

Fibrotik İAH: Olgu Örnekleri

Dr. Figen Başaran Demirkazık
Hacettepe Üniversitesi Radyoloji AD

Olgu 1

- 56 yaşında, erkek hasta.
 - Nefes darlığı var.
-







Hangi tanımlama uygundur?

- A. OİP paterni
- B. Olası OİP paterni
- C. OİP için belirsiz
- D. OİP ile uyumsuz



Yanıt: B

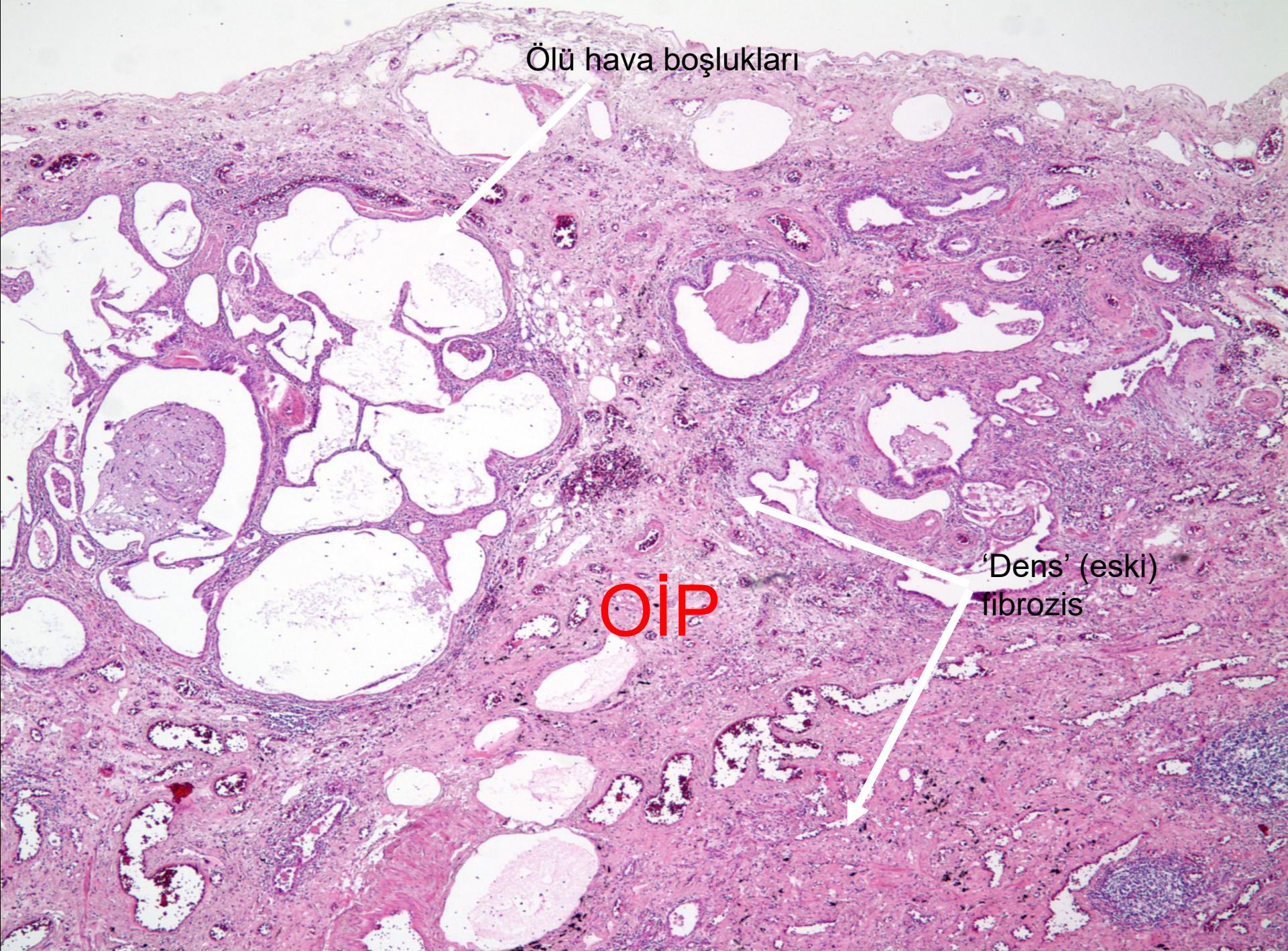
- A. OİP paterni
- B. Olası OİP paterni
- C. OİP için belirsiz
- D. OİP ile uyumsuz



