

A TYPICAL PRESENTATION OF AN ATYPICAL PROBLEM

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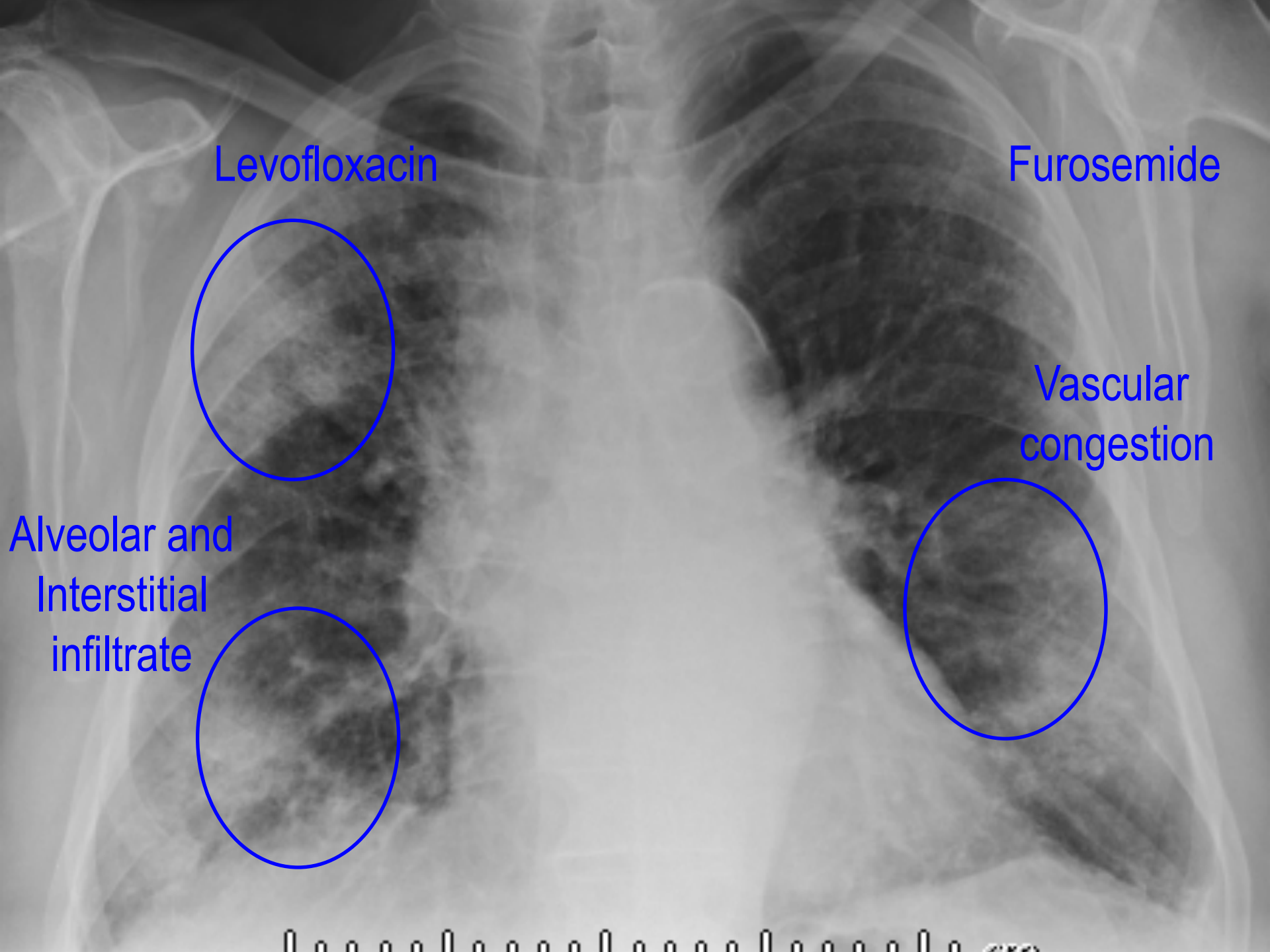
Jennifer Mattingly M.D.

