



## Interstitial Lung Abnormality (ILA)

Interstitial lung abnormality (ILA) is a new term that was described a few years ago. A recent position paper [1] has given more structure and definition to this term.

ILAs are defined as

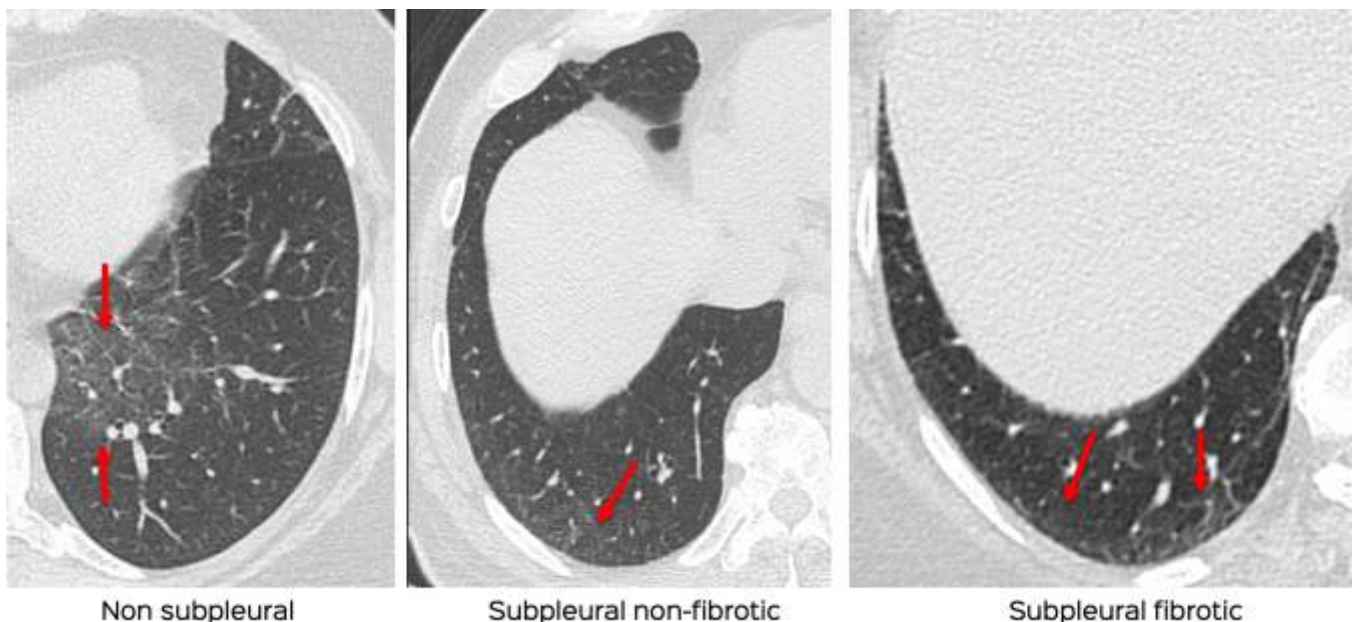
1. Incidental findings of non-dependent abnormalities including ground glass, reticular opacities, lung distortion, traction bronchiectasis, honeycombing or non-emphysematous cysts (Fig. 1)
2. Involving 5% of one lung zone
3. In individuals in whom ILD is not suspected

The vast majority of these patients are not symptomatic for the ILD, but when we see an ILA, we need to have a plan to decide what to do next. This is important even if the patient is asymptomatic and the finding is incidental because of these factors

- a. ILAs are an independent risk factor of mortality
- b. 20% progress over 2 years and 40% over 5 years

The first step is to confirm that it is indeed an ILA (Fig. 1) and not a mimic (Fig. 2). Once this is done, an effort must be made to see if the patient is currently symptomatic or not, or if there is any underlying etiology like connective tissue disease that might explain the ILA. If not, then the patient needs to be on a 2-years follow-up schedule. If, however, the patient is symptomatic or a cause is found, then it needs to be treated like a regular ILD.