Ölü hava boşlukları

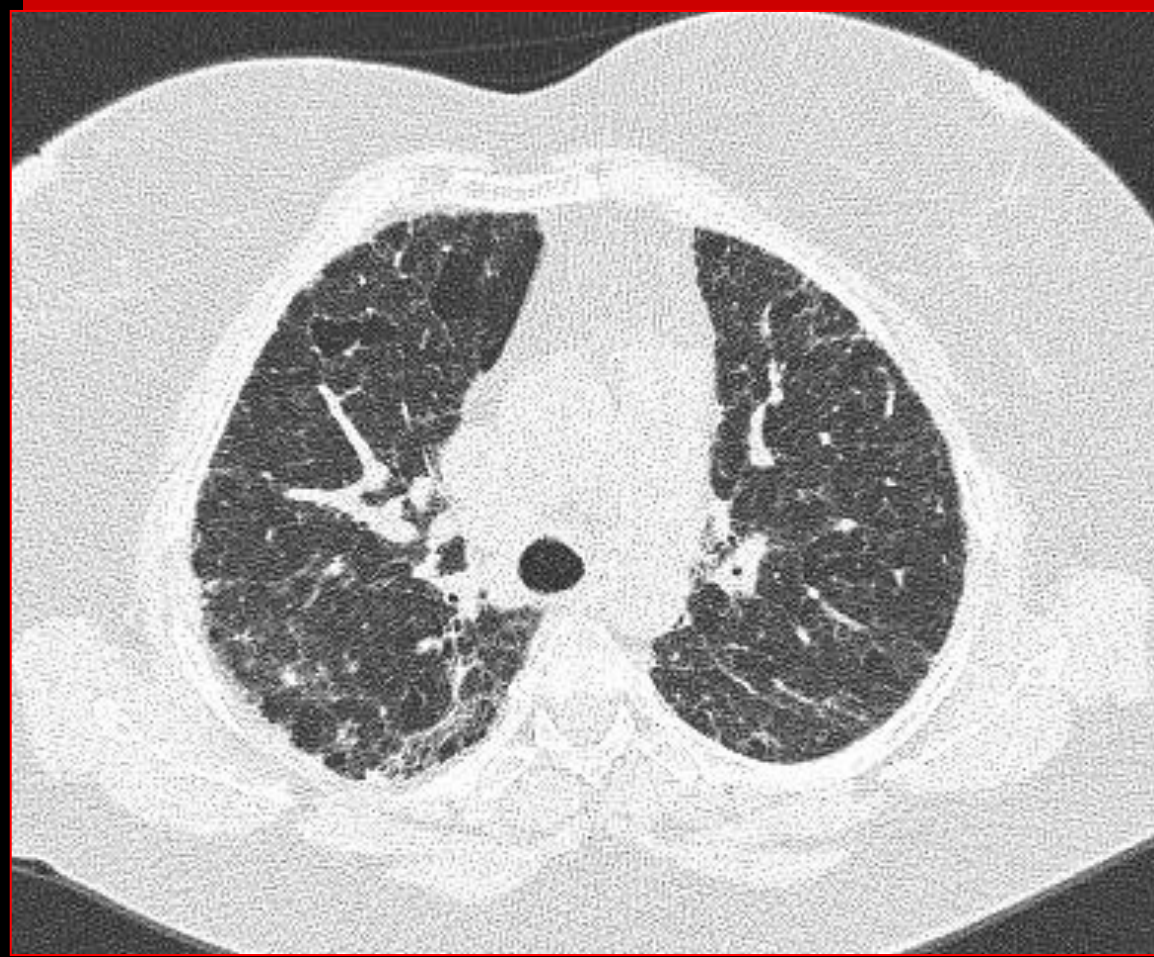
OIP

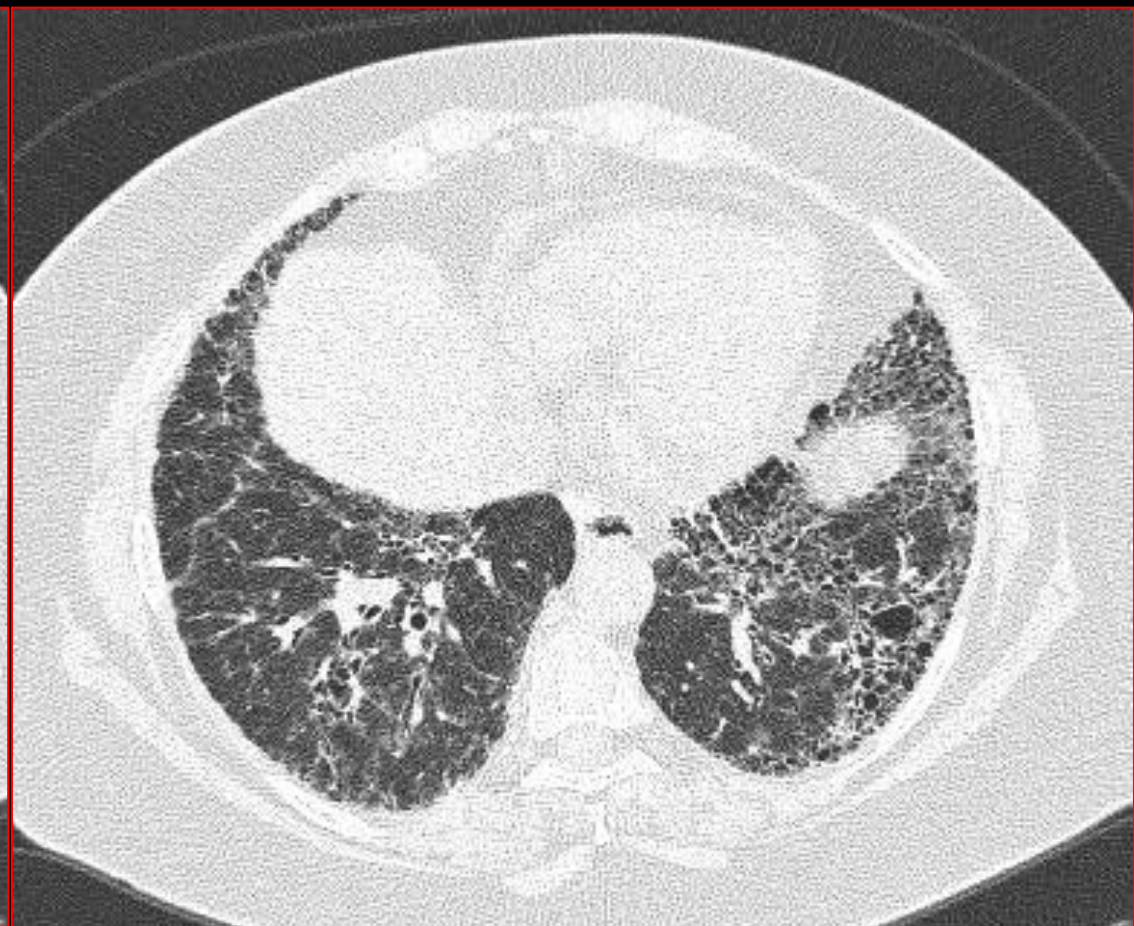
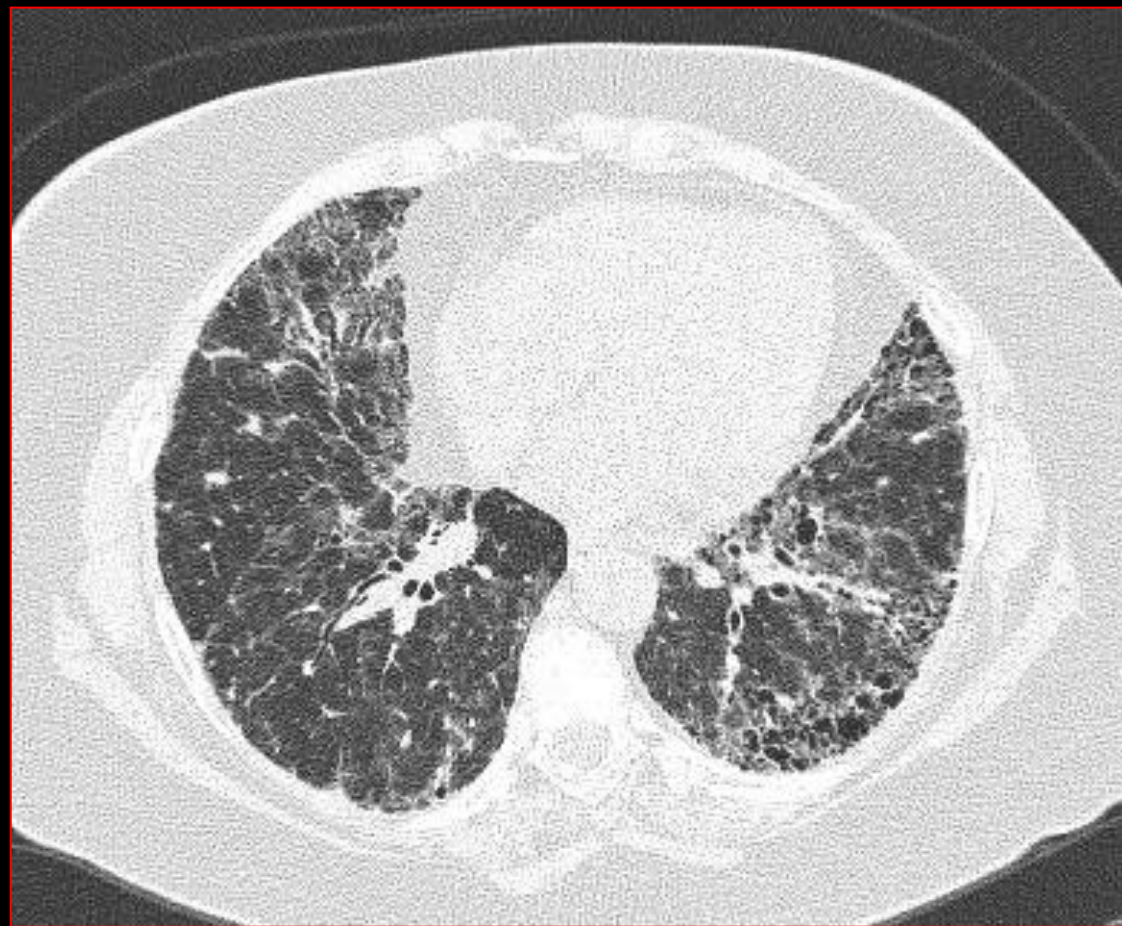
'Dens' (eski)
fibrozis

