

**CASE 2**

**65 Y/O WOMAN**

# Brief history

- **Past history**

- hypertension

- newly diagnosed sigmoid colon cancer

- **Chief complain**

- Loss of appetite

- Imaging arranged for preoperative survey

# Imaging studies

CXR

Chest CT +C

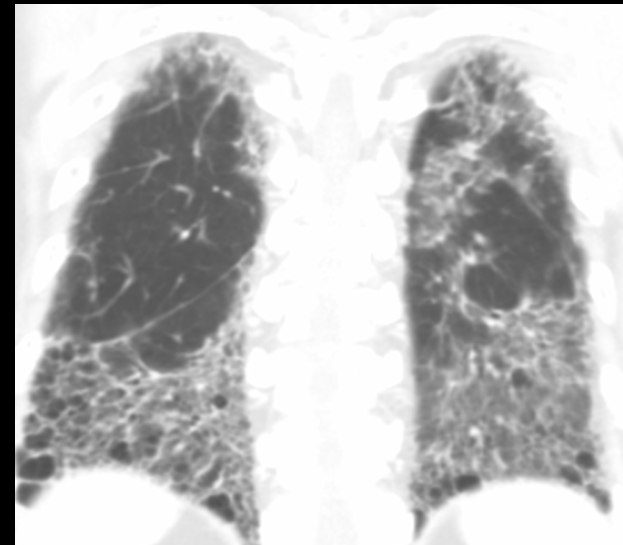
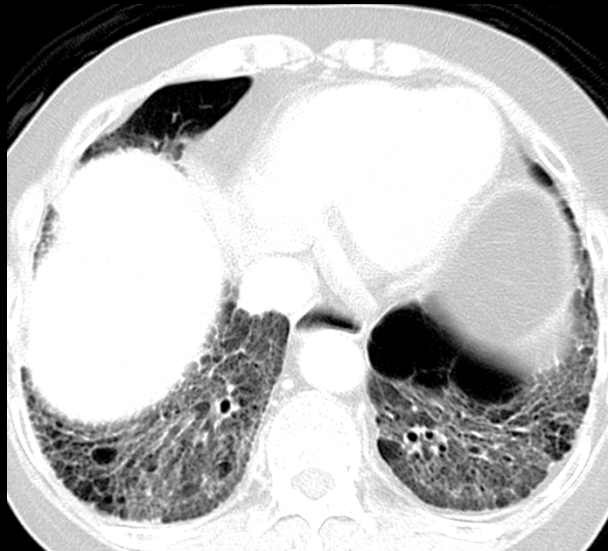
# CXR

- ✓ Fibrotic scar lesions with streaky linear densities
- ✓ Ill-defined haziness
- ✓ Suspect large bullae formation at LLL



