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Title: Does concomitant extrapulmonary involvement changes characteristic features of pulmonary sarcoidosis?

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Body: Background: Sarcoidosis is a multisystem granulomatous inflammatory disorder. Extrapulmonary involvement (EPI) is common and frequently accompany pulmonary involvement (PI). Methods: We retrospectively reviewed the medical records of sarcoidosis patients in a university hospital in the last eight years. We aimed to investigate the clinical properties of sarcoidosis patients with extrapulmonary involvement. Results: Two hundred and nineteen sarcoidosis patients (72.1%females,27.9%males) were included. Females were older than the male patients at the moment of diagnosis (50.4±11.9 females,47.8±14.9 males,$p<0.05$). Of these 72.6% had PI, while 27.4% had concomitant EPI. Eye and skin were the most common EPI sites. Cough and fever were most frequent initial symptoms in patients with lone PI. Skin lesions and peripheral lymphadenopathy were more frequent initial signs in patients with concomitant EPI. Pulmonary nodules were more common in patients with concomitant EPI on radioloy. Forced vital capacity$_{predicted}$ and carbon monoxide diffusion capacity were lower in patients with concomitant EPI (79.2±23.3% vs.87.1±16.1%, $p<0.05$;63.2±26.6% vs.74.4±19.2%, $p<0.05$). Bronchoalveolar lavage CD4+/CD8+ lymphocyte ratio ≥3.5 was more frequent in patients with concomitant EPI than the lone PI (72.4%vs.42.4%, $p<0.05$). Conclusion: In our study, over a quarter of sarcoidosis patients with PI had concomitant EPI. Eye, skin and peripheral lymph nodes were the most common EPI sites. Pulmonary function tests were more influenced if additional EPI was present. Beyond the biopsies from the involved site, bronchoalveolar lavage CD4+/CD8+ lymphocyte≥3.5 has diagnostic value in EPI with concomitant PI.