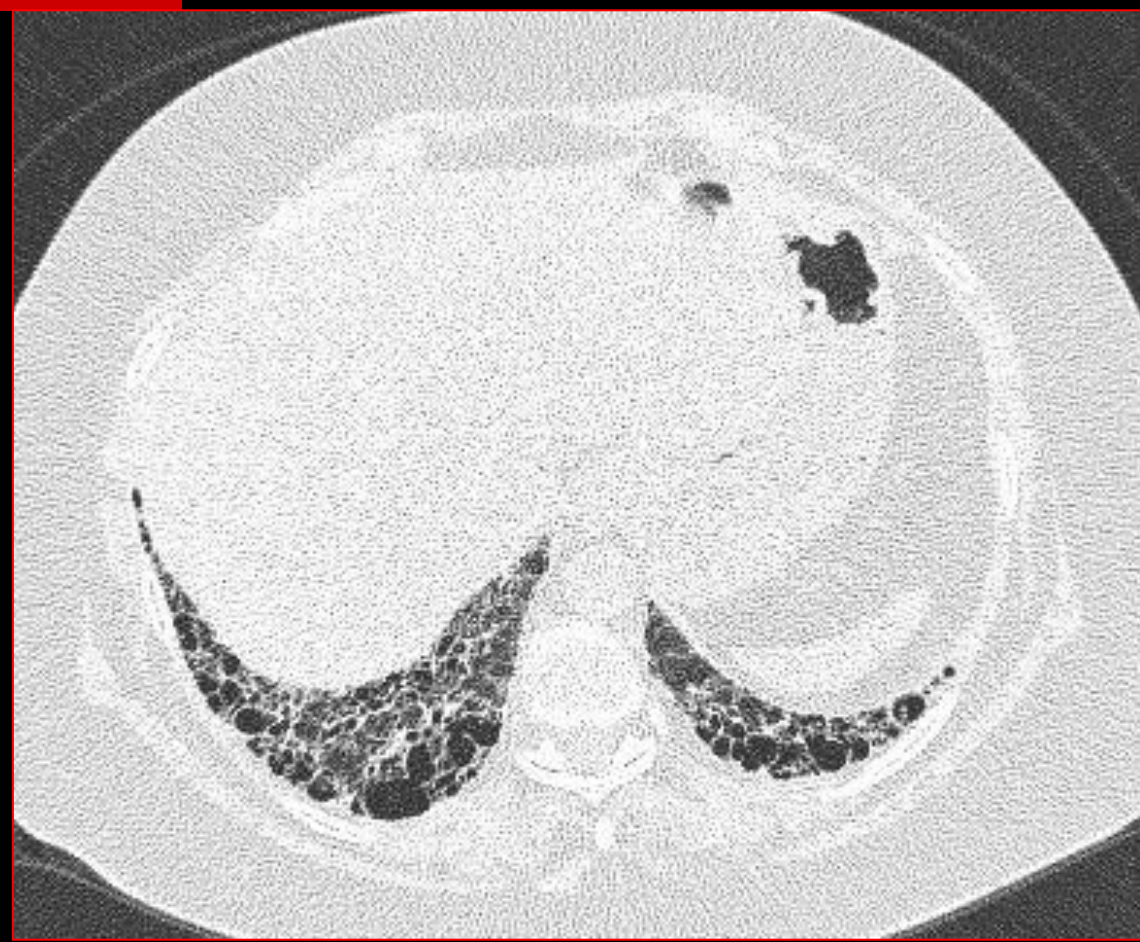
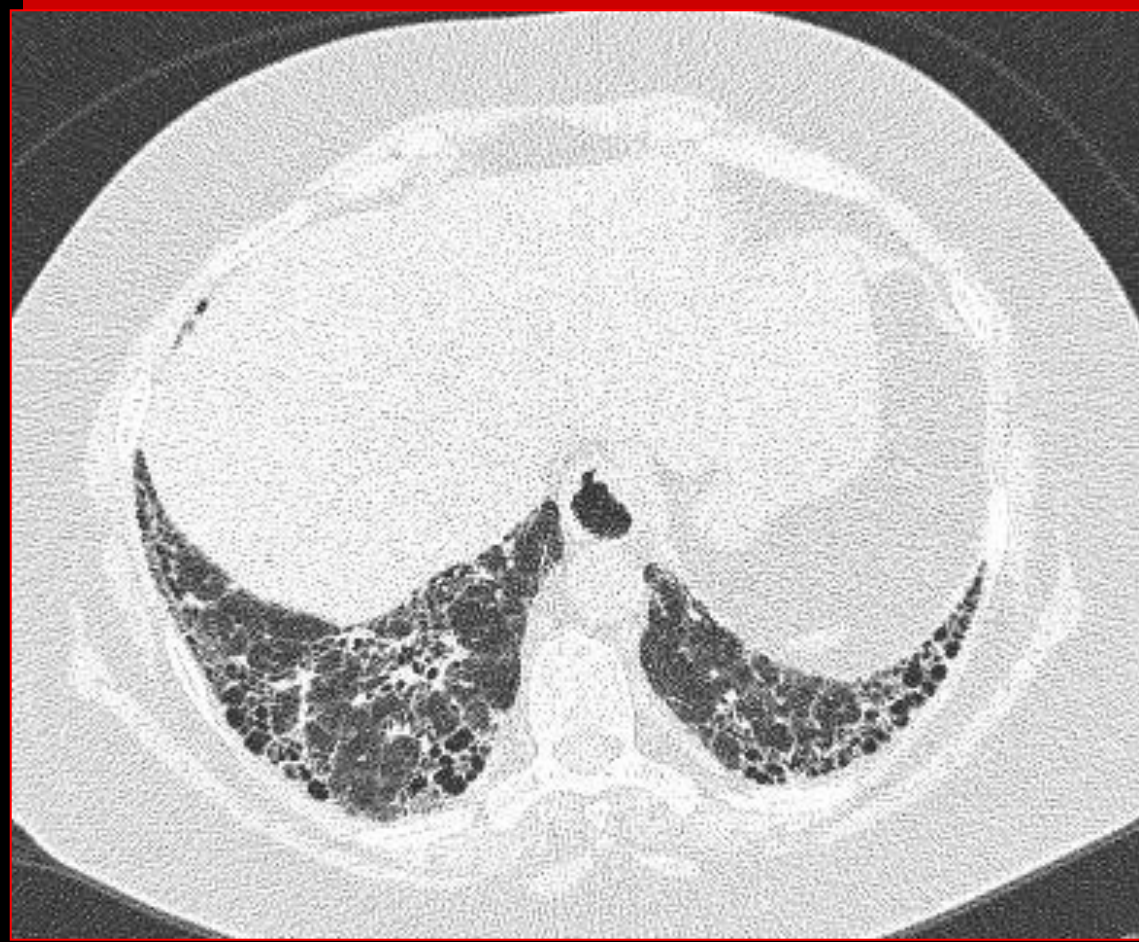


Olgu 2

- 57 yaşında, kadın hasta.
 - 7 yıldır öksürük ve dispne (+)
 - Mesleki ve çevresel maruziyeti yok.
 - FM: Akciğer bazallerinde raller
-

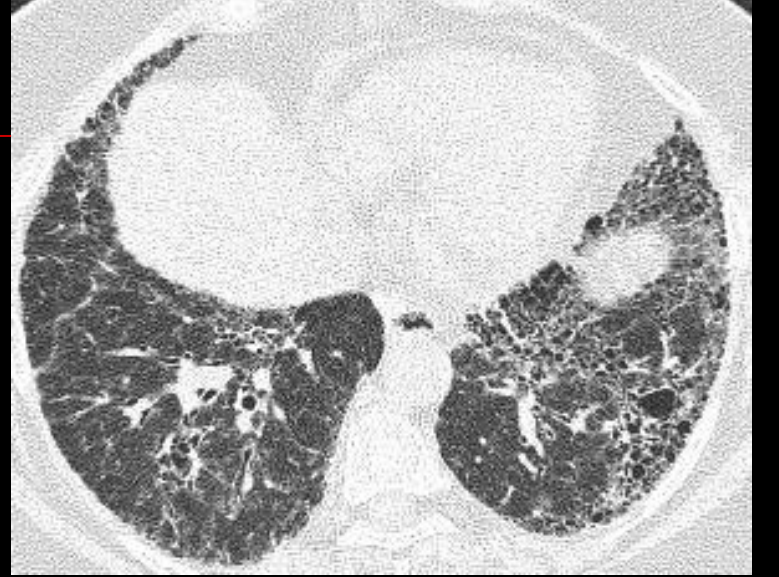






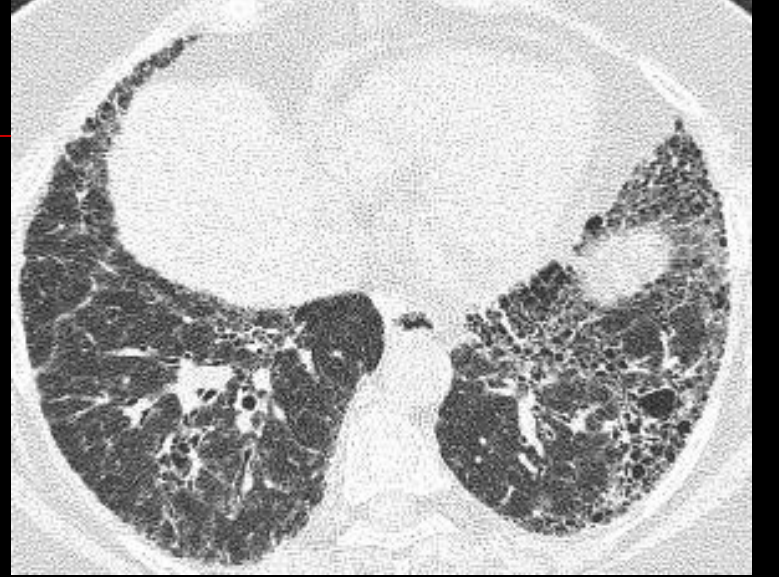
Hangi tanımlama uygundur?

- A. OİP paterni
- B. Olası OİP paterni
- C. OİP için belirsiz
- D. OİP ile uyumsuz



Yanıt: A

- A. OİP paterni
- B. Olası OİP paterni
- C. OİP için belirsiz
- D. OİP ile uyumsuz



