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Title: Childhood pulmonary sarcoidosis

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Body: Sarcoidosis is a chronic inflammatory disease leading to granulomatous lesions in many organs, especially in the lungs. It’s very rare in children and lung involvement is a subgroup of childhood diffuse parenchymal lung diseases. In this study, we present clinical, laboratory, radiological and histopathological findings and follow-up of 18 children who had been diagnosed as sarcoidosis with lung involvement. The most common symptoms are cough, cervical lymphadenopathies and constitutional symptoms as anorexia and weight loss. Besides lung involvement, 16% of patients had skin, 11% had eye involvement; 1 patient had bone involvement. The most common radiological findings are bilateral mediastinal lymphadenopathies and reticulonodular infiltrations in the lung parenchyma. Spirometry was compatible with restrictive lung disease in 53% of patients. Only 4 patients had hypercalciuria and 8 patients had elevated ACE levels on admission. Histopathological investigations revealed numerous sarcoid granulomas consisting of epitheloid histiocytes and multinuclear giant cells; 3 of them had necrosis also. All patients were treated with systemic steroids. On the long term follow up 12 patients improved, 3 patients are still on steroid therapy, and 1 patient is clinically stable. We observed that inhaled steroids used when tapering systemic steroid therapy did not prevent relapses. In conclusion, clinical and laboratory findings are non-specific in childhood sarcoidosis. Radiological findings are very helpful in the diagnosis; but the exact diagnosis must be done with the histopathological examination. Sarcoidosis responds well to systemic steroid therapy in this age group.