Gundersen Health System

77 year old retired male

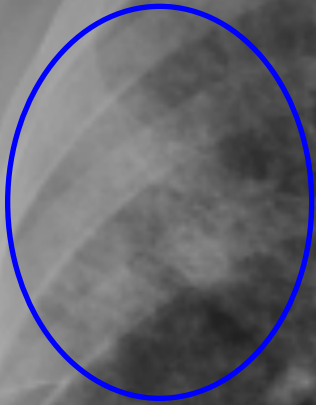
4 week history

- Shortness of breath
- Minimally productive cough
- Fatigue
- Dyspnea on exertion

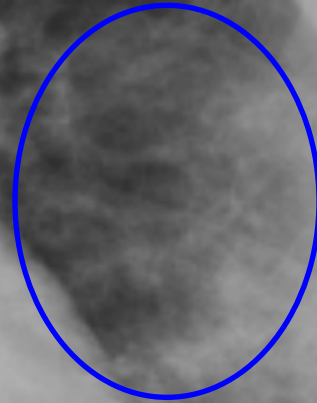


Levofloxacin

Furosemide



Vascular
congestion



Alveolar and
Interstitial
infiltrate







Hospital Day 1

- Oxygenation
 - Vancomycin and Zosyn
 - IV Methylprednisolone
 - Pulmonary consultation
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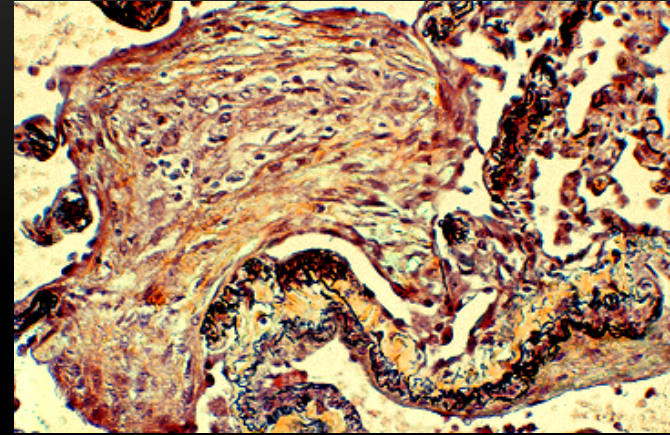
Hospital Day 2

- Woke up feeling “Amazing”
 - Transitioned to Augmentin
 - Oral Prednisone
 - Respiratory and blood cultures negative
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CRYPTOGENIC ORGANIZING PNEUMONIA

Diffuse interstitial lung disease

- Alveolar wall injury
- Fibroblast recruitment
- Inter-alveolar granulation tissue

