QUIZ 2

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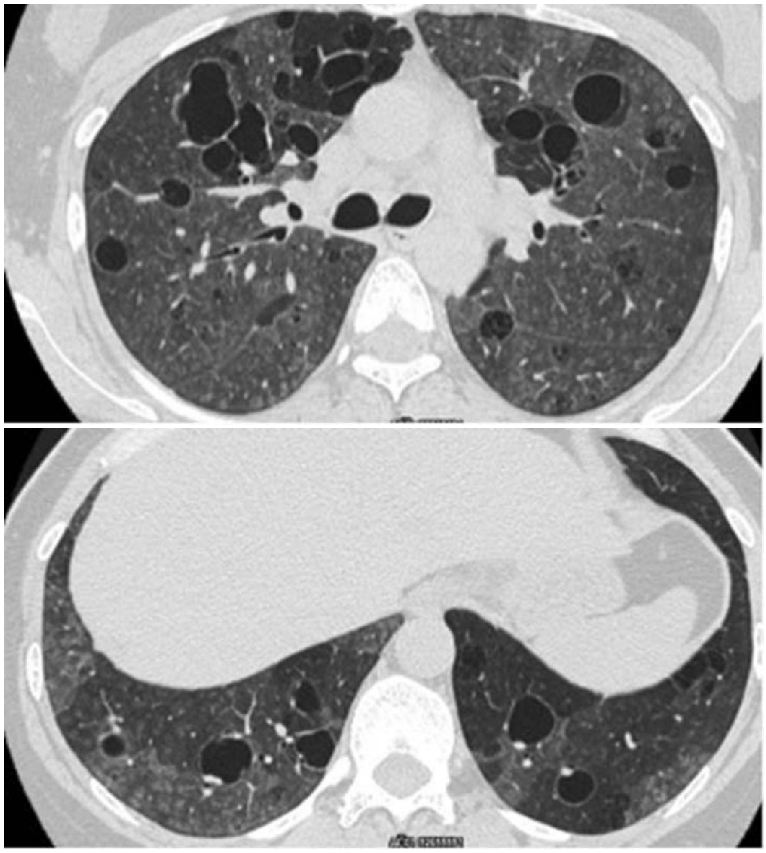
47 year old male presented with progressive shortness of breath. There was no prior history of significant illness. There was non specific low grade fever. The blood count showed neutrophilic leukocytosis without eosinophilia. CXR 3 years ago done for a routine physical exam was normal.



Questions

Q1. What are findings?

Q2. What is the probable diagnosis?

Q3. How is this confirmed?

QUIZ 2

Answers

Answer 1: Bilateral diffuse and patchy groundglass haziness.
Faint centrilobular nodularity.
Multiple bilateral well defined pulmonary cysts of varying sizes and shapes.

Answer 2: Subacute hypersensitivity pneumonitis

The differential Langerhans cell histiocytosis, lymph-angioleiomyomatosis are unlikely with this appearance..

Answer 3: Good history, lung biopsy.

DISCUSSION: Hypersensitivity Pneumonitis is also called Extrinsic allergic alveolitis, It is a diffuse granulomatous interstitial lung disease caused by inhalation of various antigenic particles (microbes, animal proteins and low-molecular weight chemicals). The commonest forms are called Farmer's lung and bird fancier's lung. Cystic changes are uncommon but well described.

References

1. Jan V. Hirschmann, Sudhakar N. J. Pipavath, and J. David Godwin Hypersensitivity Pneumonitis: A Historical, Clinical, and Radiologic Review Radiographics November 2009' **29:7** 1921-38.