© Mattioli 1885

SARCOIDOSIS VASCULITIS AND DIFFUSE LUNG DISEASES 2016: 33: 305

## Transcriptional blood signatures of sarcoidosis, sarcoid-like REACTIONS AND TUBERCOLOSIS AND THEIR DIAGNOSTIC IMPLICATIONS

Georgi Tchernev<sup>1</sup>, Anastasiya Atanasova Chokoeva<sup>2</sup>, Marco Tana<sup>3</sup>, Claudio Tana<sup>4</sup>

Policlinic for Dermatology and Venereology, University Hospital Lozenetz, Sofia, Bulgaria; 2"Onkoderma"-Policlinic for Dermatology and Dermatologic Surgery, Sofia, Bulgaria; <sup>3</sup> Internal Medicine Unit, ASL 5 Spezzino, La Spezia, Italy; <sup>4</sup>Internal Medicine Unit, Guastalla Hospital, AUSL Reggio Emilia, Reggio Emilia, Italy

There is an increasing evidence of genetic overlap between sarcoidosis (SA) and tuberculosis (TBC) (1), two conditions that differ often, but not always, on clinical and histopathological features in their different forms and type of organ involvement (2). These disorders reveal sometimes common etiologies and similar genetic and pathogenetic profiles (2). In particular, SA and TBC share similar, overabundant blood transcriptional profiles induced by interferon, unlike conditions such as pneumonia and lung cancer where inflammatory transcriptional activity dominates (1). On this basis, the analysis and comparison of blood transcriptional signature of separate disorders could help to distinguish one from the other (1,4). Bloom et al. have found a high degree of similarity between blood's genetic signatures of SA and TBC patients (1). However, it should be considered that the diagnosis of sarcoidosis is sometimes not achieved with consistent and rigorous criteria (5), leading often to cases of sarcoid-like reactions (SLRs) classified erroneously as SA. This claim is sufficiently alarming, and some efforts have been made to establish new criteria giving a clear differentiation between SA and SLRs (5).

The additional raveling of the pathogenesis of diseases such as early-onset sarcoidosis (EOS)

- Accepted after revision: 11 January 2016
- Correspondence: Claudio Tana, MD
- Internal Medicine Unit, Guastalla Hospital, AUSL Reggio Emilia (RE), Italy

Tel: 0522 837354 Fax: 0522 837396

and Blau syndrome has allowed their classification into the group of monogenic autoinflammatory syndromes caused by mutations in the CARD15 / NOD2 gene. These conditions are substantially different from the "classical" adult form of SA (6).

Comparison between genetic signatures of recently identified EOS and Blau syndrome with those of patients with TBC and late onset SA could be a good start for future investigations. If substantial differences in blood genetic signatures are found, they could lead to reconsider the pathogenesis of SA as a whole and could give additional clues in the diagnosis of SA and differentiation with other similar conditions such as TBC and SLRs.

## REFERENCES

- 1. Bloom CI, Graham CM, Berry MP, Rozakeas F, Redford PS, Wang Y, et al. Transcriptional blood signatures distinguish pulmonary tuberculosis, pulmonary sarcoidosis, pneumonias and lung cancers. PLoS One 2013; 8(8): e70630.
- 2. Tana C, Wegener S, Borys E, Pambuccian S, Tchernev G, Tana M, et al. Challenges in the diagnosis and treatment of neurosarcoidosis. Ann Med 2015; 47(7): 576-91.
- 3. Chokoeva AA, Tchernev G, Tana C, Ananiev J, Wollina U. Sarcoidlike pattern in a patient with tuberculosis. J Biol Regul Homeost Agents 2014; 28(4): 783-8
- 4. Pascual V, Chaussabel D, Banchereau J. A genomic approach to human autoimmune diseases. Annu Rev Immunol 2010; 28: 535-71.
- 5. Chokoeva AA, Tchernev G, Tana M, Tana C. Exclusion criteria for sarcoidosis: A novel approach for an ancient disease? Eur J Intern Med 2014; 25(10): e120
- 6. Caso F, Galozzi P, Costa L, Sfriso P, Cantarini L, Punzi L. Autoinflammatory granulomatous diseases: from Blau syndrome and early-onset sarcoidosis to NOD2-mediated disease and Crohn's disease. RMD Open 2015; 1(1): e000097.

Received: 9 December 2015

E-mail: claudio.tana@ausl.re.it