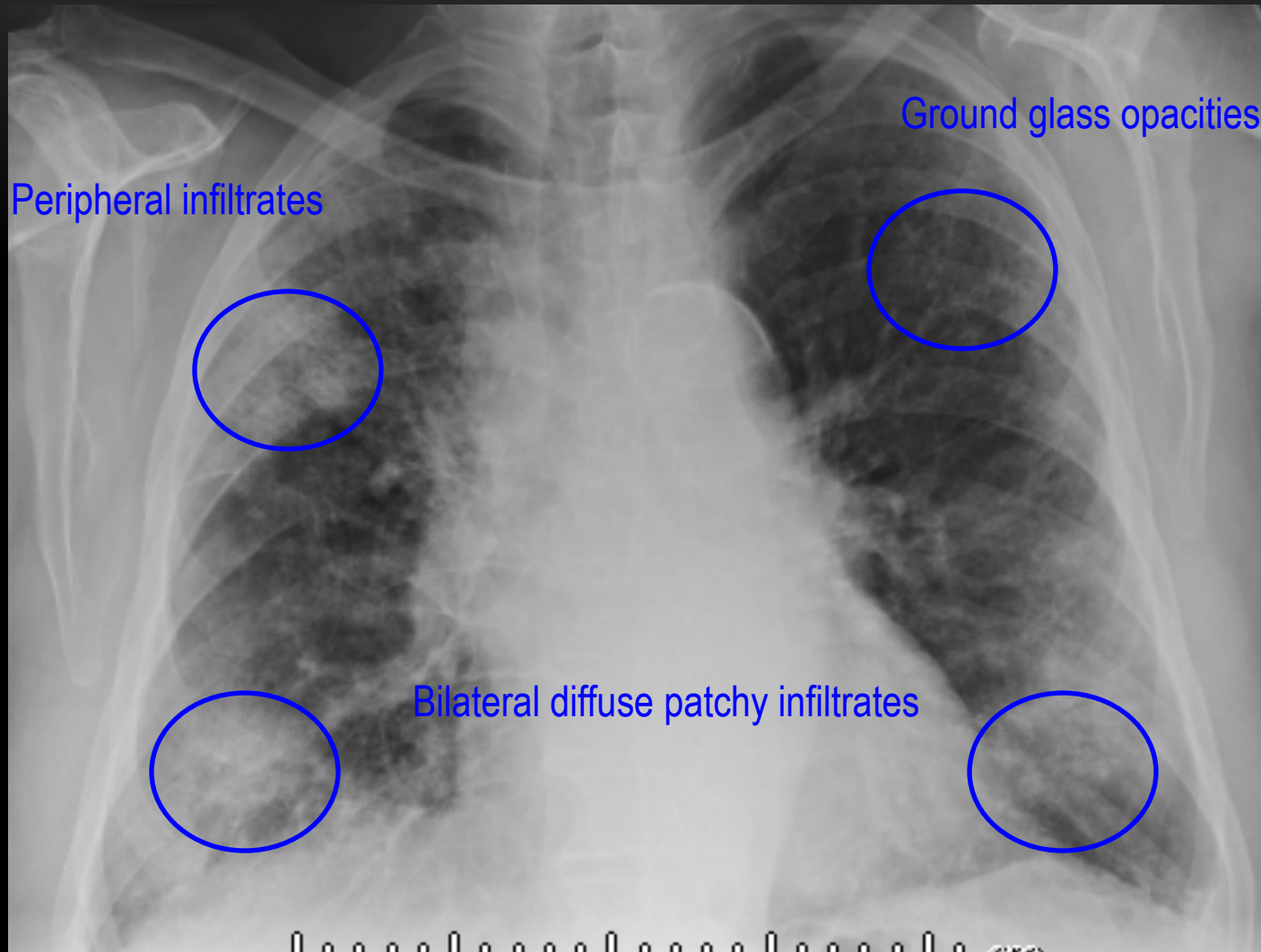


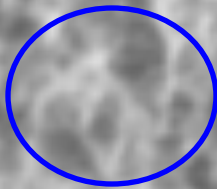
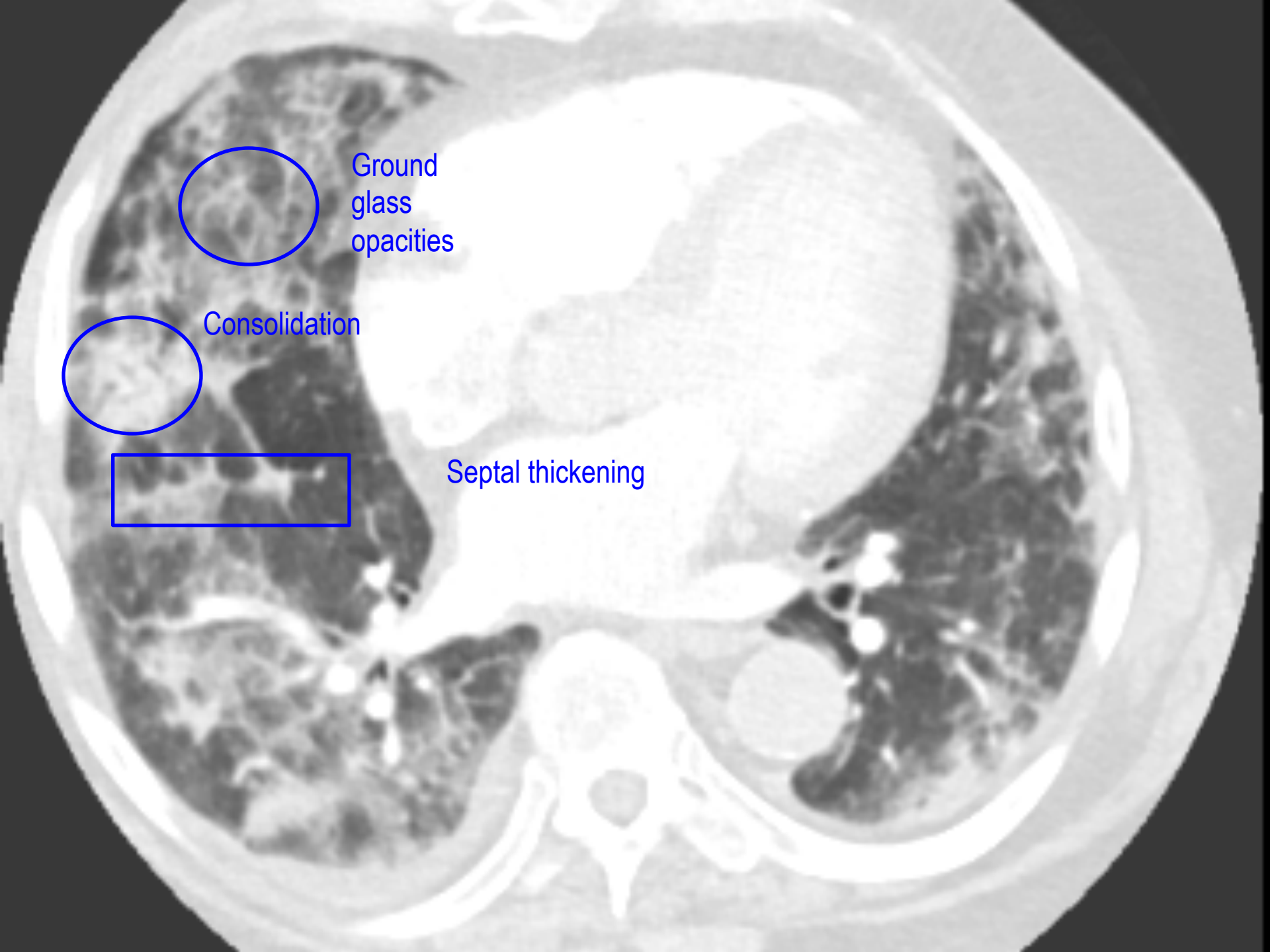
Courtesy of Talmadge E King Jr, MD.

CRYPTOGENIC ORGANIZING PNEUMONIA

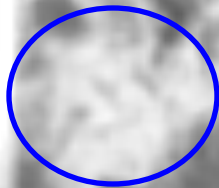
- Clinical presentation
 - Cough, fatigue, fever, dyspnea on exertion
 - Weeks to months
 - Lack of response to empiric antibiotics
 - 50% recall a URI like illness at onset
 - Physical exam
 - Diffuse dry crackles
-

Normal lung volumes





Ground
glass
opacities



Consolidation



Septal thickening

CRYPTOGENIC ORGANIZING PNEUMONIA

Diagnosis

- Clinical with HRCT
- BAL or surgical biopsy

Treatment

- Steroids
 - Macrolides
 - Cytotoxic therapy
-

FOLLOW UP

- Feels at baseline
- Titrating steroids
- Off of home oxygen
- Off of antibiotics



Think COP with weeks to months of:

- Fever
 - Fatigue
 - Malaise
 - Minimally productive cough
 - Antibiotic refractoriness
 - A chest x-ray showing bilateral patchy peripheral infiltrates with ground glass opacities
-

RESOURCES

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- Lee, Joyce. "Cryptogenic Organizing Pneumonia." *Merck Manuals*. Merck Manuals, 15 Jan. 2015. Web. 08 July 2016.
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- Cordier, J-F. "Cryptogenic Organising Pneumonia." *European Respiratory Journal* 28.2 (2006): 422-46. Web.

QUESTIONS?

