European Respiratory Society Annual Congress 2013

Abstract Number: 4038

Publication Number: P3816

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Sarcoidosis Keyword 2: IGRA (Interferon [gamma]) Keyword 3: No keyword

Title: What is the best test to detect latent tuberculosis infection in sarcoidosis patients? – Comparison between two commercially available interferon gamma release assays

Dr. Anna 25219 Kempisty a.kempisty@igichp.edu.pl MD ¹, Mrs. Beata 25220 Bialas-Chromiec a.kempisty@igichp.edu.pl ², Mrs. Dagmara 25221 Borkowska dagmaraborkowska@interia.eu ³ and Prof. Dr Jan 25222 Kus j.kus@igichp.edu.pl MD ¹. ¹ I Department of Lung Diseases, National Research Institute of Tuberculosis and Lung Diseases, Warsaw, Poland ; ² Department of Laboratory Diagnostic, National Research Institute of Tuberculosis and Lung Diseases, Warsaw, Poland and ³ Department of Microbiology, National Research Institute of Tuberculosis and Lung Diseases, Warsaw, Poland .

Body: Introduction: Both commercially available interferon gamma release assays (IGRAs), QuantiFERON-TB Gold in Tube (QFT-GIT) and T-SPOT.TB, are approved in Poland to detect latent tuberculosis infection (LTBI). Because of differences in methodology between these two tests, some suggest that the number of lymphocytes have influence on QFT-GIT results. In sarcoidosis peripheral blood lymphopenia is observed and could negatively influence QFT-GIT results. Object and rationale: The aim of this study was a head to head comparison between two commercially available IGRAs and to determine which of them is better for detection of LTBI in sarcoidosis patients. Material and method: 81 patients (25 female, 56 male, mean aged 38.3±10.3), treatment naive, with newly diagnosed pulmonary sarcoidosis were included in this study. Both IGRAs were performed and interpreted according to manufacturer's instruction. Results: QFT-GIT was positive in 3/81. T-SPOT.TB was positive in 3/81. There were no indeterminate results in both IGRAs. Only 1/81 patient had both IGRAs positive. Discordant results were found in 4/81 (2/81 were QFT-GIT+/T-SPOT.TB— and 2/81 were QFT-GIT+/T-SPOT.TB+). Concordance between these two tests was poor, with kappa 0.31. Conclusion: None of IGRAs is superior to detect LTBI in sarcoidosis patients. Discordant results between QFT-GIT and T-SPOT.TB are difficult to explain. Further studies are needed.