### Annex III

#### List of Interviewees

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<th>Ministry of Health:</th>
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<td>Ms. Lorna Crawford, Programme Officer</td>
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<td>Ms. Joan Burke, Executive Director</td>
<td>Belize Family Life Association (BFLA)</td>
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<td>Ms. Elizabeth Jones, PHN</td>
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<td>Ms. Erika Goldson, Representative</td>
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#### Answer to the Radiographic quiz

Radiographic findings: Bilateral hilar lymphadenopathy is seen in these radiographs of the chest. The right paratracheal stripe is widened, suggestive of paratracheal lymphadenopathy. The lungs are clear.

**Differential diagnosis**

A. Lymphoma  
B. Sarcoidosis  
C. Pneumoconiosis  
D. Tuberculosis  
E. Acute viral syndrome (mononucleosis)

**Diagnosis:** Sarcoidosis

**Brief overview of the disease**

Sarcoidosis is a multisystem chronic inflammatory condition of unknown etiology. It is characterized by noncaseous epithelioid cell granulomas and changes in tissue architecture, which may affect almost any organ.

Involvement of the lung and the mediastinal and hilar lymph nodes is most common, being seen in approximately 90% of patients.

Although sarcoidosis can affect patients of any age, sex, or race, it typically affects adults less than 40 years old, and the incidence peaks in the 3rd decade of life (ages 20–29 years).

**Clinical Features**

The most common clinical features at presentation are respiratory symptoms (e.g., cough, dyspnea, and bronchial hyperreactivity), fatigue, night sweats, weight loss, and erythema nodosum. However, as many as 50% of sarcoidosis cases...
are asymptomatic, with abnormalities detected incidentally at chest radiography.
Clinical signs and symptoms are nonspecific and include fatigue, weight loss, general malaise, and, less commonly, fever. About one-half of patients remain asymptomatic. Bilateral hilar lymphadenopathy is the most common radiologic finding. Adenopathy in the right paratracheal nodes, left aortic-pulmonary window, and subcarinal nodes can also be seen, often with associated pulmonary infiltrates. However, extrathoracic involvement can be an initial manifestation in one-half of symptomatic patients. Although skin and ocular lesions are common, the liver, spleen, lymph nodes, parotid glands, central nervous system (CNS), genitourinary system, muscles, and bones may also be involved.

**Thoracic Involvement**
Pulmonary involvement is reported in up to 90% of patients with sarcoidosis and generally manifests as asymptomatic mediastinal adenopathy. Hilar adenopathy is easily recognized on chest radiographs; however, CT is superior for demonstrating subtle mediastinal lymphadenopathy and associated parenchymal involvement. Because the prevalence of pulmonary involvement in patients with sarcoidosis is extremely high, CT findings play a crucial role in the diagnosis and staging of this disease. There are five radiologic stages of intrathoracic changes.

Stage 0: Normal chest radiograph
Stage 1: Lymphadenopathy only
Stage 2: Lymphadenopathy with parenchymal infiltration
Stage 3: Parenchymal disease only
Stage 4: Pulmonary fibrosis

At initial presentation, 5-10% present with stage 0, more than 50% with stage 1, 25-30% with stage 2 and 15% with stage 3. About 20% progress to stage 4.

** Mediastinal Lymph Nodes**

Intrathoracic lymphadenopathy is the most commonly encountered radiologic finding in sarcoidosis (85% of cases) and typically manifests as bilateral hilar adenopathy with right paratracheal adenopathy. Although left paratracheal and aortic-pulmonary window nodes are also commonly enlarged, these nodes are less easily identified on posteroanterior chest radiographs. This mediastinal adenopathy is successfully demonstrated at contrast-enhanced CT. Mediastinal adenopathy without hilar involvement is rare and is more frequently seen in older patients. Occasionally, calcification occurs in affected nodes. Calcification can be amorphous, punctate, or eggshell-like; it is closely related to the duration of the disease and suggests a chronic condition.

**Lungs**

Lung involvement is seen in approximately 20% of patients. Dyspnea and dry cough are common manifestations, whereas hemoptysis is rare. Lung involvement in sarcoidosis has a strong predilection for the upper lung.

**Radiology**

Bilateral hilar adenopathy is the most common radiographic finding. Other characteristic findings include interstitial lung disease, occasional calcification of affected lymph nodes, and pleural effusions and thickening. Because the disease so often involves thoracic structures, chest radiography plays a crucial role in the diagnosis, staging, and follow-up of sarcoidosis. Computed tomography is more sensitive.
CONCLUSIONS

Sarcoidosis has a wide variety of clinical and radiologic manifestations. Because the disease frequently involves multiple organs, familiarity with the clinical and radiologic features of sarcoidosis in various anatomic locations plays a crucial role in diagnosis and management.

REFERENCES


Therapy

Glucocorticosteroids represent the drug of choice for treatment of sarcoidosis. Steroids which are commonly given orally can be given as inhaled steroids for treatment of pulmonary sarcoidosis. Other drugs, which may help to reduce the maintenance steroid dose, include methotrexate, azathioprine, chlorambucil and cyclophosphamide. In select cases, radiotherapy has been used successfully in treating sarcoidosis.