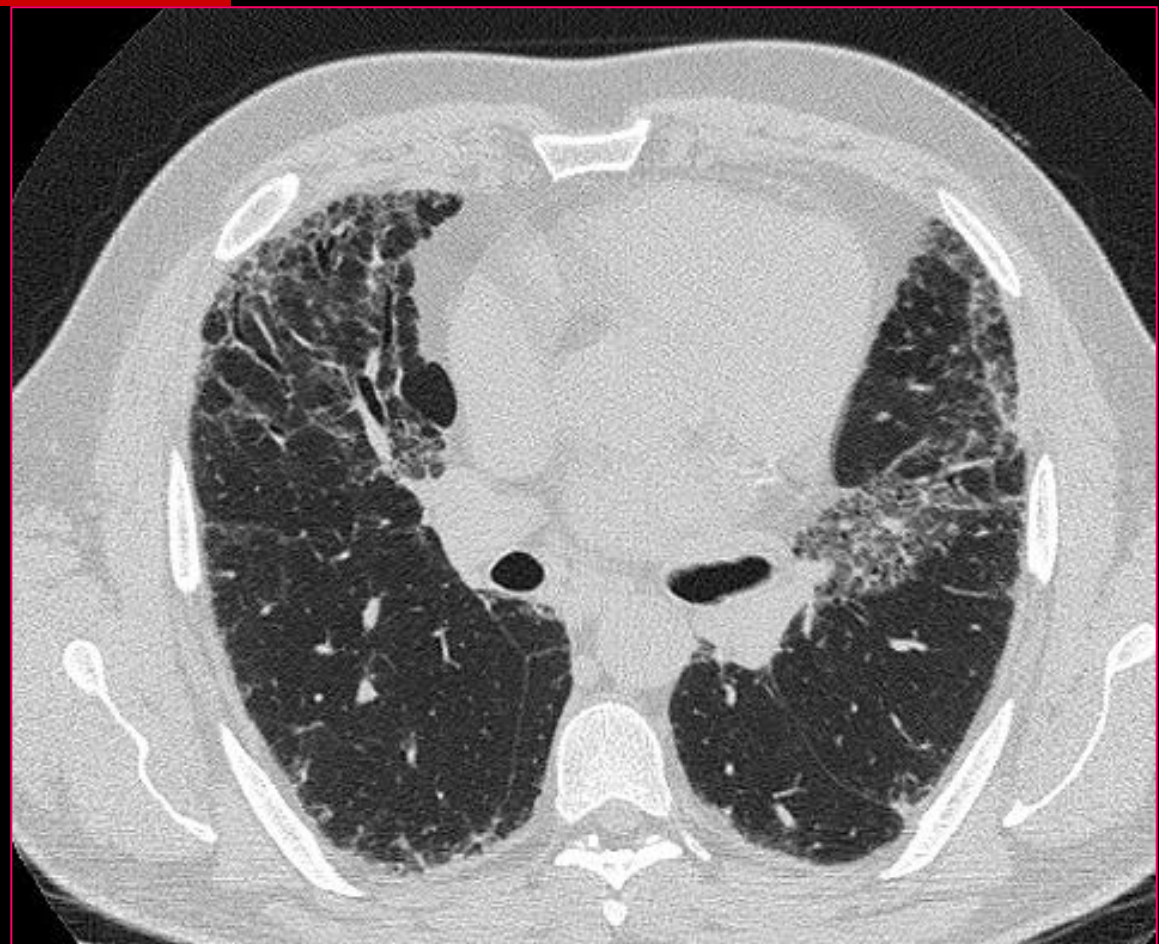
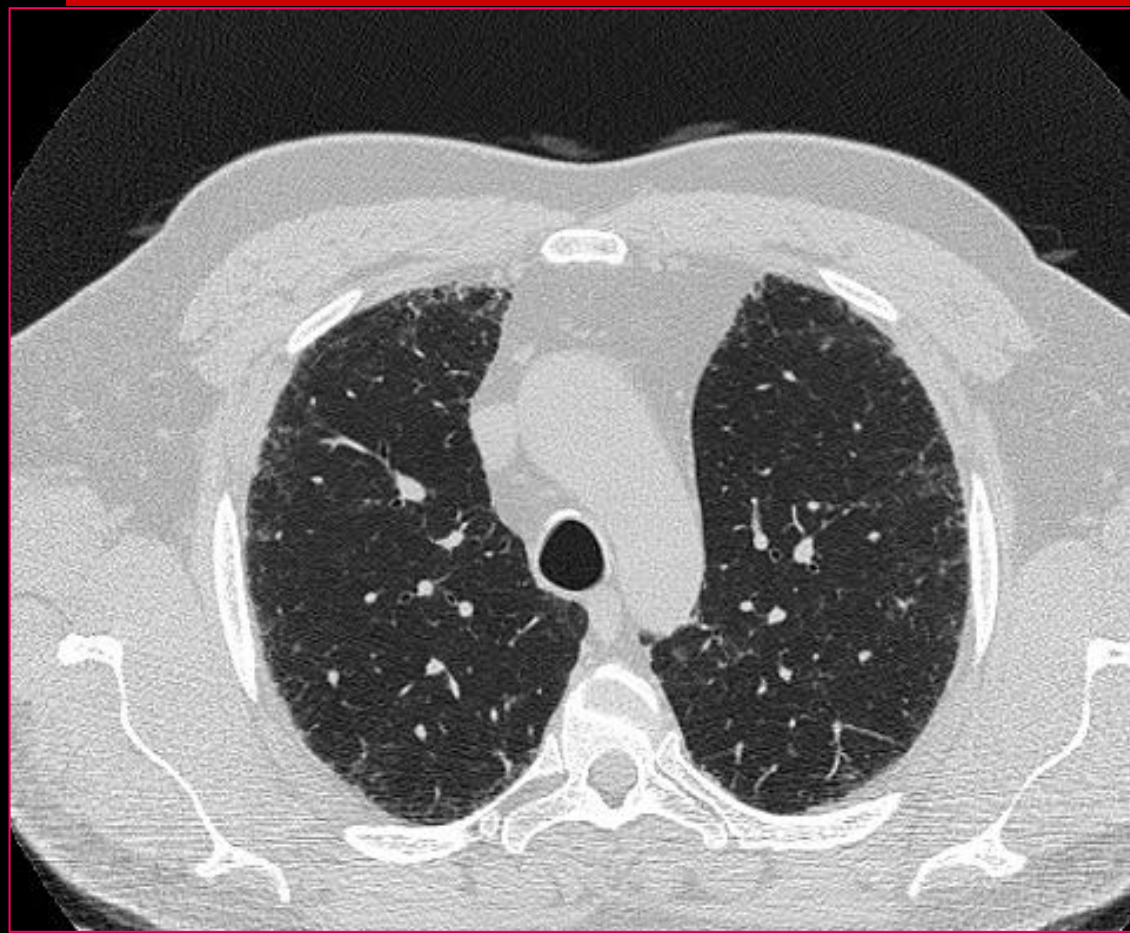
**Balpeteđi
görünümü**

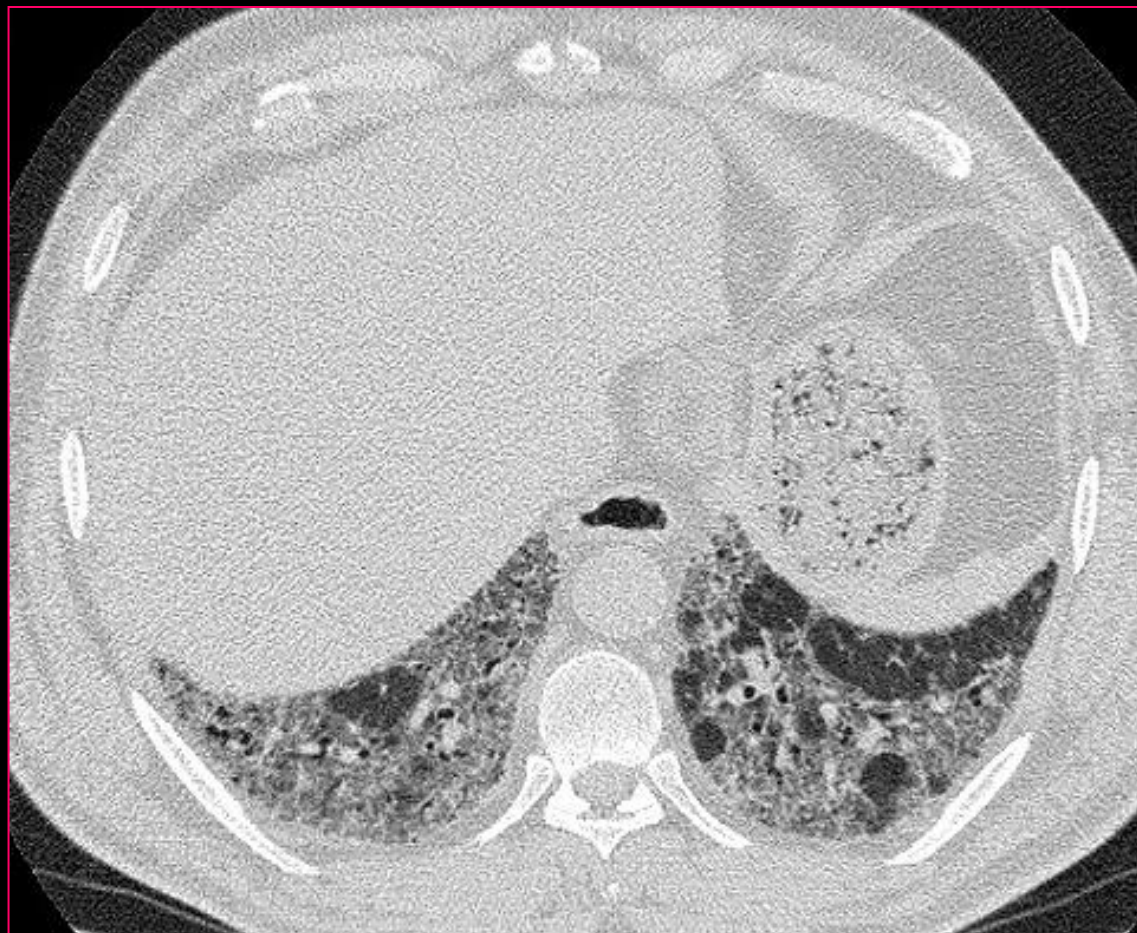
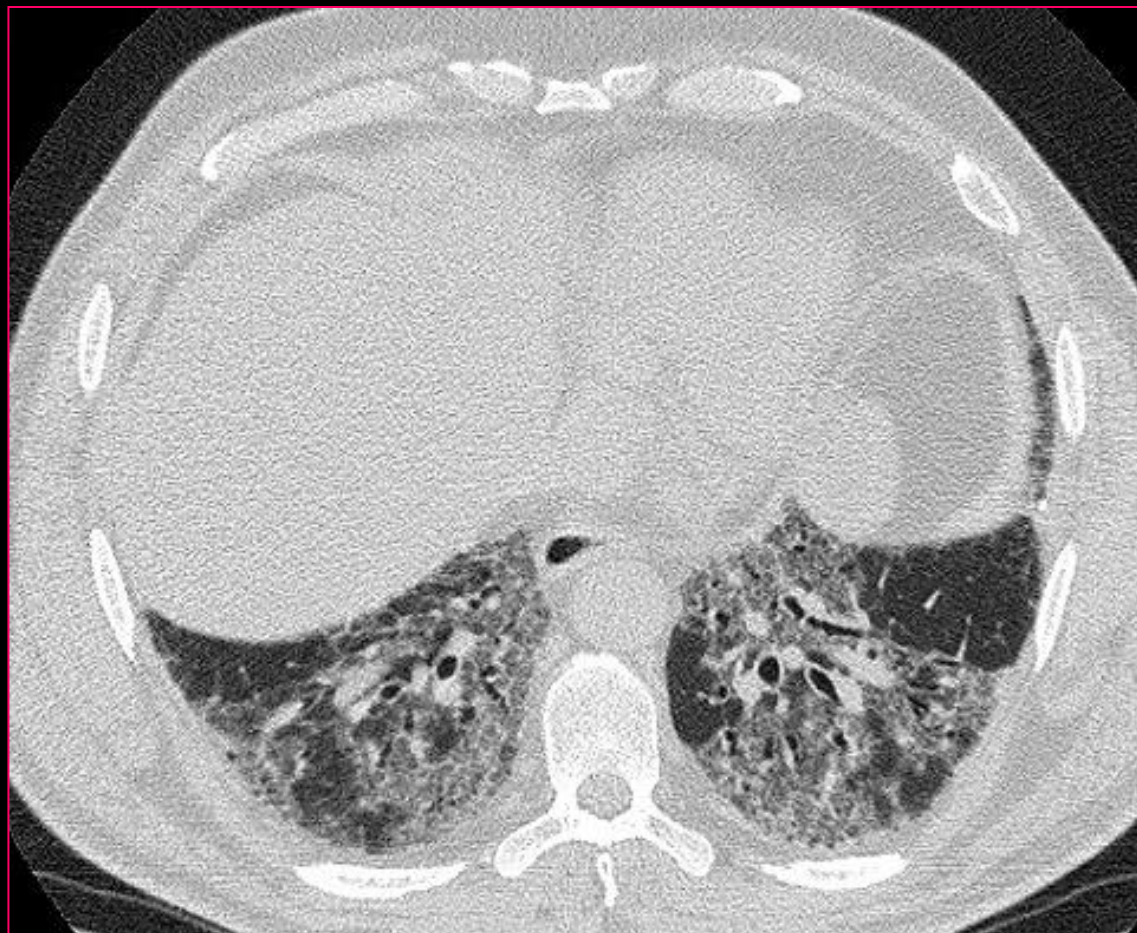


