Present Status of Sarcoidosis in China
(Excerpta)
Prof. Yu Ren Jiang
Internal Medicine
China Medical University
Shenyang

It has been an argument on presence or absence of sarcoidosis in China. The viewpoint was also held by foreign authors working in China, in which sarcoidosis would not occur in Chinese because of racial difference. However, cases with sarcoidosis in Chinese have been successively reported in literature at home from the 1950's. e.g., 3 cases in the 1950's, 2 cases in the 1960's, 27 cases in the 1970's, and 389 cases from beginning 1980 to the present. It seemed that possibility of sarcoidosis has been taken into consideration of differential diagnosis in clinical practice in recent five years. In fact, the incidence of the disease is also annually increasing. In addition, we have interested in the incidence of sarcoidosis in Japan, which increases our concerning of sarcoidosis in China. It was also relevant to establishment of national clinical research society on sarcoidosis in 1982. The society was consisting of seventeen pulmonary divisions in hospitals affiliated to universities which located over eight districts in our country. In recent years, the national diagnostic criteria of sarcoidosis including clinical and pathological diagnosis. The classification based on chest roentgenogram and its assessment of activity were well defined by the society. Meanwhile, the measurement of SACE was standardized and collection of information on sarcoidosis
were also strengthened. Now, epidemiology and clinical data of six-four cases with sarcoidosis were found in seventeen different hospitals at universities from January to December, 1985. They were listed as followed:

1. Incidence of the disease in geographical distribution
There were no incidence variations in distributions, however, it looked likely that occurrence of the disease is rare in western and southern remote areas in China.

2. Incidences between sexes: Male to female was 1 : 1.56. The youngest one was 20 years of age and the oldest 60 years with a mean of 42 years. An estimated incidence was 64.9% between 45~60 years, 34.5% between 20~40 years and only 1.6% at 20 years.

3. Clinical analysis:
Clinical manifestations: Respiratory symptoms accounted for 70%. Enlargement of superficial lymph nodes was approximately 43%, subcutaneous nodules and skin lesions 14%, ocular symptoms 7% and lesions of myocardium, liver and bone 3%.

4. Findings on chest roentgenogram (staging according to Wurm and Heilmeyer’s). Stage-I accounted for 50%, Stage-II 34%, Stage-III 9% and unclassified 6%.

5. Measurement of SACE (Lieberman’s assay). The value of SACE measured in 47 cases was: \( \bar{X} \pm SD = 58.3 \pm 10.2 \text{ u/ml} \). The abnormal rate was 81%.

6. Pathologic biopsy:
Numbers of diagnoses on biopsy were 59/64 and numbers of diagnoses on clinical ground 5/64.

The specimens of biopsies:
Lymph nodes were 47% (28/59), TBLB 35% (21/59), of which, lung tissue 6/21, bronchial mucosa 15/21 and 1.5% (1/21) with open thoratomy.

Survey of SACE activity in Chinese:
SACE activity was determined with same method (substrate: HGG, Equipment: ultraviolet spectrophotometry) during the same time in 875 subjects over eleven areas in nineteen hospitals of universities, which was sponsored by China national research society on sarcoidosis in 1985. The results were: $\bar{X} \pm SD$ of SACE was $35.7 \pm 7.6$ (M mol/ml/min). There were no significant variations in sex, age and geographical distributions, however, slight increase in SACE was found in cigarette smokers.

A comparison of SACE activity was made between healthy subjects, patients with sarcoidosis and patients with a variety of diseases related to internal medicine in our hospital. It showed that an increase in SACE was found in hyperthyroidism, lung silicosis, liver cirrhosis etc. In these diseases, SACE activity was increased as well as sarcoidosis, however, there were no significant variations between COPD, active pulmonary tuberculosis and normal subjects. Measurement of SACE began from 1982 in China. It has been now widely used as a screening test of sarcoidosis in cities, provinces all over our country.

A design of diagnostic criteria on sarcoidosis:
Diagnostic criteria of sarcoidosis in China were proposed by national research society in 1984. The diagnostic criteria were all defined including clinical and pathologic diagnosis, classification based findings on chest roentgeno-
gram and assessment of activity.

There has not been agreement on therapy of sarcoidosis, however, it tends to administer corticosteroid in those patients who manifest symptoms related to activity, which is a problem to be clarified in the investigation.