A TYPICAL PRESENTATION OF AN ATYPICAL PROBLEM

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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
Hospital Day 2

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

Diffuse interstitial lung disease

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

Courtesy of Talmadge E King Jr, MD.
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• 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

- Bilateral diffuse patchy infiltrates
- Peripheral infiltrates
- Ground glass opacities
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


QUESTIONS?