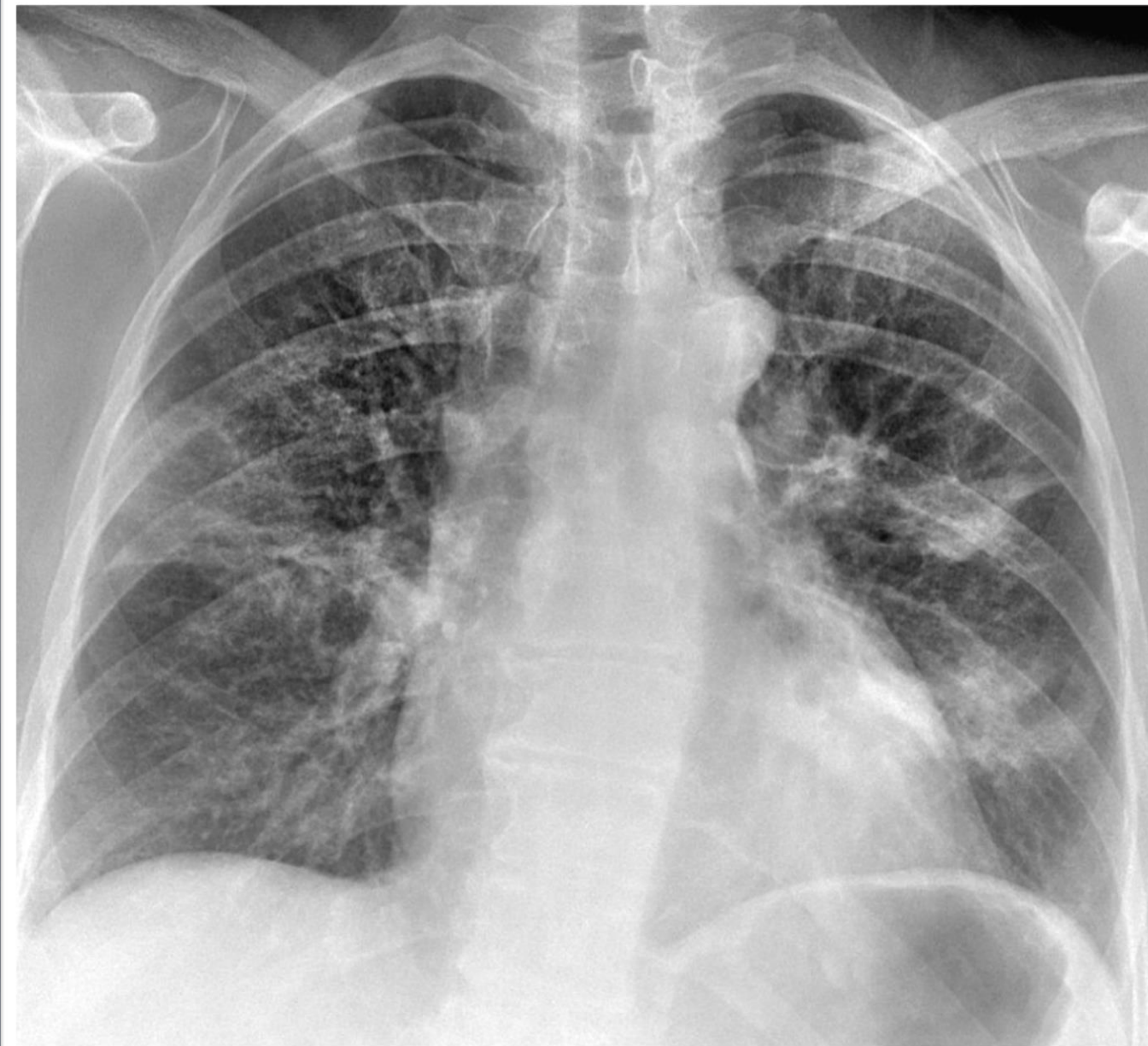


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the text.

