Picture This
Imaging & Beyond by Jankharia

INNER SPACES
Edited by Dr. Bhavin Jankharia

RNI No.: MAHENG/2006/17782
Regd. No.: MCS/022/2015-17
WPP no. MR/Tech/WPP-174/South/2017

January. 2018 | Vol. 18 | No.1
Published: 7th of every month | Subscription Price: Rs. 10
Posted at Mumbai Patrika Channel Sorting Office Mumbai 400 001 on 9th of Every Month

Hypersensitivity Pneumonitis – The Commonest ILD in Practice

-by Dr Parang Sanghvi

Hypersensitivity pneumonitis (HP) or extrinsic allergic alveolitis as it as earlier called, is an immunologically mediated inflammatory reaction of the lungs to variety of antigens, commonly pigeon's droppings in a susceptible individual. In our practice HP is the commonest type of interstitial lung disease (ILD), accounting for 41% of all ILDs. HRCT is the modality of choice to diagnose this pattern.

The acute inflammatory stage with variable antigenic exposure with a likely genetic susceptibility. Diffuse ill-defined ground glass attenuation comprising of confluent ill-defined centrilobular nodules is the typical HRCT finding. Mosaic attenuation with lobular areas of air trapping is commonly seen.

When the disease is present for more than 24 weeks, it is labelled as “chronic”. Chronic HP is usually fibrotic as well, though on occasion, the non-fibrotic component may continue for years without change. Intralobular interstitial and septal thickening with traction bronchiectasis and honeycombing, similar to usual interstitial pneumonia (UIP) pattern is seen, however with upper lobe predominance in the fibrotic chronic variety. Cystic change can also occur.

A combined type of HP with features suggestive of inflammatory exacerbation on a background of chronic fibrotic HP is also commonly seen. Ill-defined centrilobular nodules are seen with a background of interstitial fibrosis with upper lobe predominance.

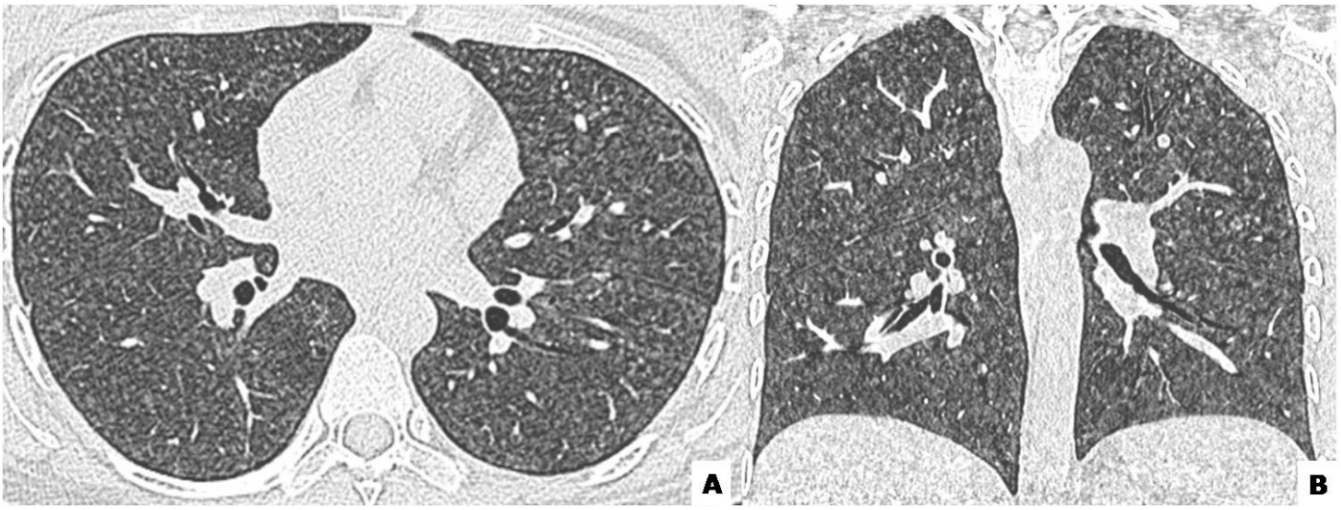

Fig 1 (A, B): Acute inflammatory HP. Axial (A) and coronal (B) HRCT chest images show diffuse ground glass attenuation comprising of confluent ill-defined centrilobular nodules typically seen with acute inflammatory HP.

Hypersensitivity Pneumonitis – The Commonest ILD in Practice

Picture This
Imaging & Beyond by Jankharia

At a glance

- HP is the commonest ILD in practice
- It is often misdiagnosed
- Acute inflammatory non-fibrotic, chronic fibrotic and mixed patterns are the ones commonly seen.

