韓國에서의 Sarcoidosis에 관한 探究

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Search for Sarcoidosis in Korea

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Introduction

Sarcoidosis has been found in almost any country of the world where it was sought for including many Asian countries. (1) (6) The search for sarcoidosis in Korea has been stimulated by the workers of our neighbouring country, Japan, where they found a considerable number of sarcoidosis cases since the early 1960's concurrent with a marked decline of tuberculosis.

The nation-wide survey on tuberculosis in Korea in 1970 revealed for the first time in the nation's history a decrease in the prevalence of tuberculosis to 4.2% from a rate of 5.1% in 1965. In view of the fact the incidence of sarcoidosis has been rising in the countries where tuberculosis is on the wane, the author considered it a worthwhile project to search for sarcoidosis in Korea at the present time. So far, not a single proven case of sarcoidosis involving the lung was reported in Korea.

President. The Korean, National Tuberculosis Association (1969-1970)

Conduct of Study and the Results

In August, 1971, a group of experts in sarcoidosis of Kyoto University came to Seoul, and we reviewed a large series of chest x-ray films to single out cases of bilateral hilar lymphadenopathy which is a suggestive radiological sign of sarcoidosis. (2) (7) Among the twenty-seven thus identified bilateral hilar lymphadenopathy, two cases appeared striking, but one of them gave a strong positive reaction to PPD and the lymphadenopathy improved with anti-tuberculosis chemotherapy.

The other case did not respond to our call for follow-up.

Since then we have reviewed series of mass chest x-rays and identified many more cases of bilateral hilar lymphadenopathy. I will describe each series and their characteristic features.

1. Railroad company employees and their families, about 40,000 films; 4 cases of bilateral hilar lymphadenopathy (BHL). The railroad company, a government enterprise, has achieved an outstanding degree of tuberculosis control among its employees in the past twenty years, and their tuberculosis prevalence rate was less than 1.0% when the national average stood at 5.1%.

2. Ewha Women's University students, about 6,000 films; 53 cases of BHL, but all PPD-positive. The female university students were mainly from relatively well-to-do families and belonged to the age range of 18-23 years which represented the ages yielding the highest incidence of sarcoidosis in Japan.

3. Bae-Wha Girl's High School students, 2,000 films; girls in the age range of 15-17 years, 4 cases of BHL.

4. Soong Jun University students, 1,000 films; men with an average age of 20 years, 3 cases of BHL.

5. Selected cases from the out-patients of my own chest clinic; 4 cases of BHL.

Kveim tests were performed on 18 cases of BHL altogether, but all turned out negative. Skin biopsy over the area of the test was taken from four of the 18 cases in spite of negative reactions, and parts of each biopsy specimen were sent to

both National Medical Center in Seoul and Kyoto University in Japan simultaneously for microscopic

studies, and both places reported negative findings for sarcoid granulomas in the examined tissues.

Fig 1a. An example of bilateral hilar lymphadenopathy. Plain chest P-A film.

Fig. 1b. Tomogram of the same case.

Discussion and Conclusion

The above is the result of our search for sarcoidosis in Korea from August, 1971 through July, 1972. We have not been able to find any cases belonging to Classes, I, II and III of the international diagnostic criteria for sarcoidosis, but only found a few cases for which Class IV criteria could not be ruled out.

Our failure to prove a single case of sarcoidosis does not rule out the possibility of sarcoidosis existing in Korea. However, it may be a reflection of the fact that, although the prevalence of tuberculosis has been declining in Korea, the current rate of 4.2% is considerably higher than the rate of 3.0% in Japan 10 years ago when sarcoidosis began to appear in that country. It may still take a long time for tuberculosis to be substantially reduced and for sarcoidosis to emerge as a tangible clinical entity in Korea. But the possibility of

sarcoidosis should always be considered in the differential diagnosis of pulmonary tuberculosis even in Korea since one can closely mimic the other on chest x-ray (3) (8), and there is no reason to believe that Koreans are singularly immune to sarcoidosis.

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Seoul Clinic whose contributions were indispensable in the selection and review of mass chest x-ray films.

“사르코이도시스”는 世界各地에서 發見되어 왔으며 亞細亞에있는 여러國家에서도 近年에와서 이疾患이 發見되고 있다.

韓國內에서 이疾患에 關한 探究는 새로운 試圖이며, 이것은 地理上으로 隣近한 日本國에서 最近十年에, 그 때까지는 別로 發見되지 않았던 이疾患이 갑자기 多數 發見되어졌다는 事實이며 또한 그들의 協助이다.

近年에와서 韓國內에는 結核이 若干減少하는 傾向은 있으나 아직도 그 蔓延度는 높다. 特히 肺에 浸犯되어 있는 “사르코이도시스”病은 아직도 確認된것이 報告되어 있는것은 없다. 이것은 鑑別診斷에서 看過되어진것이나 아닌가 하고 本研究는 行해 진것이다.

1971年 8월에 最初로 日本 京都大學 寺松 教授外二人과 大韓結核協會醫務陣, 國立醫療院 胸部內科와 X선과, 그外 여러同志者들이 韓國內各界各層에속한 十數萬名을 相對로 探究하였다.

胸部X선攝影의 判讀에서 兩側肺門腫大象에 重點의인 初診目標을 세웠다.

本探究에서 “사” 國際診斷規定에 依한 第4群은 數例診斷되었고, Kveim 試驗反應皮內接種에 陽性反應例는 없었고, 또 Biopsy는 陰性뿐이 었다.

第2回の 京都大學 研究팀이 1973年 7월에 韓國에서 本研究를 繼續하기 때문에 第1回の 成績을 發表한다.

※ 前大韓結核協會會長(11969-70)

※ 本演題는 亞細亞太平洋胸部疾患學會(APDCD

1971) 臺北大會에서 發表.

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