67 y/o female with SOB

Edward Gillis, DO
Two and a half months after treatment
Cryptogenic Organizing Pneumonia
- Multifocal heterogenous opacities
- Most pronounced in the RLL
- Opacities resolved after 1 month of corticosteroids
- Two and a half months after treatment
- Recurrence of COP 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