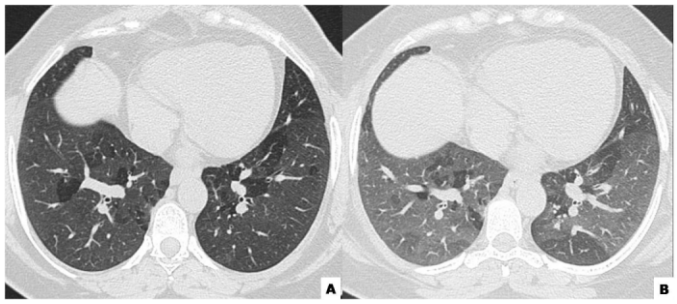

Fig 2 (A, B): Acute inflammatory HP. Axial image in inspiration (A) shows mosaic attenuation with lobular areas of increased lucencies, with the difference accentuated in the expiratory image (B), a feature commonly seen with HP.

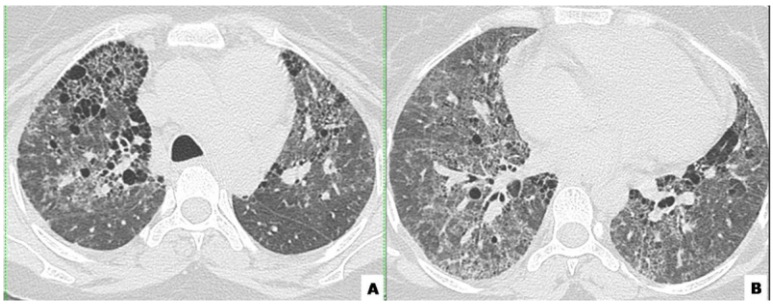

Fig 3 (A, B): Chronic fibrotic HP. Axial images shows interstitial fibrosis with honeycombing predominantly in the upper lobes (A) and mid-lung (B) with background diffuse ground glass attenuation. Cystic change is also seen in both the lungs, a finding commonly seen in chronic HP.

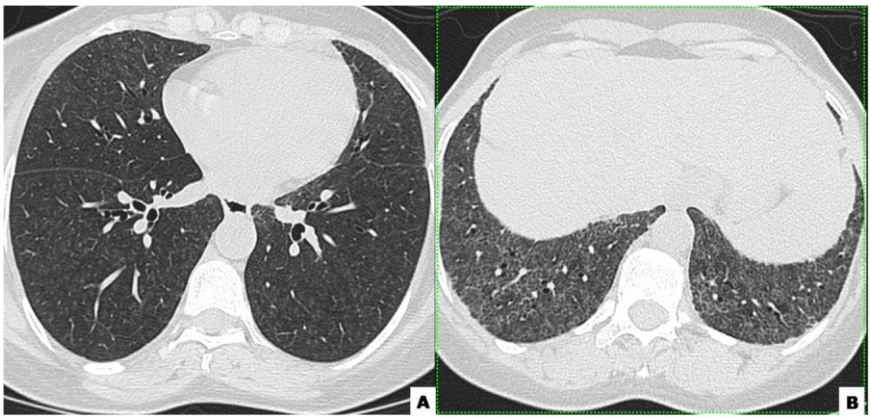

Fig 4 (A, B): Chronic fibrotic HP with acute exacerbation. Axial mid-lung image (A) shows clustered ill-defined centrilobular nodules along with interstitial fibrosis seen in the lower lobes (B), suggestive of acute exacerbation of HP in a patient of chronic fibrotic HP.

Subscribe to INNER SPACES : info@jankharia.com
Online version : http://picture-this.in/index.php/inner-spaces/

Main Clinic
383 | Bhaveshwar Vihar | Sardar V. P. Road | Prarthana Samaj | Charni Road | Mumbai 400 004 | **T:** 022 66173333

Cardiac, Chest & Interventional Twin Beam CT
461 | Nishat Business Centre | Arya Bhavan | Sardar V. P. Road | Mumbai 400 004 | **T:** 022 2380 2172 | 022 2389 3551 / 2

PET / CT, Organ Optimized 3T MRI
Gr. Floor | Piramal Tower Annexe | G. K. Marg | Lower Parel | Mumbai 400 013 | **T:** 022 6617 4444

Owner, Printer & Publisher: Dr. Bhavin Jankharia
Published at: Dr. Jankharia's Imaging Centre
Bhaveshwar Vihar, 383, S.V.P. Road, Prarthana Samaj, Charni Road, Mumbai 400 004.

Welcome 2018