OP27　サルコイドーシスと自己免疫性肺胞蛋白症の血清鑑別指標に関する検討

○西村 眞樹、山口 悦郎、髙橋 歩、米澤 利幸、小坂 顕司、松原 彩子、田中 博之、横江 徳仁、久保 昭仁
愛知医科大学呼吸器・アレルギー内科

【背景・目的】サルコイドーシスの肺野病変は一般に粒状影が多いが、時にすりガラス様陰影を呈し、その他の間質性肺炎や肺胞蛋白症との鑑別が問題となる。またサルコイドーシス患者の一部では、抗GM-CSF抗体価の軽度の上昇がみられる。気管支肺胞洗浄を行う前に、血清で両者をある程度鑑別できれば有益である。今回の検討では、我々が以前から報告している血清のカテプシンS（CTSS）濃度とACE活性を、サルコイドーシスと肺胞蛋白症の鑑別能の点で比較した。

【方法】対象は厚労省の指定難病診断基準を満たすサルコイドーシス（SA）患者46名、自己免疫性肺胞蛋白症（APAP）患者41名である。

【結果】SAとAPAPのCTSS濃度（中央値［範囲］）は、それぞれ17［7-27］ng/mℓ、10［6-30］ng/mℓで、有意（p=1.5E-10）にSAで高値であった。ACE活性はそれぞれ12［4-23］U/l、8［2-13］U/lで有意（p=7.2E-8）にSAで高値であった。抗GM-CSF抗体は、それぞれ24［3-142］E+4 AU、4854［344-122852］E+4 AUで、有意に（p=9.9E-16）APAPで高値であった。

SAとAPAPを識別するためのROC curveの曲線下面積（AUC）は、CTSSで0.899（AUC=0.5との検定、p=1.9E-10）、ACEで0.838（p=7.2E-8）であり、CTSSの方が大きい傾向にあった（p＜0.1）。

OP28　Clinical Features of Renal Sarcoidosis Evaluated by Renal Biopsy in Japan

○Kamata Yoshinori[1)]、Sato Hiroshi[2)]、Joh Kensuke[3)]、Tsuchiya Yoshinori[4)]、Taguma Yoshio[4)]、Shimizu Akira[5)]、Kunugi Shinobu[5)]、Konta Tsuneo[6)]、Azuma Arata[7)]
1）Kitamurayama Hospital、2）Clinical Pharmacology and Thereutics, Graduate School of Pharmaceutical Sciences, Tohoku University、3）Department of Pathology Tohoku University Graduate School of Medicine、4）JCHO Sendai Hospital、5）Analytic Human Pathology Nippon Medical School、6）Department of Cardiology, Pulmonology and Nephrology, Yamagata University School of Medicine、7）Professor of Medicine, Department of Pulmonary Medicine and Oncology, Graduate School of Medicine, Nippon Medical School

Renal involvement is clinically rare in sarcoidosis patients. We performed an epidemiological study examining renal biopsy cases treated between January 2000 and September 2015 and examined the patients' clinical courses. We diagnosed sarcoidosis according to the 2014 WASOG Statement.

Renal involvement was defined as follows:

1. Granulomatous tubulointerstitial nephritis
2. Tubulointerstitial nephritis without granulomatous lesions
3. Renal calcification

Seventeen (7 men, 10 women) out of 14191 renal biopsy cases (0.12%) fulfilled the above criteria. The average patient age was 59.3 years. The mean eGFR was 27.5 mL/min. The pathological diagnoses were as follows: granulomatous tubulointerstitial nephritis, 13 cases; tubulointerstitial nephritis without granulomatous lesions, 4 cases; and calcification, 2 cases. The coexistence of glomerular lesions was observed in 3 cases. Oral prednisolone was administered in 16 cases, two of which received mPSL pulse therapy. One case did not receive any treatment. This epidemiological study describes the largest population of patients undergoing renal biopsies for the diagnosis of sarcoidosis to date.

OP29　Saddle nose with sarcoidosis: use of monoclonal antibodies for *Propionibacterium acnes* in a rare presentation of sarcoidosis

○Sanae Shimamura[1)]、Naoto Yokogawa[2)]、Kengo Murata[3)]、Tetsuo Yamaguchi[4)]、Keisuke Uchida[5)]、Yoshinobu Eishi[5)]
1）Hokkaido University Graduate School of Medicine, Department of Rheumatology, Endocrinology and Nephrology、2）Tokyo Metropolitan Tama Medical Center, Department of Rheumatic Diseases、3）Tokyo Metropolitan Tama Medical Center, Department of Pulmonary Medicine、4）Shinjuku Kaijo Bldg. Clinic、5）Tokyo Medical and Dental University, Department of Human Pathology

Sarcoidosis is a systemic granulomatous disease that can affect any organ including the nose. Nasal crusting and congestion are common nasal symptoms of nasal sarcoidosis whereas cases of saddle nose deformity are rarely reported.

A 42-year-old woman with past medical history significant for pulmonary sarcoidosis was referred with migratory arthralgia and nasal congestion for several months. 3 months later, saddle nose was noted. Computed tomography of the head showed bilateral thickening of the nasal septal mucosa. Biopsy of the nasal septal mucosa revealed several noncaseating epithelioid cell granulomas and immunoreactivity with the staining with monoclonal antibodies for *Propionibacterium acnes* (PAB antibody) was demonstrated in one of these granulomas. Considering the low sensitivity of nasal mucosal biopsy in nasal sarcoidosis, immunohistochemical examination with the PAB antibody can serve as an auxiliary method for differentiating sarcoidosis from other granulomatous diseases.