Results Among 180 cases (high Asp IgG) and 229 controls (normal Asp IgG), no inter-group difference was evident in the median age at presentation [48 (IQR 40–58) vs 50 (IQR 42–59)] or gender (proportion female: 45.5% vs 51.1%). Amongst the cases, 81/180 (45%) had fibrocavitary changes, compared with 14/229 (6.1%) of the controls (P<0.001). Comparing only those with fibrocavitary changes, neither the%−predicted FVC (71.3% vs 69.9% predicted; P=0.82) nor%−predicted TLco (45.7% and 39.7% predicted; P=0.17) differed between cases and controls. Evidence of fibrocavitary destruction was associated with higher overall mortality (37% vs 9.1% in the non-fibrocavitary subgroup; <0.0001) and longest median survival (graph). 

Conclusions Fibrocavitary sarcoidosis is associated with worse lung function and poorer median survival. In this group, elevated Aspergillus IgG highlights a greater incidence of aspergilloma.

Implications Fibrotic transformation of pulmonary sarcoidosis heightens symptom burden, predisposes to chronic Aspergillus infection and is prognostically important particularly when there is supervening fibrocavitary lung destruction. Sensitive stratification of such patients for long-term outcome may help identify particular individuals for earlier and more focused therapeutic intervention.