-
- Histopatolojik tanı: Olađan İnterstisyel Pnömoni
 - Klinik tanı: İdyopatik Pulmoner Fibrozis
-

Olgu 3

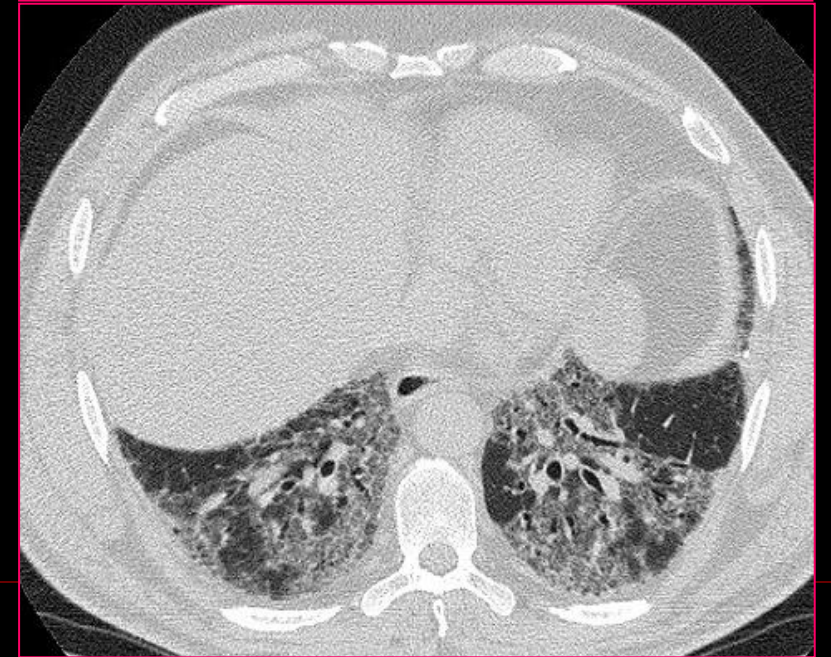
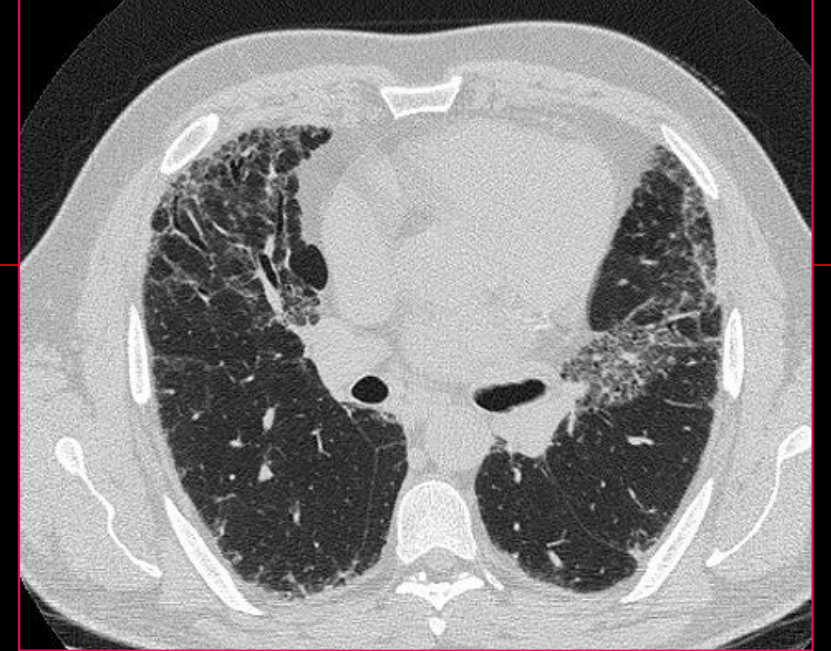
- 50 yaşında, erkek.
 - 2 yıldır nefes darlığı var.
 - 1 yıl KOAH tanısı ile steroid kullanmış.
-





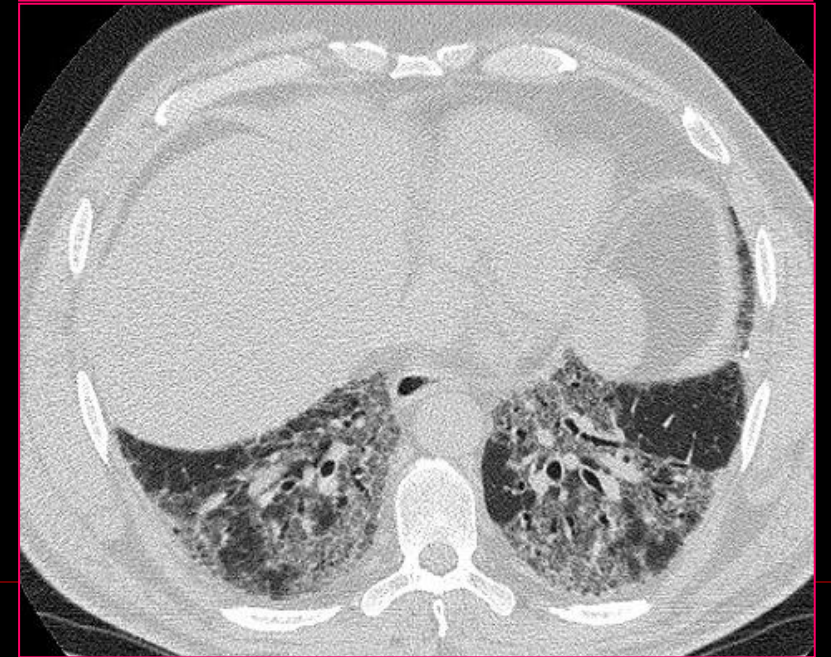
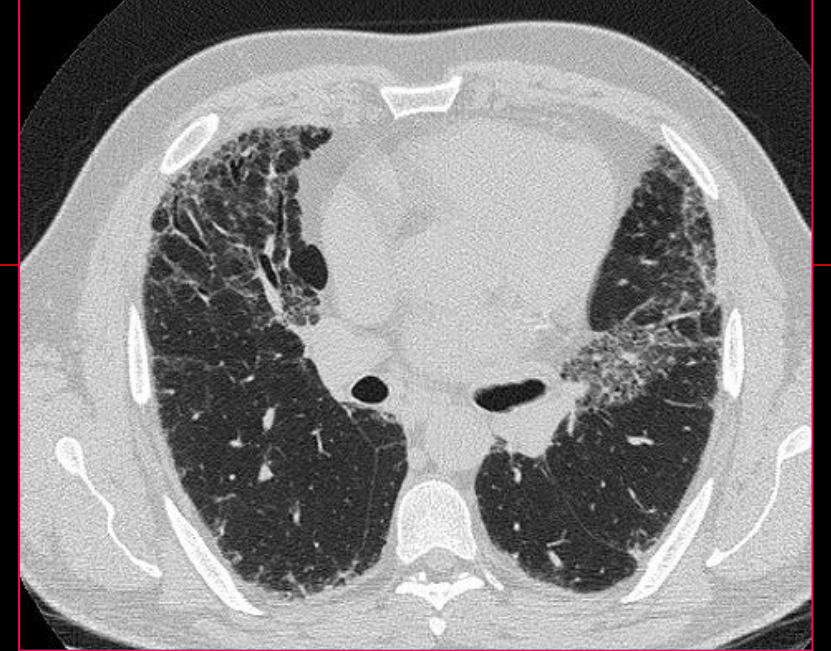
Hangi tanımlama uygundur?

