

Supplementary material

METHODS

Patients with ILD/CVID/GD

The study population included 20 patients, spread as follows: Assistance Publique-Hôpitaux de Paris, France (n=10) [Avicenne university hospital (n= 6), Pitié-Salpêtrière university hospital (n=2), Saint Louis university hospital (n=1), Cochin university hospital (n=1)]; Hospices civils de Lyon, France (n=2) [Louis Pradel university hospital, (n=2)], Nord university hospital, Amiens, France (n=3); Haut Levêque university hospital, Bordeaux, France (n=2); Calmette university hospital, Lille, France (n=1); Maison Blanche university hospital, Reims, France (n=1); Vaudois university hospital, Lausanne, Switzerland (n=1).

Imaging investigations

Chest X-ray staging of sarcoidosis was as follows: 0: normal, I: bilateral hilar lymphadenopathy with normal lung parenchyma, II: bilateral hilar lymphadenopathy with pulmonary infiltrates, III: pulmonary infiltrates without hilar lymphadenopathy, IV: pulmonary fibrosis/fibrocystic parenchymal changes (1).

Thoracic CT images were obtained at end inspiration and with patients in the supine position. Scans were performed using a standard chest protocol most often without contrast enhancement. Reconstructions of 1-mm collimation sections from the apex of the lung to the diaphragm with a high-spatial-frequency algorithm were available in all cases.

The observers analysed CT findings according to the Fleischner society recommendations (2). Micronodule is a small, round, focal opacity, with a diameter of less than 3 mm. Nodule has a diameter from 3 mm to 3 cm. Ground-glass attenuation indicates a smaller increase in attenuation, in which the definition of underlying structures is preserved. Lines are septal thickening and intralobular lines. The other findings included bronchiectasis, bronchial wall thickening, mediastinal and hilar lymph nodes. Main CT pattern was defined as the most outspread lesion.

REFERENCE

1. Statement on sarcoidosis. Joint Statement of the American Thoracic Society (ATS), the European Respiratory Society (ERS) and the World Association of Sarcoidosis and Other Granulomatous Disorders (WASOG) adopted by the ATS Board of Directors and by the ERS Executive Committee, February 1999. *Am J Respir Crit Care Med* 1999;160:736-55.
2. Hansell DM, Bankier AA, MacMahon H, McLoud TC, Muller NL, Remy J. Fleischner Society: glossary of terms for thoracic imaging. *Radiology* 2008;246:697-722.