

SARCOIDOSIS

Overview:

Sarcoidosis is a disease that leads to the inflammation of tissues. Specifically, sarcoidosis refers to the formation of small lumps, or granulomas, in the inflamed tissues. Lung involvement is present in over 90% of individuals with sarcoidosis.

Many individuals with sarcoidosis experience no obvious symptoms. The condition is sometimes found by accident, perhaps during a routine physical. Firm diagnosis is often by a combination of chest X Ray, blood tests, pulmonary function tests, and/or by biopsy of the affected tissue(s).

No certain cause has been identified for sarcoidosis; the disease often appears suddenly and then disappears as quickly as it became active. If there are no symptoms, treatment is typically not applied and the condition will frequently resolve itself within two years from the date of diagnosis with no long term effects.

In approximately 70% of cases, sarcoidosis clears up completely, either with or without treatment. The disease often goes into complete and permanent remission with no residual effects. In somewhere between 20% to 30% of affected individuals, sarcoidosis may also go into remission, but some permanent damage to the previously inflamed tissues remains. Damage to lung tissues is the most common noticeable residual impairment. Ten to fifteen percent of individuals with sarcoidosis go on to develop chronic forms of the disease. Should this occur, frequent, and sometimes continual, intervention may be required. For many such cases, the most effective form of treatment will come from the use of steroids, especially Prednisone.

Tissues that are repeatedly inflamed can become scarred (fibrotic). When this scarring is observed for significant portions of the lungs, heart, nervous system, kidneys or the liver, serious complications can arise. For severe cases of sarcoidosis, if left untreated or unresponsive to treatment, the condition can be fatal.

Impact on Life Underwriting:

It is not possible predict the course sarcoidosis will take in a given individual. For many individuals, the condition will disappear and leave no residual effects. A best case scenario can lead to underwriting offers at standard rates. This is for an individual whose sarcoidosis went into complete remission without treatment, for whom there are no residual effects. The earliest possibility for standard rates would be after the disease has been in complete remission for at least six full months.

Individuals in complete remission for at least seven months but with some permanent tissue damage (most commonly involving the lungs) are usually rated based on the time elapsed since complete remission was established and the extent of any permanent damage. A pulmonary function test may be required to establish the extent of damage done by the disease. Individuals with current symptomatic sarcoidosis with active vital organ involvement are postponed until the condition can be brought under successful management managed. SB 04/19/2001

	Remission or stabilization 7th month through 2 years.	Remission or stabilization 2nd year.	Remission or stabilization 3rd year and longer.
Complete regression without treatment.	Std.	Std.	Std.
Complete regression with steroids.	Std. to Table 2	Std.	Std.
Partial regression, stable.	Table 2 – Table 8	Table 2 – Table 6	Standard to Table 4
Partial regression with enlarged chest lymph nodes and diffuse lung disease.	Table 4 – Table 8	Table 2 – Table 6	Table 2 – Table 4
Diffuse infiltrating lung disease.	Postponed	Table 6 – Table 8	Table 4 – Table 6