- A. OİP paterni
- B. Olası OİP paterni
- C. OİP için belirsiz
- D. OİP ile uyumsuz

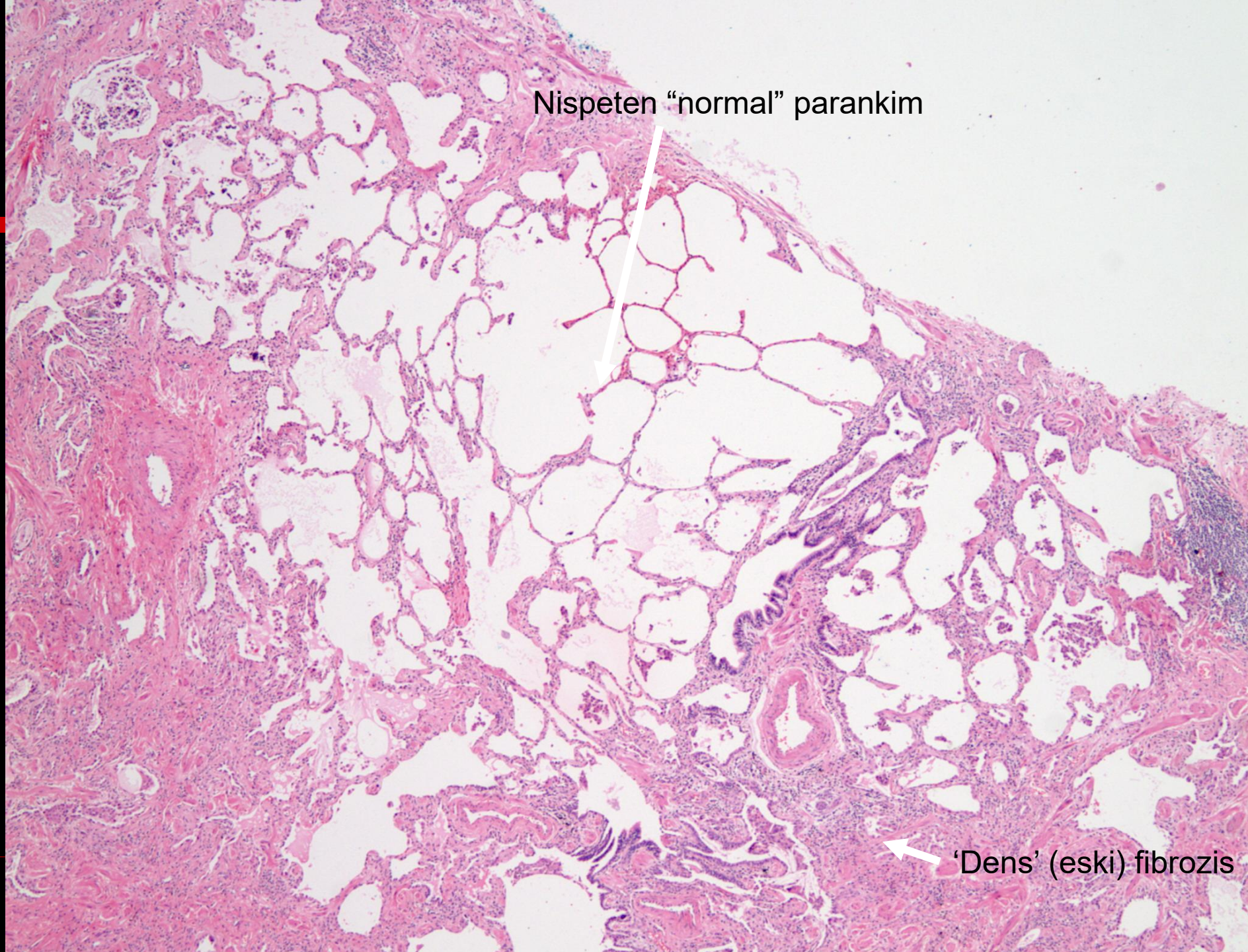


Yanıt: D

- A. OİP paterni
- B. Olası OİP paterni
- C. OİP için belirsiz
- D. OİP ile uyumsuz**

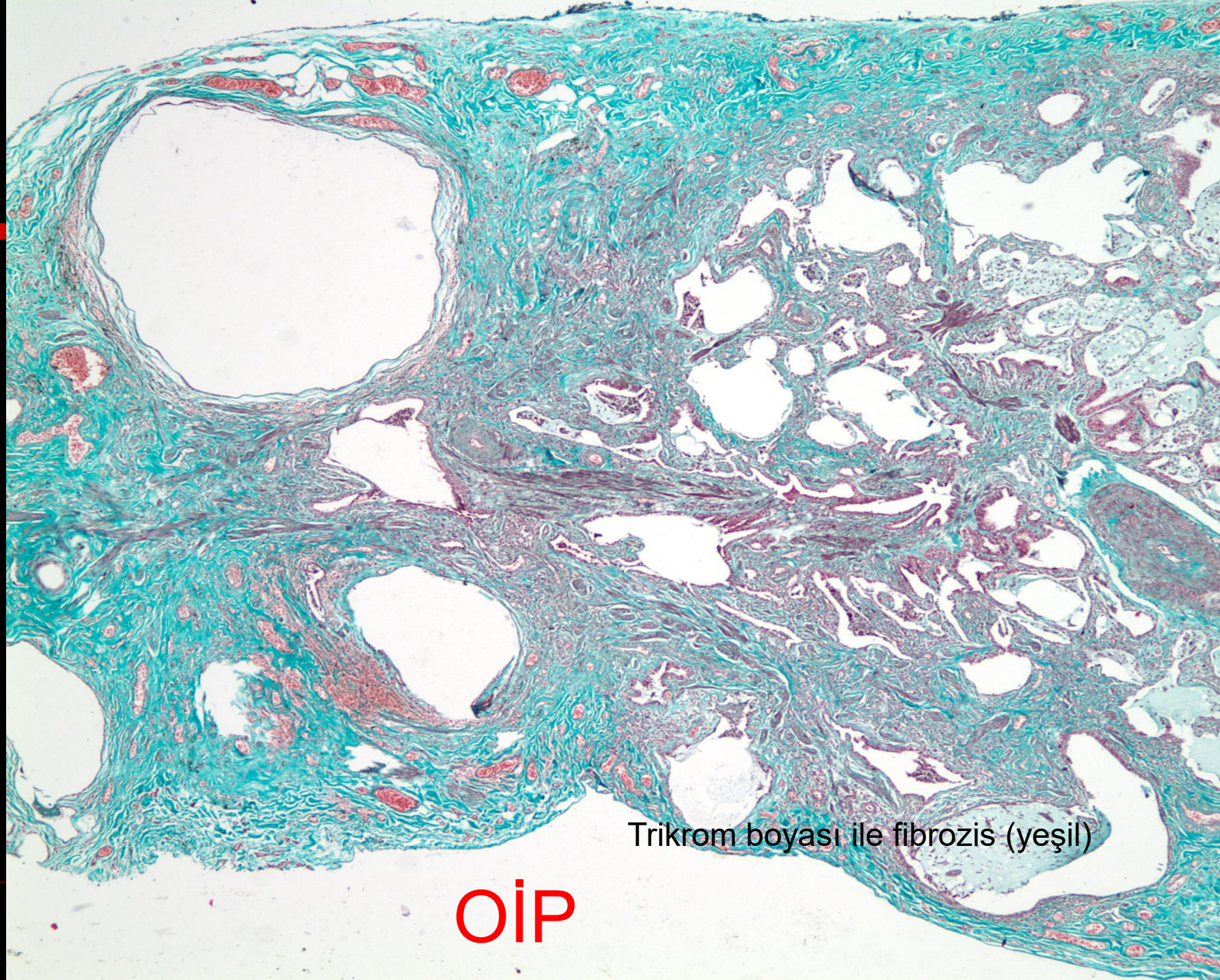


3)