67 y/o female with SOB

Edward Gillis, DO





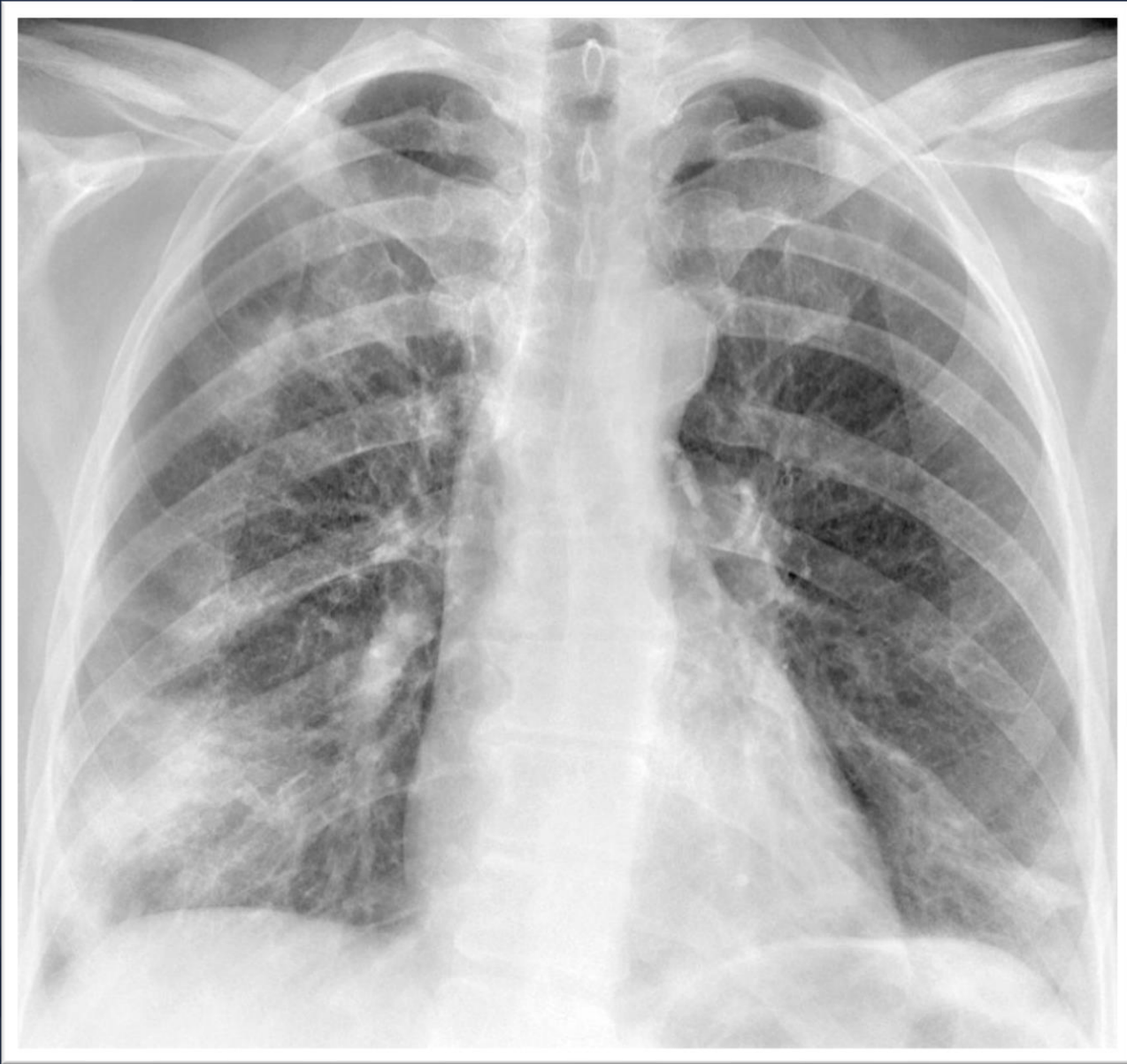
- Two and a half months after treatment

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

?

