

SARCOIDOSIS REGISTRY FORM

“Past Medical and Social History”

Smoking Opium other drugs Pet

DM HTN HLP IHD Hypothyroidism Hyperthyroidism

Autoimmune Diseases: RA Lups Scleroderma Sjogren's syndrome Lymphoma

Vitiligo Psoriasis Renal stone Depression

Other connective tissue diseases:

“Family History”

Sarcoidosis TB Hypothyroidism

Autoimmune Diseases: RA Lups Scleroderma Sjogren's syndrome Lymphoma

Other connective tissue diseases:

“معاینات دوره ای قلب”

Date									
EF									
PAP									

	Date	Date	Date	Date	Date	Date	Date	Date	Date
O2Saturation									

“Physical Examination”

Chest exam: Coarse Crackle Fine Crackle Rhonchi Muffled Normal

LAP:

Submandibular post auricular Cervical supraclavicular axillary Inguinal Generalized

“Rheumatologic investigations”

Arthritis Granulomatous Deforming Erosive

Ankle Elbow Knee Wrist Hip Spine Dactylitis

Muscle weakness Force: Myopathy:

Bone involvement Specify:

“Dermatologic Lesions”

Specific: (noncaseating granulomas) Pruritus

Lupus pernio Maculopapular nodular scar plaque

Angiulopoid Ichthyosiform Lichenoid annular Verrucous

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Psoriasiform ulcerative lesions subcutaneous nodules

Nonspecific:

Erythema nodosum (EN)

“Ophthalmologic Investigations” (Annually)

Anterior Segment:

Conjunctiva: Granulomatous Nodules keratoconjunctivitis sicca
 Cornea: Band Keratopathy interstitial Keratitis
 Cataract Scleritis Ant Uveitis Post Uveitis Ant or Post Synechiae
 Glaucoma: Closed angle Open angle Normal

Posterior segment:

Choroid lesions
 Retinal involvement

Soft tissue and orbital involvement

“Neurologic Examinations”

ICP rise Cranial Nerve Palsy Facial nerve palsy Vertigo Headache
 DI SIADH Hypoadrenalism Seizure Weakness Paresthesia Ataxia
 Dysarthria Myelopathy

Lab Tests	
PTH	
Pro-BNP	
QFT	
BAL	CD4: CD4/CD8: CD8: AFB:
Pathology report	Non necrotizing Granuloma <input type="checkbox"/> Caseating Granuloma <input type="checkbox"/> AFB stain <input type="checkbox"/> AFB culture <input type="checkbox"/>
Specimen:	
Urine analysis	Appearance: Specific gravity: PH: Blood: RBC: WBC: Bacteria: Crystal:

Paraclinical Investigations” (Every 6 month)

Leb Tests	تاریخ	تاریخ	تاریخ	تاریخ	تاریخ	تاریخ	تاریخ	تاریخ	تاریخ
WBC									
RBC									
Hb									
HCT									
PLT									
Diff (Lumph/INeut)									
PPD									
BUN									
Urea									
Cr									
ESR									
Uric Acid									
Ca									
P									
TSH									
T4									
T3									
AST									
ALT									
ALKP									
CRP									
ACE									
FBS									
25OH Vit D3									
HDL									
LDL									
Cho									
Trg									
Urine 24h Volume: Ca: Protein: Cr:									

"Imaging Workups"

- **Stage 0:** normal chest radiograph
- **Stage I:** hilar or mediastinal nodal enlargement only
- **Stage II:** nodal enlargement and parenchymal disease
- **Stage III:** parenchymal disease only
- **Stage IV:** end-stage lung (pulmonary fibrosis)

Nonspecific:

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HRCT scan:

Typical Feature		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Lymphadenopathy	Hilar Mediastinal Bilateral Symmetric well defied										
Nodules	Micronodules (2–4 mm in diameter; well defied, bilateral) Macronodules (≥5 mm in diameter, coalescing)										
Lymphangitic spread	Peribronchovascular Subpleural Interlobular septal										
Fibrotic changes	Reticular opacities Architectural distortion Traction bronchiectasis Bronchiolectasis Volume loss										
Bilateral Perihilar opacities											
Predominant upper- and middle-zone locations of parenchymal abnormalities											

Atypical

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Atypical Feature		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Lymphadenopathy	Unilateral										
	Isolated										
	Anterior and posterior mediastinal										
Airspace consolidation	Mass-like opacities										
	Conglomerate masses Solitary pulmonary nodules										
Confluent alveolar opacities (alveolar sarcoid pattern)											
Ground-glass opacities											
Linear opacities	Interlobular septal thickening										
	Interlobular linear opacities										
Fibrocystic changes	Cysts										
	Bullae										
	Blebs										
	Emphysema Honeycomb-like opacities with upper- and middle-zone predominance										
Miliary opacities											
Airway involvement	Mosaic attenuation pattern										
	tracheobronchial abnormalities Atelectasis										
Pleural disease	Effusion										
	Chylothorax										
	Hemothorax										
	Pneumothorax										
	pleural thickening										
	Calcification Pleural plaque-like opacities										
<u>Mycetoma</u>											
Aspergiloma											

“Pulmonary Functional Tests” (Every 6 month)

<i>Spirometry:</i>		Date	Date	Date	Date	Date
<i>FEV1:</i> <i>FVC:</i> <i>FEV1/FVC:</i>						
<i>DLCO:</i>						

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6MWT:						
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Bronchoscopy report (single)

	Date	Date	Date	Date	Date	Date
Vocal Cord						
Trachea						
Carina						
Right side						
Left side						

Medications:

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Name			Order/Date	Order/Date	Order/Date	Order/Date	Order/Date
Prednisolon 5mg/50mg							
CellCept(250mg)							
MTX خوراکی (2.5mg)							
MTX تزریقی (15mg)							
Hydroxychloroquine(200mg) (قرص)							
Cyclophosphamide (قرص)							
Pentoxyphilin(400mg) (آبی)							
Alendronate(70mg)							
Infleximab(5mg)							
Colchicine(500mg)							
Azaram(50mg)							
Pearl VitaminD(5000)IU							
Spray Seroflo (بنفش)							
Inh Foradil (استنشاقی)							
Thiova (استنشاقی)							
Spray Symbicort(200mg) (قرمز)							
Spray Budenoside (قرمز)							
Folic Acid(1mg, 5mg)							
Mg (250mg) ویتامین							
E ویتامین							
Omeprazole(20mg, 40mg)							
Triamterene(50mg) (قرص)							
Rhinocort (اسپری بینی)							
Telfast(120mg, 180mg)							
Triamcinolone (پماد)							
Hydrochlorothiazide(25 to 200mg)							

Morbidity:

Mortality: