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**Title:** Impact of diagnostic pitfalls on the management of pulmonary sarcoidosis

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**Body:** Background. Work-up in patients with sarcoidosis includes differentiation mainly with pulmonary TB, hypersensitivity pneumonitis and community-acquired pneumonia. Usually bronchoscopy is performed with lung biopsy and BAL, but often this option is not available, and thus diagnostic mistakes arise. Aim. To evaluate frequency and possible impact of diagnostic pitfalls on management of sarcoidosis patients. Materials. 127 patients with newly diagnosed sarcoidosis based on results of lung biopsy and BAL during bronchoscopy were enrolled into study. We analyzed primary diagnosis and treatment, duration of treatment, age, sex, usage of systemic steroids after the final diagnosis and mean dose of them in patients with correct (controls) and incorrect primary diagnose (study group). Results. 23 patients (18,11%) had diagnostic pitfalls, from them 12 were treated from pulmonary TB in HRZE regimen around a year (46,57±3,32 wks), 7 treated from pneumonia for 3,11±1,13 wks with further observation for 20,33±5,52 wks, and 4 pts were diagnosed as having an hypersensitivity pneumonitis with mean treatment with steroids for 12,75±2,49 wks. Groups were comparable for sex and age. In study group, 10/23 (43,5%) pts had relapse of disease versus 30/104 (28,8%) in controls (p<0,05), frequency of systemic steroids use was also higher (15/23 (65,2%) versus 59/104 (56,7%) in controls). The mean dose of prednisone in study group was significantly higher than in controls: 21,7±0,9 mg vs 17,2±0,7 mg (p<0,05). Conclusions. Diagnostic pitfalls in work-up process among sarcoidosis patients are quite frequent, and lead to a more severe disease flow with higher frequency of systemic steroids usage and higher dose of them.