

Sarcoidosis Diagnostic Score

A Systematic Evaluation to Enhance the Diagnosis of Sarcoidosis

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CHEST 2018; 154(5):1052-1060

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e-Table 1.

ORGAN Biopsy	HIGHLY PROBABLE	AT LEAST PROBABLE	POSSIBLE
LUNGS Biopsy	CXR: bilateral hilar adenopathy Chest CT: perilymphatic nodules Chest CT: symmetrical hilar/mediastinal adenopathy PET/Gallium-67: mediastinal/hilar enhancement	CXR: diffuse infiltrates CXR: upper lobe fibrosis Chest CT: peribronchial thickening BAL: lymphocytic alveolitis BAL: elevated CD4/CD8 ratio PET/Gallium-67: diffuse parenchymal lung enhancement TBNA: lymphoid aggregates/giant cells	CXR: localized infiltrate PFT: obstruction
NEUROLOGIC Biopsy	Clinical syndrome consistent with granulomatous inflammation of the meninges, brain, ventricular (CSF) system, cranial nerves, pituitary gland, spinal cord, cerebral vasculature or nerve roots And An abnormal MRI characteristic of neurosarcoidosis, defined as exhibiting abnormal enhancement following the administration of gadolinium or a cerebrospinal fluid exam demonstrating inflammation	Isolated facial palsy, negative MRI Clinical syndrome consistent with granulomatous inflammation of the meninges, brain, ventricular (CSF) system, cranial nerves, pituitary gland, spinal cord, cerebral vasculature, nerve roots but without characteristic MRI or CSF findings	Seizures, negative MRI Cognitive decline, negative MRI
NON-THORACIC LYMPH NODE		Multiple enlarged palpable cervical or epitrochelar lymph	

Biopsy		nodes without B symptoms Enlarged lymph nodes identified by imaging in at least 2 peripheral or visceral lymph node stations without B symptoms	
RENAL Biopsy		Treatment-responsive renal failure with no other risk factors. Treatment-responsive renal failure in patient with diabetes and/or hypertension.	Renal failure with other potential risk factors
CARDIAC Biopsy		Treatment responsive CM or AVNB Reduced LVEF in the absence of other clinical risk factors Spontaneous or inducible sustained VT with no other risk factor Mobitz type II or 3rd degree heart block Patchy uptake on dedicated cardiac PET Delayed enhancement on CMR Positive gallium uptake Defect on perfusion scintigraphy or SPECT scan T2 prolongation on CMR	Reduced LVEF in the presence of other risk factors (e.g., HTN, DM) Atrial dysrhythmias
SKIN Biopsy	Lupus pernio	Subcutaneous nodules or plaques Inflammatory papules within a scar or tattoo Violaceous or erythematous annular lesions Violaceous or erythematous macular,	Atypical lesions: ulcerative, erythrodermic, alopecic, ichthyosiform

		papular lesions around the eyes, nose, or mouth	
EYES Biopsy	uveitis optic neuritis mutton fat keratic precipitates iris nodules snowball/string of pearls (pars planitis)	lacrimal gland swelling trabecular meshwork nodules retinitis scleritis multiple chorioretinal peripheral lesions adnexal nodularity candle wax drippings	cataract glaucoma red eye
LIVER Biopsy		Abdominal imaging demonstrating hepatomegaly Abdominal imaging demonstrating hepatic nodules	
BONE MARROW Biopsy	PET displaying diffuse uptake		
SPLEEN Biopsy		Low attenuation nodules on CT PET/gallium-67 uptake in splenic nodules Splenomegaly on imaging or physical examination	
BONE / JOINTS Biopsy	Typical radiographic features (trabecular pattern, osteolysis, cysts/punched out lesions)	Dactylitis Nodular tenosynovitis Positive PET, MRI, or gallium-67 bone imaging	Arthralgias
EAR / NOSE / THROAT Biopsy		Granulomatous changes on direct laryngoscopy Consistent imaging studies (e.g. sinonasal erosion, mucoperiosteal thickening, positive PET scan)	chronic sinusitis

PAROTID / SALIVARY GLANDS Biopsy	Positive gallium-67 scan ("Panda sign") Positive PET scan of the parotid glands	Symmetrical parotitis with syndrome of mumps Enlarged salivary glands	Dry mouth
MUSCLES Biopsy		Positive imaging (MRI, Gallium-67) Palpable muscle masses	Myalgias
HYPERCALCEMIA / HYPERCALCURIA / NEPHROLITHIASIS	hypercalcemia plus all of the following: a) a normal serum PTH level; b) a normal or increased 1,25-OH dyhydroxy vitamin D level; c) a low 25-OH vitamin D level hypercalciuria plus all of the following: a) a normal serum PTH level; b) a normal or increased 1,25-OH dyhydroxy vitamin D level; c) a low 25-OH vitamin D level	nephrolithiasis plus all of the following: a) a normal serum PTH level; b) a normal or increased 1,25-diOH vitamin D level; c) a low 25-OH vitamin D level hypercalciuria without serum PTH and 25 and 1,25 vitamin D levels nephrolithiasis with calcium stones, without serum PTH and 25 and 1,25 vitamin D levels	Nephrolithiasis, no stone analysis

Adapted from Judson MA, Costabel U, Drent M et al. The WASOG Sarcoidosis Organ Assessment Instrument: An update of a previous clinical tool. *Sarcoidosis Vasc Diffuse Lung Dis* 2014;31:19-27.