SLIDE SEMINAR
INTERSTITIAL LUNG DISEASE
Day 2 afternoon

BD-IAP
Bryan Warren school of Pathology
Sarajevo 2014

Michael den Bakker, Maasstad Hospital
Case 1

- Male, 45
- Short of breath several weeks, Civil servant
Case 1

Geb.: 26-02-1960
Contrast:
Kernel: 332s
Gantry: 0°
Slice: 1 mm
Pos.: 72.5 mm
Patpos.: HFS
HFS

30-07-2003 - 09:39:29
Case 1
Case 2

- Male, 18
- Rapidly progressive dyspnea, requiring mechanical ventilation
Case 2
Case 3

- Female, 23
- Admission to intensive care with bilateral diffuse pulmonary infiltrates
- Recent ear infection, genital herpes
- Works in pet shop and has a sick rabbit at home.
Case 3
Case 4

- Male, 58
- Progressive shortness of breath
- Low exercise tolerance
- TLC very low
Case 4
Case 5

- Male, 59
- Slowly progressive shortness of breath
- Groundglass and minor reticulation on HRCT
Case 6

- Male 67
- Shortness of breath
- Myelodysplastic syndrome (low grade, not treated)
Case 6
Case 7

- Female, 48
- Heavy smoker
- Shortness of breath
Case 8

- Male, 37
- History of Crohn’s disease treated with steroids
- Pulmonary symptoms, cough and fever
Case 8
Case 9

- Female, 23
- Asymptomatic! Abnormal chest X-ray followed by CT and biopsy
Case 9
Case 10

- 59-year old female
- Emigrated to the Netherlands from Morocco in 2003
- Presented with progressive dyspnoea, non-productive cough and palpitations
- No fever or night sweats
- Working diagnosis: pulmonary embolism
Case 10 CT-scan at admission

Contrast: Visipaque 320
Kernel: B20f
Gantry: 0°
Slice: 1 mm
Pos.: -136.5 mm
Pat pos.: HFS
HFS

13-10-2005 - 14:06:25
Case 10

- Marked mediastinal filling with spotty calcification, lymphadenopathy

- Severe compression of trachea

- Lung function tests:
  - $TLC$ 83%
  - $VCmax$ 116%
  - $FEV1$ 67%
  - $FEV1/VCmax$ 49%

- Severe obstruction, air-flow curve indicates peripheral airway obstruction
Case 10

- Differential diagnosis:
  - Tuberculosis, sarcoidosis, histoplasma, malignancy, mediastinal fibrosis
  - ZN and auramine negative, no history of tuberculosis

- Biopsy!
Case 10 Biopsy of mediastinal “lymph nodes”
Case 10 Hilar “lymph node” (10)
Case 10

- Suggested diagnosis: idiopathic mediastinal fibrosis

- During thoracotomy massive black discoloration of lungs noted

- Biopsies taken
Case 10 - biopsy of right lung
Case 11

- Female, 25
- Shortness of breath.
- Previous history unremarkable
- Never smoker
- No pets
Case 11
Case 12

- Male, 33.
- Progressive dyspnoea
- On CT bilateral apical fibrosis apical.
- No response to steroids, required mechanical ventilation.
- Right-sided pneumothorax and left pleural effusion.
- Rejected for transplant, died.
Case 12

Case courtesy of Prof. Andrew Nicholson
Case 13

- Male, 47
- Dubious joint complaints, morning stiffness
- Dry cough, mild restrictive lung function test
Case 13
Case 14

- Male, 55
- Severe shortness of breath
- Previous history:
  - Bleeding diathesis (platelet dysfunction)
  - Photophobia
  - Decreased skin pigmentation
- CT scan: severe patchy interstitial fibrosis, UIP pattern
Case 15

- Male 39, Turkish
- Abnormal chest X-ray on TB screening (illegal immigrant).
- Abnormal CT-scan. Mild respiratory symptoms, overweight.
- Longdoos Nr 87
Case 16

- Male, 36
- Sub-acute onset of dyspnoea
- Low-grade fever,
- Admitted, touch and go decision on ventilation
- Made full recovery
Case 16
Case 17

- Female, 67
- On long term steroids for connective tissue disease
- Worsening respiratory symptoms after sub-acute onset
- Mild fever
- CT shows bilateral basal infiltrates
Case 18

- Male, 54
- Fever, cough tinged with blood, unwell, nose bleed. Admitted
Case 18
Case 19

- Female, 34
- Unwell, fever, weight loss, cough
- Restrictive lung function
- CT: bilateral patchy areas of ground glass opacity, septal thickening and focal consolidation
Case 20

- Female, 19
- Increasing shortness of breath
- CT
Case 20