

Atypical Radiological Presentation of a Cryptogenic Organising Pneumonia

Forma de presentación radiológica atípica de una neumonía organizada criptogénica

To the Editor:

Cryptogenic organising pneumonia^{1,2} (COP) is a nonspecific tissue repair histology. It can be idiopathic, of a known cause (infections, aspiration pneumonia, inhalation of toxic products, radiotherapy, drug toxicity) or associated with other clinical entities (collagen diseases, vasculitis, inflammatory bowel disease).

Initially subacute with unspecific symptoms which leads to confusion with a respiratory infection; conventional radiology displays unilateral or bilateral consolidation images, that on occasion are migratory and recurrent. The CT displays air space consolidation areas in 90% of the patients. Nodular or reticulonodular lesions may appear to a lesser degree.^{3,4}

The case of a 47 year old male is presented, smoker of 30 cigarettes/day, admitted to Pneumology with symptoms of insidious coughing and slight hemoptoic expectoration, low fever, weight loss and appetite of more or less a month's evolution. The thoracic CT (fig. 1A and B) displayed a right hilar mass with affectation of the inferior, mid and upper lobes that included all the hilar structures, causing compression of the intermediate bronchial tube, without obliteration and areas of distal pneumonitis with air bronchogram. No mediastinal or hilar adenopathies were visible. After performing 2 bronchoscopes with negative results for neoplastic cells (fragments of bronchial mucosa with slight nonspecific chronic inflammation and superficial metaplasia escamosa) and 2 lung FNAs which were also negative for

malignancy. A PET-CT was requested, which displayed increase in parahilar and right paramediastinal captation (increased deposit of the localised tracer in the right parahilar region extending towards the ipsilateral posterior mediastinum and presenting irregular morphology with indefinite limits, a size of 8x5x6 and an heterogeneous captation with maximum SUV of 11). SUV is understood as: Standard Uptake Value < 2.5/SUV of the normal pulmonary parenchyma: 0.3. With the firm suspicion of lung neoplasia,⁵ pending confirmation was referred to thoracic surgery for definitive diagnosis and appropriate treatment. After a right thoracotomy and taking of samples of the upper right lobe lesion and the lower right lobe lesion, the definitive diagnosis of bronchiolitis obliterans with cryptogenic organising pneumonia was reached.

After prescribing treatment with prednisone 1 mg/kg weight/day and then following a prolonged descending treatment (one year), the patient was asymptomatic and in the last thoracic control CT (fig. 1C and D), the central right parahilar lesion had disappeared; although residual bronchiectasias were visible in the anterior segment of the right upper lobe and the superior right internal lobe. There were no relapses after a year without treatment.

References

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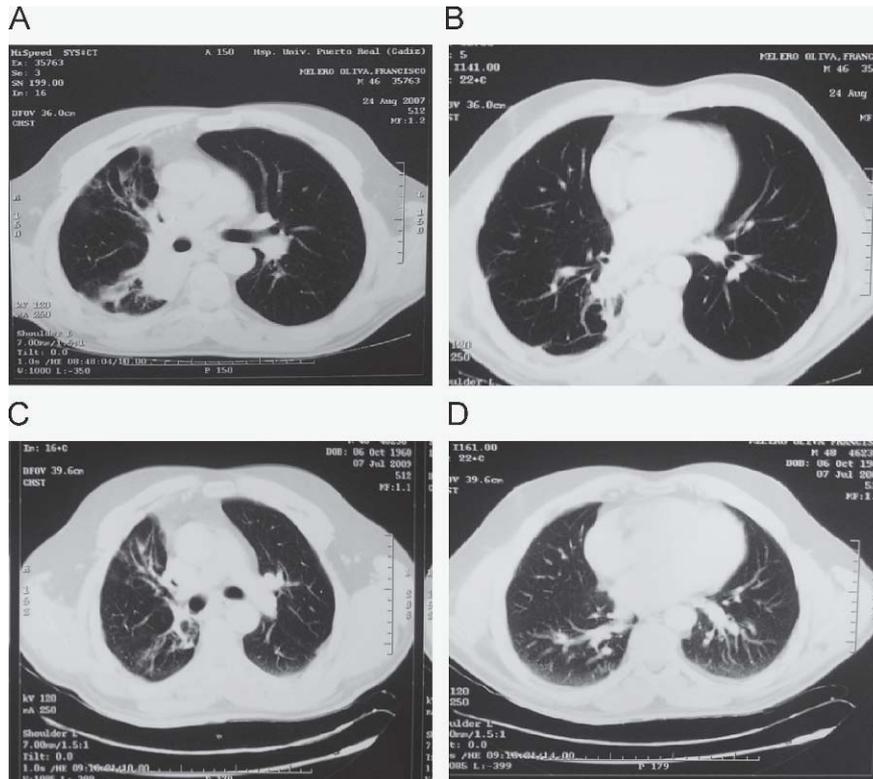


Figure 1. Thoracic CT. Before commencing treatment with corticoids (A and B) and after a year of corticoid treatment (C and D).

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