Fig. 1: ILA subcategories.

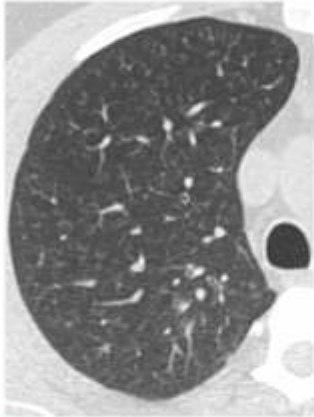




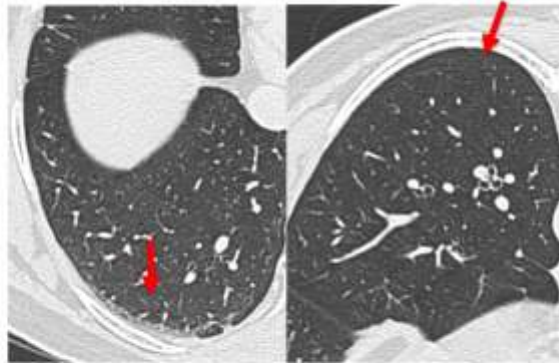
*At a glance*

- ◆ ILAs are increasingly common as people are living longer and getting CT scans of the chest done more and more often.
- ◆ Even if incidental in a symptomatic patient, the ILA cannot be ignored, and a plan has to be created for the patient.

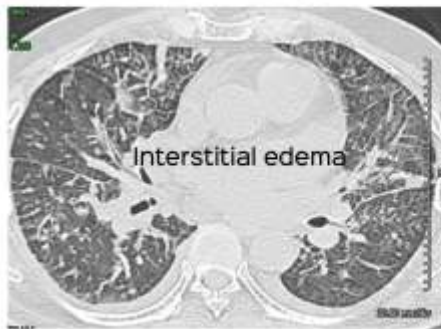
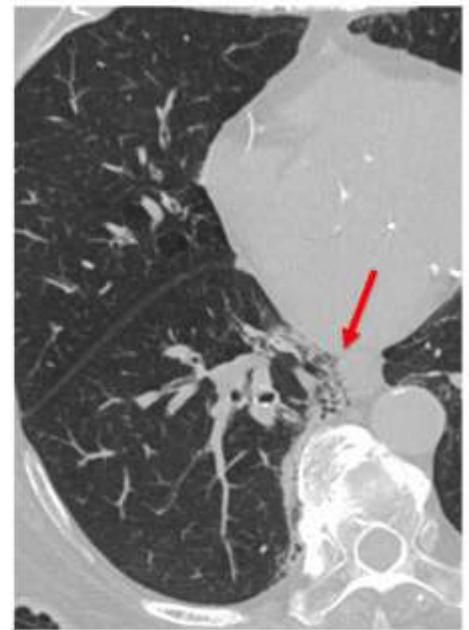
Respiratory bronchiolitis in smokers



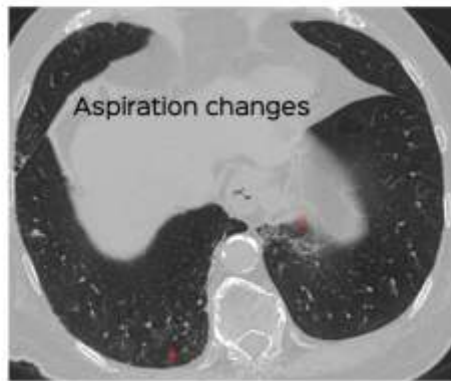
Dependent densities



What is Not ILA



Interstitial edema



Aspiration changes

Peri-osteophyte fibrosis

Fig. 2: ILA mimics.

Reference

1. Hatabu et al. Lancet Resp Med 2020;8:726

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