Diagnosis & Detection of Sarcoidosis

Lymph node sampling strategy, extrapulmonary organ screening, and cardiac/pulmonary hypertension evaluation for adults with suspected or confirmed sarcoidosis.

2020 ATS Clinical Practice Guideline
Diagnosis and Detection of Sarcoidosis
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GRADE — Strong For · Conditional For · Conditional Against

1 Lymph Node Sampling

Cond.	**High clinical suspicion** (Löfgren's, lupus pernio, Heerfordt's syndrome) — do NOT sample lymph nodes; close follow-up if not sampled.
Cond.	**Tissue sampling needed** — EBUS-guided sampling preferred over mediastinoscopy as the initial procedure.
Asymptomatic BHL	No recommendation for or against lymph node sampling in asymptomatic bilateral hilar lymphadenopathy.

2 Extrapulmonary Screening — Renal, Hepatic & Metabolic

Cond.	**Renal** — no renal symptoms/known disease: baseline serum creatinine to screen. **Hepatic** — no hepatic symptoms/known disease: baseline alkaline phosphatase to screen (no recommendation on baseline transaminases).
Strong	**Calcium** — no hypercalcemia symptoms: baseline serum calcium to screen for abnormal calcium metabolism.
Cond.	**Vitamin D** — if assessment needed, measure both 25-OH and 1,25-OH vitamin D before replacement.
Cond.	**Hematologic** — baseline complete blood count to screen for hematological abnormalities.

3 Extrapulmonary Screening — Ocular & Cardiac

Cond.	**Ocular** — no ocular symptoms: baseline eye exam to screen for ocular sarcoidosis.
Cond.	**Cardiac — ECG** — no cardiac symptoms: baseline ECG to screen for possible cardiac involvement.
Cond.	**Cardiac — TTE/Holter** — no cardiac symptoms: do NOT routinely perform baseline TTE or 24-hr Holter; consider case-by-case given low test risk.

4 Suspected Cardiac Involvement — Imaging

Cond.	**MRI available** — cardiac MRI preferred over PET or TTE for diagnostic and prognostic information.
Cond.	**MRI unavailable** — dedicated PET preferred over TTE for diagnostic and prognostic information.

5 Pulmonary Hypertension Evaluation

Cond.	**PH suspected** — initial testing with TTE (exertional chest pain/syncope, prominent P2/S4, reduced 6MWD, desaturation, reduced DLCO, elevated BNP, or fibrotic lung disease).
Cond.	**TTE suggestive** — right heart catheterization to definitively confirm or exclude PH.
TTE not suggestive	Need for RHC determined case-by-case.

6 Diagnostic Criteria

CRITERION	DESCRIPTION
Clinical presentation	Compatible clinical/radiographic presentation, ranging from asymptomatic to progressive, relapsing disease.
Histopathology	Nonnecrotizing granulomatous inflammation on tissue sample — not always required (e.g., Löfgren's syndrome).
Exclusion	Exclusion of alternative causes of granulomatous disease; diagnosis is never fully secure — no single confirmatory test exists.

Format note: all recommendations are conditional and based on very-low-quality evidence unless noted otherwise. Condensed from the Summary of Recommendations.

Crouser ED, Maier LA, Wilson KC, et al. Diagnosis and Detection of Sarcoidosis: An Official American Thoracic Society Clinical Practice Guideline. *Am J Respir Crit Care Med.* 2020;201(8):e26-e51.