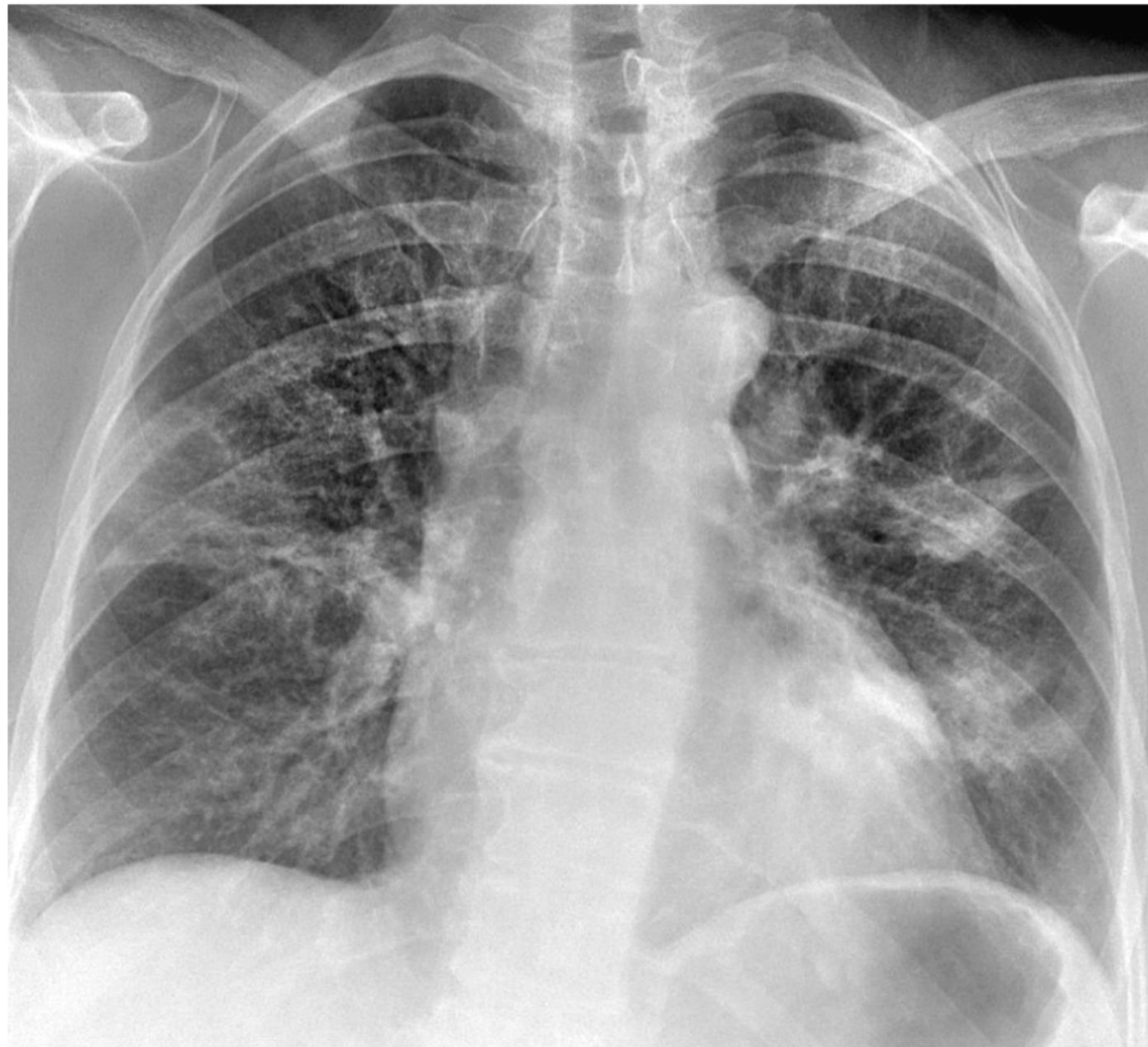
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background of the slide is a solid dark blue.

# Cryptogenic Organizing Pneumonia



- Multifocal heterogeneous opacities
- Most pronounced in the RLL
- Opacities resolved after 1 month of corticosteroids





- Two and a half months after treatment
- Recurrence of COPD with a different distribution of the opacities
  - Migratory opacities

# Cryptogenic Organizing Pneumonia

## Imaging Features

- Unilateral or bilateral patchy consolidations that resemble multifocal pneumonia
- These consolidations do not represent an active infection
  - They are the result of intraalveolar fibroblast proliferations, thought to be a repair response to a prior infection
- Can see nodular opacities
- Preserved lung volumes
- Mild interstitial edema as a result of chronic inflammation



# Cryptogenic Organizing Pneumonia

## Imaging Features

- Peripheral or peribronchial distribution
- Lower lobes most often involved
- Migratory opacities on serial chest radiography

# Cryptogenic Organizing Pneumonia

- Formerly called bronchiolitis obliterans organizing pneumonia (BOOP).
- BOOP terminology has since been replaced with COP, in an effort to avoid confusion with airway diseases
- Classified as an Idiopathic Interstitial Pneumonia

# Cryptogenic Organizing Pneumonia

## Clinical Features

- Mean age: 55 years
- M = F
- Mild dyspnea, cough, and fever for a few weeks
- Patients typically report a respiratory tract infection prior to the onset of their symptoms, and usually received antibiotics
- Majority have an excellent response to corticosteroids
- Relapses are frequent, most commonly within 3 months after corticosteroid therapy is reduced or stopped

# Cryptogenic Organizing Pneumonia

## Histologic Features

- Presence of organizing granulation tissue within the alveolar ducts and alveoli +/- bronchioles.
- Intraluminal plugs of granulation tissue may extend from one alveolus to an adjacent one through the pores of Kohn, which may be seen as the characteristic “butterfly” pattern on imaging.
- Patchy lung involvement with preservation of the lung architecture
- Few inflammatory cells

# References

- What Every Radiologist Should Know about Idiopathic Interstitial Pneumonias. Christina Mueller-Mang, Claudia Grosse, Katharina Schmid, Leopold Stiebellehner, and Alexander A. Bankier. RadioGraphics 2007 27:3, 595-615