# CECT of chest

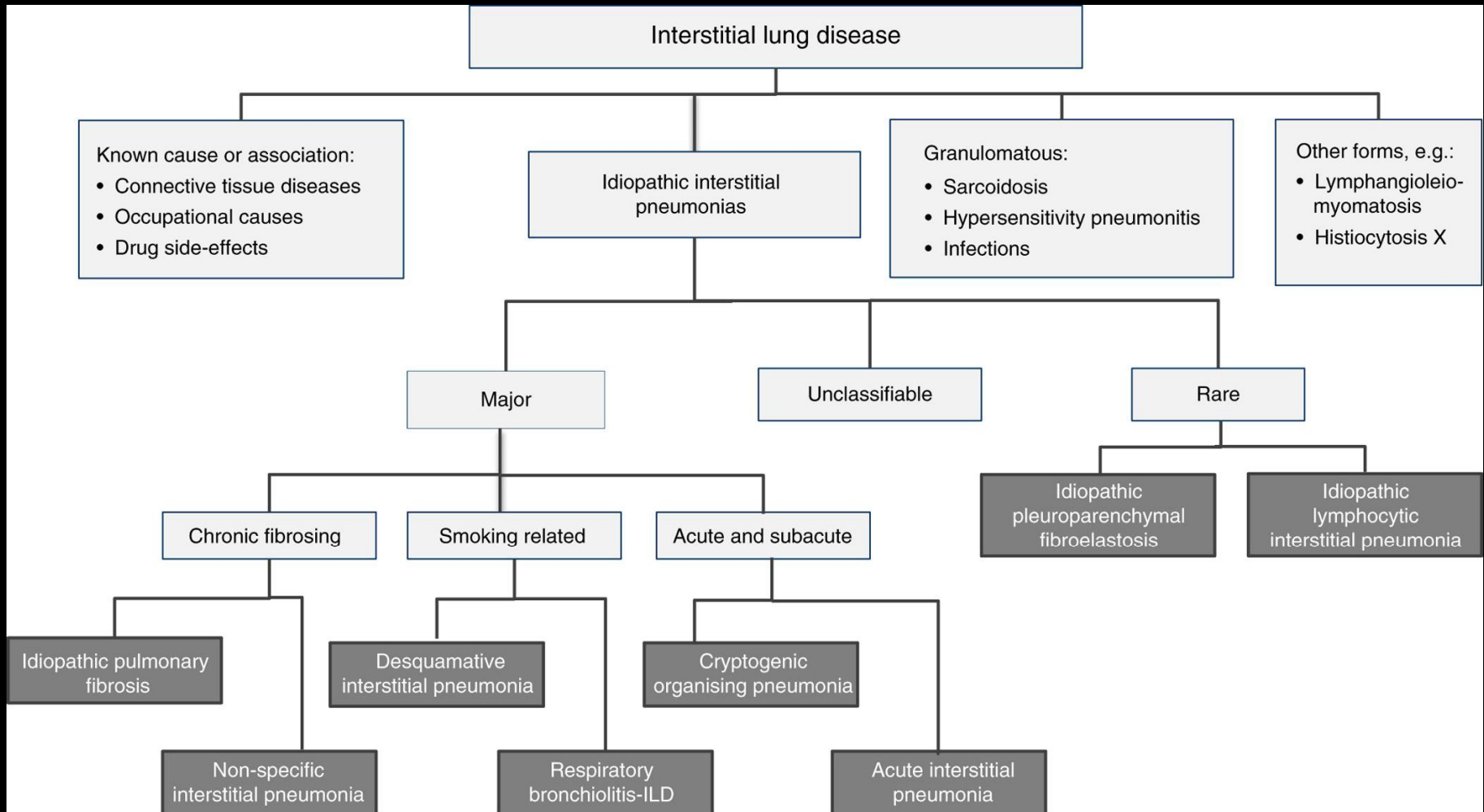
- ✓ Basilar interstitial thickening with honeycombing appearance of bilateral lungs
- ✓ Dilated esophagus
- ✓ Several bullae in the bil. lungs, the largest at LLL
- ✓ Several calcified LNs in the mediastinum



# Differential Diagnoses

- Scleroderma
- Usual interstitial pneumonia (UIP)
- Idiopathic pulmonary fibrosis (IPF)

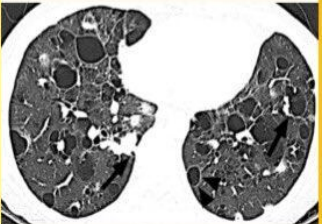
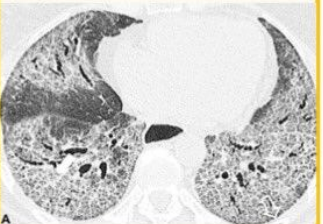


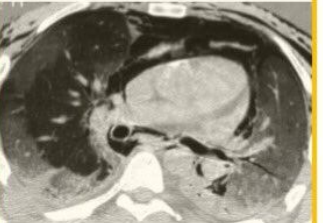
**Sjogren's syndrome**



# Connective tissue disease-associated interstitial lung diseases

Internist Academy  
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LIP	NSIP	OP	UIP	AIP
				
<b>Cysts</b> Centrilobular nodules Ground-glass ⚠️ Hemopathies	<b>Ground-glass</b> Subpleural sparing Basal predominance Response to treatment?	<b>Migratory infiltrates</b> Ground-glass- consolidations Reversed halo sign Association with NSIP	<b>Fibrosis</b> Basal and subpleural No or mild ground-glass Worse prognosis than NSIP	<b>Rapidly progressive</b> Diffuse ground-glass Consolidations ⚠️ 50% mortality

	LIP	NSIP	OP	UIP	AIP
SSc		++++		++	
DM/PM		++	++	++	++
PSS	+++	+	+	+	+
RA		+	+	++	+
SLE		++	+	+	++
MCTD		++		+	

	ILD	Airways	Pleural	Vascular	DAH
SSc	+++			+++	
DM/PM	+++			+	
PSS	++	++	+	+	
RA	++	++	++	+	
SLE	+	+	+++	+	++
MCTD	++	+	+	++	

LIP: lymphoid interstitial pneumonia. NSIP: nonspecific interstitial pneumonia. OP: organizing pneumonia. UIP: usual interstitial pneumonia. AIP: acute interstitial pneumonia. SSc: systemic sclerosis. DM/PM : dermatomyositis/polymyositis. PSS: Sjogren syndrome. RA: rheumatoid arthritis. SLE : systemic lupus. MCTD : mixed connective tissue disease.