Nispeten "normal" parankim

'Dens' (eski) fibrozis



Trikróm boyası ile fibrozis (yeşil)

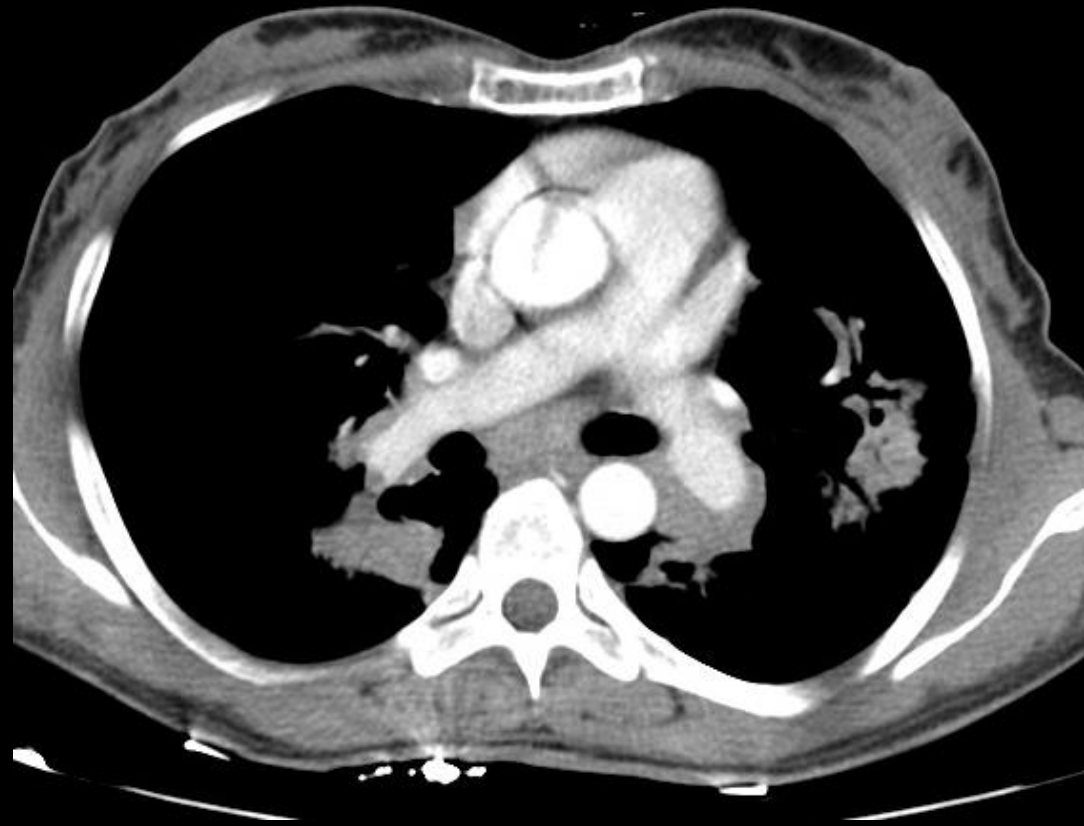
OIP

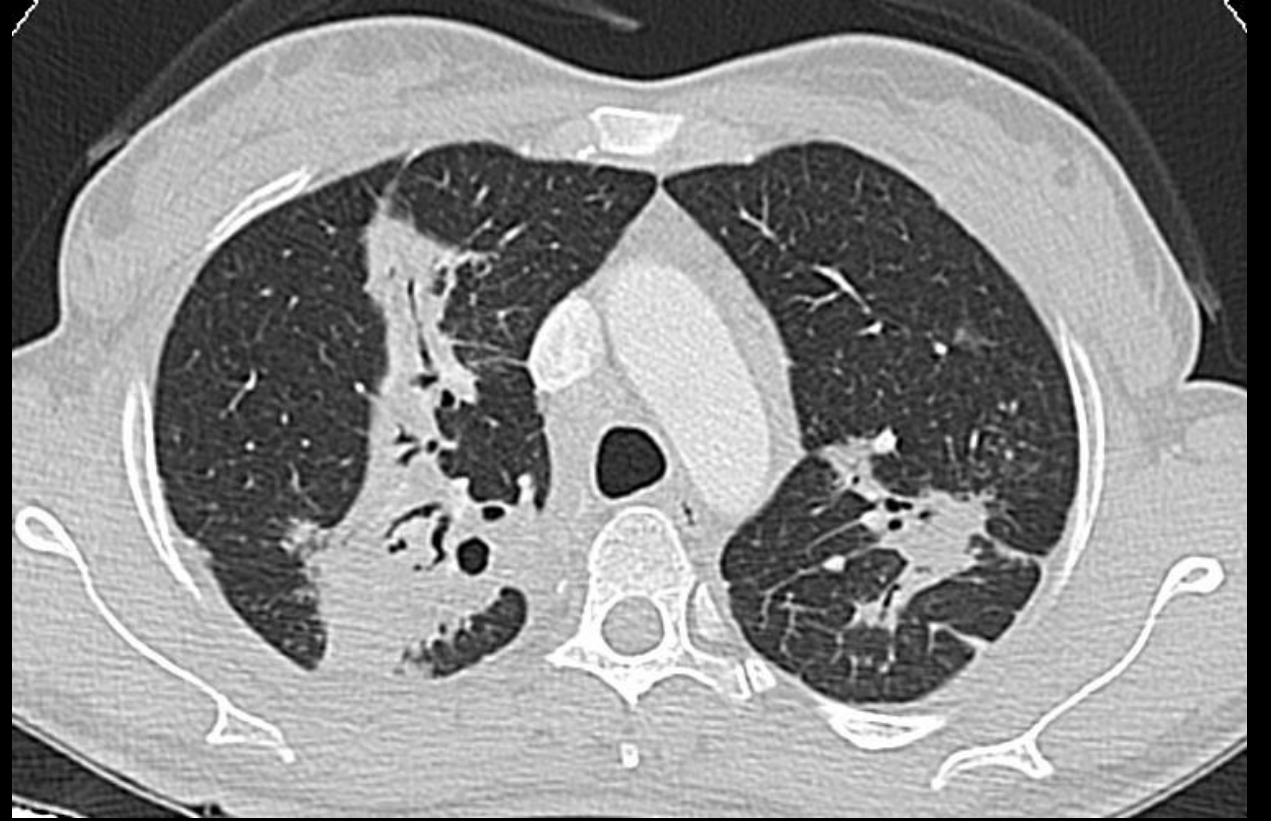
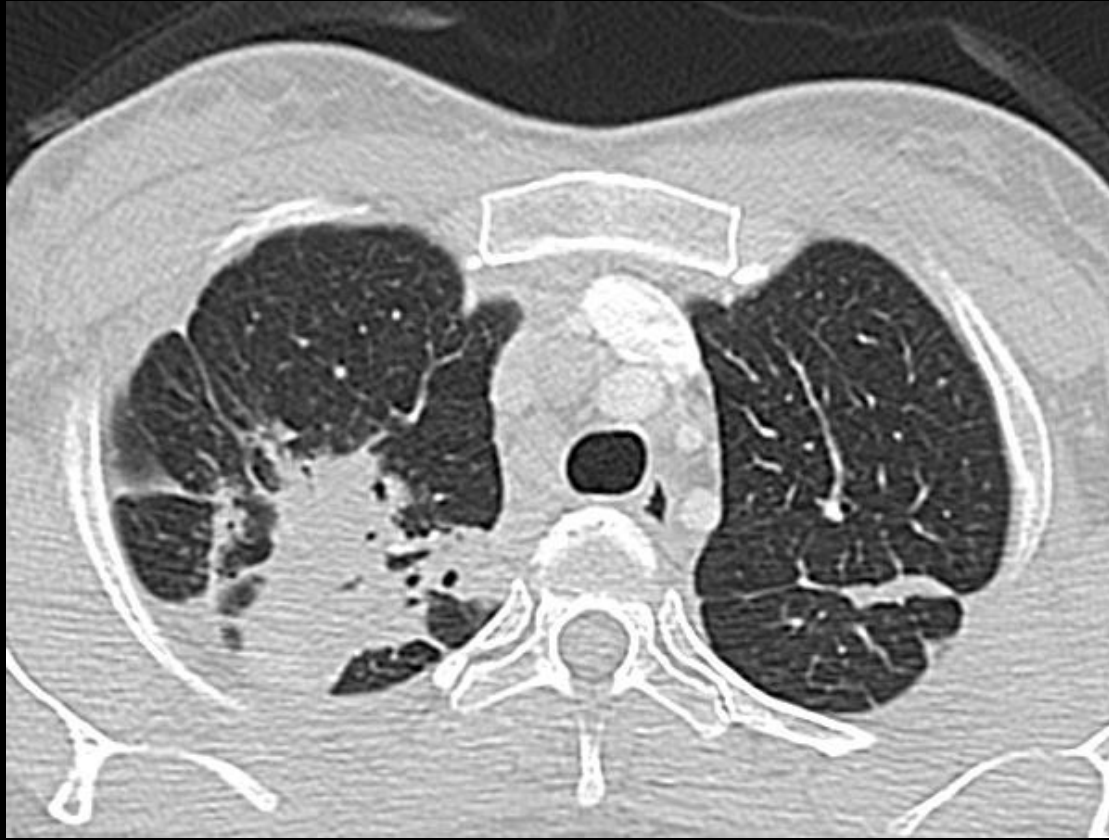
Olgu 4

