86 year old woman with shortness of breath

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Brad Kincaid, MD
Axial Chest CT
Coronal Chest CT
Idiopathic Pulmonary Fibrosis
Peripheral reticular opacities

Axial Chest CT
Bronchiectasis
Reticular opacities increasing towards the bases (apicobasilar gradient)
Idiopathic Pulmonary Fibrosis

- Etiology unknown (by definition)
- Pathogenesis: alveolar injury & dysregulated repair
- Epidemiology:
  - Age >50, M > F. Prevalence 60 per 100,000 persons
- Presentation:
  - Chronic exertional dyspnea, chronic dry cough, fatigue
- Diagnose with high-resolution CT chest
  - Typical UIP pattern is diagnostic
  - Consider lung biopsy if HRCT isn’t definitive
Idiopathic Pulmonary Fibrosis

• Typical UIP pattern on HCRT:
  – Bibasilar and peripheral reticular opacities involving the immediate subpleural lung
  – Honeycombing
  – Traction bronchiectasis
  – Craniocaudal gradient of peripheral septal thickening, bronchiectasis, and honeycombing

• Differential: Chronic hypersensitivity pneumonitis, connective tissue disease, sarcoidosis (all can have UIP pattern on CT)

• Treatment
  – Non-pharmacologic: supp O2, pulmonary rehab, lung transplant
  – Pharmacologic: Nintedanib and pirfenidone

• Overall poor prognosis; median survival 3.8yr for those ≥65yr
References

