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“Desquamative Interstitial Pneumonia” with Early Diagnosis

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Introduction: Desquamative interstitial pneumonia (DIP), one of the idiopathic interstitial pneumonias, is a rare histopathological diagnosis characterized by massive proliferation and desquamation of macrophages in alveolar structures. DIP is typically seen in the 4th and 5th decades in smoking patients. Most patients present with a subacute clinic characterized by dyspnea and cough. In high resolution computerized tomography (HRCT), diffuse, heterogeneous ground glass opacities are generally seen in the middle and lower zones and definitive diagnosis can be made histopathologically.

Case Presentation: The patient who has no chronic disease except the coronary artery disease, was planned for bypass surgery after coronary angiography performed in the external center and was directed to us because of the abnormality in the preoperative chest X-ray. It was learned that he had mild dyspnea and cough which started about 1 month before and he used amoxicillin/clavulanic acid for 1 week. In physical examination, his vital signs were stable. In his history, it was learned that he had a smoking history of 40 pack years, was an active smoker, worked as a driver and lived in Balıkesir. He had regular use of acetylsalicylic acid and clopidogrel. In laboratory findings, sedimentation, procalcitonin and crp were normal and d-dimer was negative. PFT: normal, DLCO: mild diffusion defect. In chest X-ray, bilateral diffuse, nodular, non-homogeneous opacities were observed. HRCT showed diffuse ground glass opacities with different sizes, in both lung parenchyma. ANA, ANCA, anti dsDNA and RF were normal for collagen tissue diseases. Endobronchial lesion was not observed in bronchoscopy, bronchoalveolar lavage and brush biopsy was performed to right middle lobe, histopathological examination of the biopsy; pigmented histiocytes(smoker) were observed. Hemosiderin globules were not observed. Pathological findings were evaluated as “desquamative interstitial pneumonia”. Because the symptoms were not severe, steroid treatment was not considered, and smoking cessation was planned first. The patient who quits smoking for 3 months, has symptomatic improvement and almost totally regression was observed in the tomography of the 3rd month.

Conclusion: Our case was examined for pre-operative evaluation and his disease was diagnosed without any apparent symptoms and almost complete improvement was achieved by quitting smoking without requiring steroid treatment. Generally, in DIP treatment, impressively regression is observed with smoking cessation but steroid treatment is recommended in patients who cannot recover.

Keywords: Desquamative, interstitial, smoking