Sarcoidosis

Bibliographic reference	**Papadopoulos et al. (1999)**
Study type	Cross-sectional survey with historical control
Study quality	The Joanna Briggs Institute Prevalence Critical Appraisal Tool (http://ijhpm.com/article_2870_607.html) 1. Was the sample representative of the target population? YES 2. Were study participants recruited in an appropriate way? NO – Unclear is consecutive sample recruited 3. Was the sample size adequate? YES 4. Were the study subjects and the setting described in detail? YES 5. Was the data analysis conducted with sufficient coverage of the identified sample? YES 6. Were objective, standard criteria used for the measurement of the condition? YES 7. Was the condition measured reliably? YES 8. Was there appropriate statistical analysis? YES 9. Are all important confounding factors/subgroups/differences identified and accounted for? YES

	10. Were subpopulations identified using objective criteria? NA Overall risk of bias = MODERATE
Country	Sweden
Number of patients	N=78 with sarcoidosis
Study population	Inclusion: patients with documented sarcoidosis attending the Department of Medicine between January 1990 and December 1991 Of 89 patients, 6 could not be located, 1 was deceased and four refused to participate in the study 34 females/44 males Median 48 years (range 22-81) Median observation since diagnosis of sarcoidosis: 120 months (range 1-468) Histological diagnosis of sarcoidosis was present in 66% (51/78) 35.9% (28/78) had received corticosteroids
Control	Data from a previously published study of healthy blood donors using the same serological detection methods(no other details including numbers of patients are reported)
Details of coeliac testing	AGA – IgA/IgG in all patients (ELISA) Those positive were offered a biopsy
Results	Of 12 with elevated AGA titres, 11 were offered small biopsy (1 had been previously diagnosed) but 8 agreed. Apart from the one patient with histologically diagnosed CD before the study, all 8 biopsies were normal without villous atrophy or increased IELs (**0% CD-confirmed biopsy during the study**) **1.3% (1/78) if previously-diagnosed CD is included compared with 0.065 in the control group (p=0.09)**
Source of funding	Nordisk Insulin Foundation Committee, the Albert Påhlsson Foundation, the Ernhold Lundström Foundation, Malmö Sjukvårdsförvaltning, University of Lund, and Alfred Österlund Foundation
Conflicts of interest	Not reported
Comments	

Definitions of abbreviations are given at the end of this document.