

filtraci jizvy. Mezi další projevy patří artralgie, uveitida, infiltrace parotidy, ledvin či sleziny. V laboratorním vyšetření je možno pozorovat hyperkalcemii i elevaci sérového angiotenzin konvertujícího enzymu (53, 54).

Projevy mohou spontánně vymizet po vysazení vyvolávající medikace. U asymptomatického průběhu je ke zvažování pokračování v terapii ICI (54). Symptomatický průběh vyžaduje nasazení p. o. prednisonu v dávce

20–60 mg/den dle závažnosti stavu. Měla by být snaha o pokračování v léčbě ICI při dávce prednisonu < 10 mg/den (2). Metotrexát v dávce 12,5 mg/týden a infliximab v dávce 5 mg/kg byly použity pouze u neurosarkoidózy (55, 56).

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