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**Title:** Retrospective assessment of pulmonary sarcoidosis with the aid of bronchoalveolar lavage (BAL) during the past three-year period in a general hospital

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**Body:** The aim of this study was reevaluate the role of BAL in diagnosing patients with suspected Pulmonary Sarcoidosis. During the last three years we evaluated 27 patients (8 male and 19 female) aged  $39.7 \pm 4.2$  yrs. (mean $\pm$ SD) who were hospitalized on clinical and radiological suspicion of Pulmonary Sarcoidosis. From all studied patients 21 out of 27 patients (77.7%) had compatible symptoms while the rest 6 out of 27 (32.3%) had only compatible radiological findings on routine check– up. All patients underwent fiberoptic bronchoscopy (FOB) and BAL was obtained and assessed according to the official clinical practice guidelines of the American Thoracic Society (Meyer KC et al. Am J Respir Crit Care Med 2012;185:1004-14). BAL sediments were examined for cellular components and the lymphocyte populations were determined by immunocytochemical techniques. The BAL cell profile included reactive alveolar macrophages, epithelioid cells, scattered multinucleate giant cells and clean background. The cytomorphological criteria for diagnosing Pulmonary Sarcoidosis were: lymphocyte count > 20%, and CD4/CD8 lymphocyte ratio of > 3.8. Supportive clinicolaboratory and radiological findings in favor of Sarcoidosis were present in 26/27 of the studied patents (96.3%). Pulmonary Sarcoidosis was eventually diagnosed on clinicoradiological and BAL findings without the need for tissue biopsy (Costabel U, Guzman J. Curr Opin Pulm Med. 2001;7: 255-61). We can conclude that BAL remains an accurate and minimally invasive diagnostic tool for establishing presence of Pulmonary Sarcoidosis in clinical practice, rendering lung biopsy practically unnecessary.