage of 5 mg/kg once, then on 2nd, 4th and 12th weeks of treatment.

The most encouraging results of treatment of patients with pulmonary sarcoidosis and extrapulmonary manifestations that are refractory to treatment with glucocorticosteroids (GCS) and cytostatic treatment were obtained with using of Infliximab. These results are comparable with effect of glucocorticosteroids.

Skin of patients with lupus pernio is visually improved, vital capacity of patients with fibrosis increases after using Infliximab. Infliximab allows to lower the dosage of steroids and well tolerated by patients in general.

The significant deterrent factor in extension of treatment with Infliximab is very high value of treatment.