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**A Case Series of Sarcoidosis with Pulmonary Involvement: Various Clinical and Radiographic Manifestations**

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**Abstract**

**Background:** Sarcoidosis is a multisystem granulomatous disease of unknown etiology. The disease is rare in East Asian populations. Patients have many clinical presentations and 90% of patients have pulmonary involvement. There are few reports in Thailand that collected the data about chest imaging and pathological findings of sarcoidosis.

**Material and Method:** The data of patient with sarcoidosis with pulmonary involvement, who followed-up between September 2008 and December 2011, were retrospectively reviewed.

**Results:** Ten patients with sarcoidosis and pulmonary involvement were reviewed. Three patients presented with abnormal chest x-ray without respiratory symptom or other organ involvement. One patient was suspected to be sarcoidosis secondary to etanercept therapy. The majority of patients had cutaneous involvement. The most common finding on chest x-ray is bilateral hilar lymphadenopathy (90%). Seven patients had stage 2 disease and three patients had stage 1 disease. The diagnoses of all patients were confirmed by histopathology and exclusion of tuberculosis and fungal infection. Spirometry showed normal in seven patients, irreversible obstruction in one patient, and impaired diffusing capacity in six patients. There was no indication of systemic corticosteroids or immunosuppressive drug in most patients.

**Conclusion:** Sarcoidosis has various clinical manifestations. The pulmonary and cutaneous involvement is common and the diagnosis is made by a combination of clinical, radiological, and histopathologic findings. The treatment of systemic corticosteroids is not required in most patients. The patients should be regularly followed-up in order to follow the course of disease.

**Keywords:** Sarcoidosis, Pulmonary involvement, Granulomatous disease, Non-necrotizing granuloma, Etanercept

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