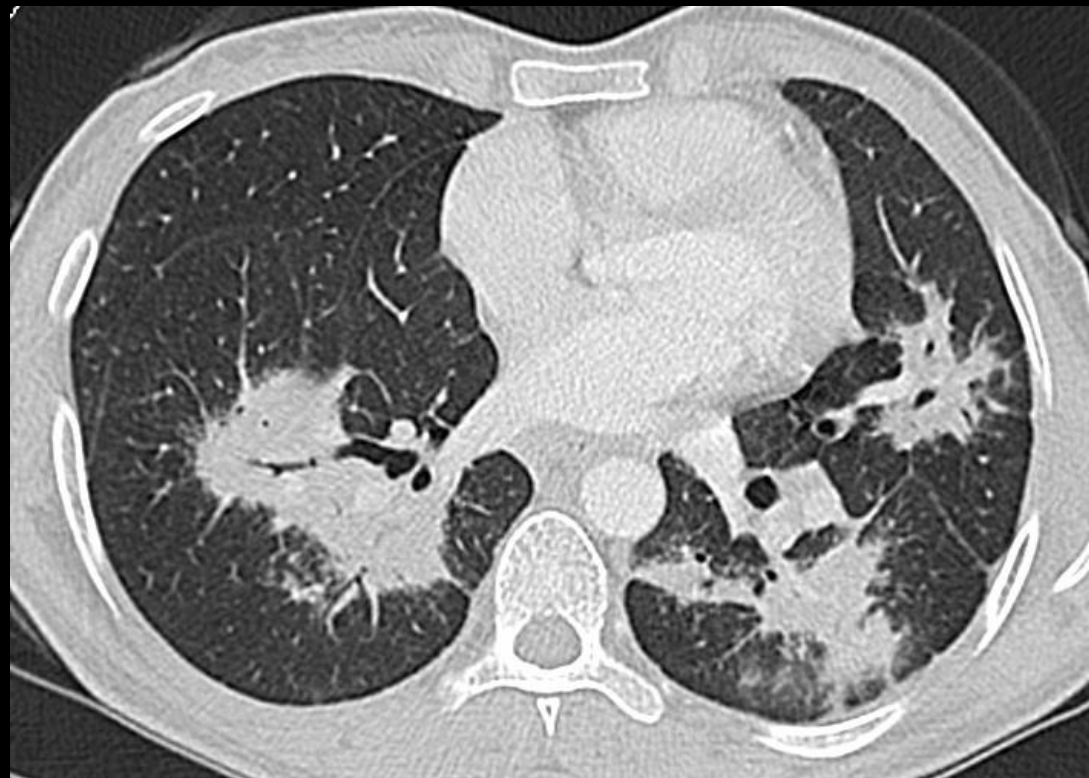
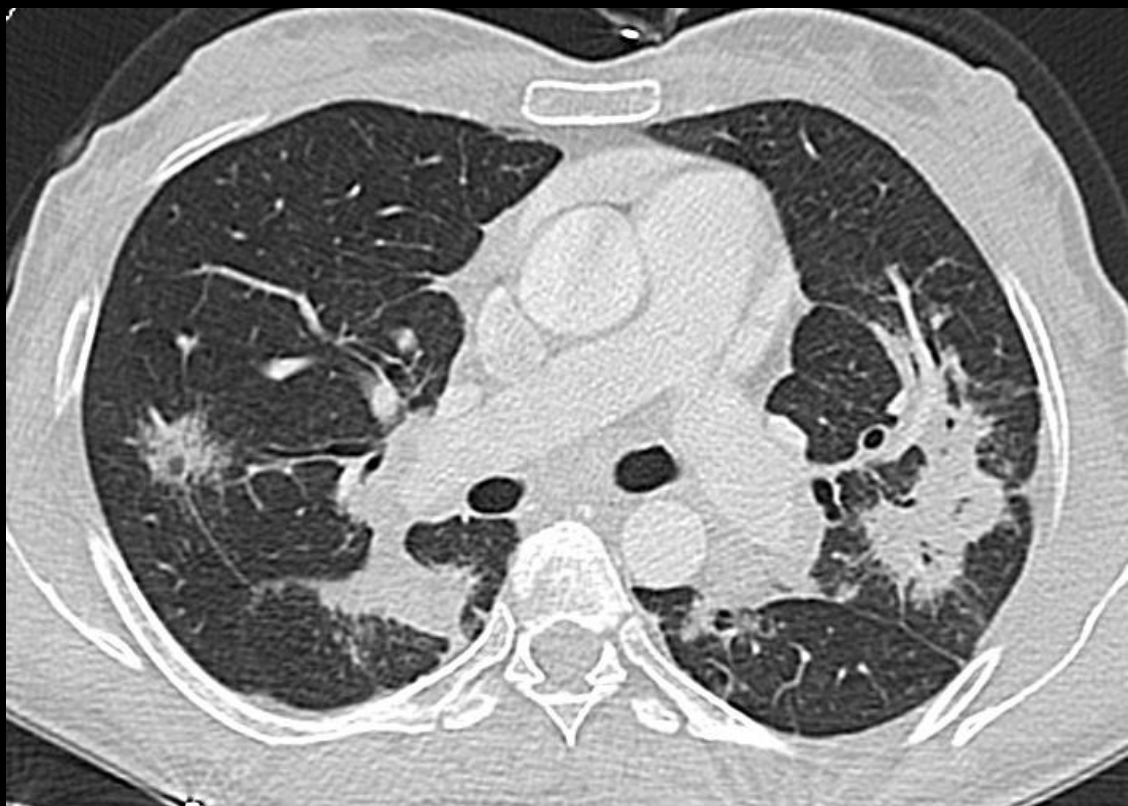
- 43 yaşında, kadın hasta
 - 3 aydır dispne, öksürük, göğüs ağrısı var
 - 40⁰C'ye ulaşan ateşi olmuş
 - Antibiyotik tedavisi almış
 - Balgamda ARB (-)
 - ANA (-), ANCA (-), Anti CCP (-)
-

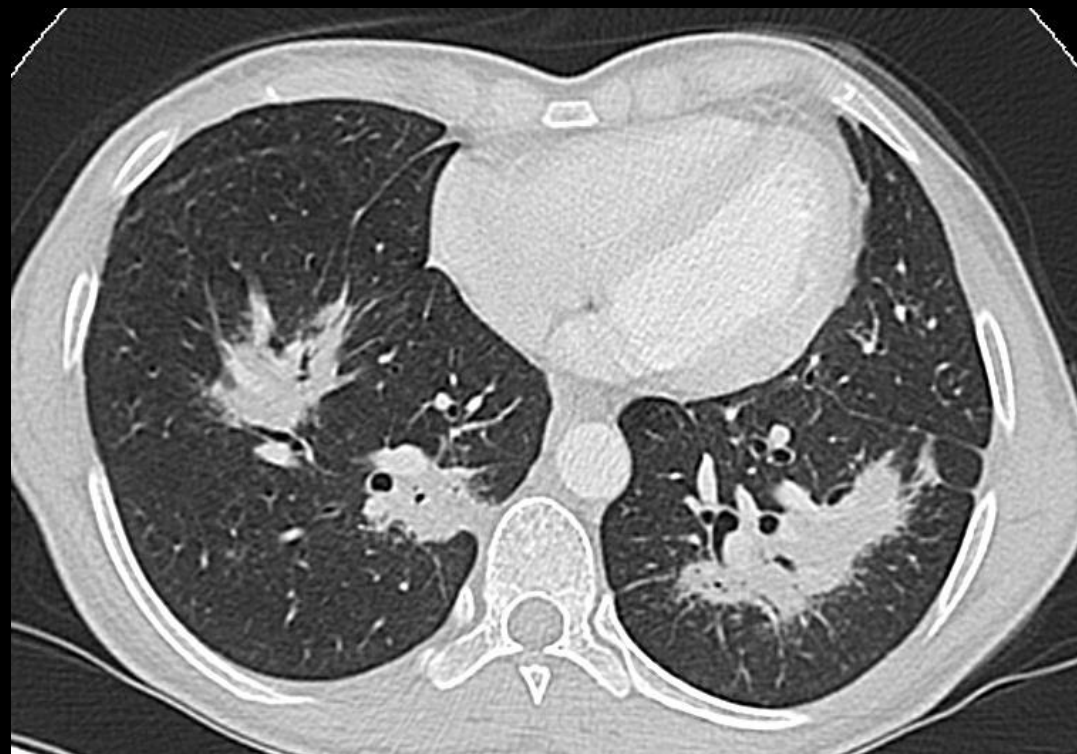
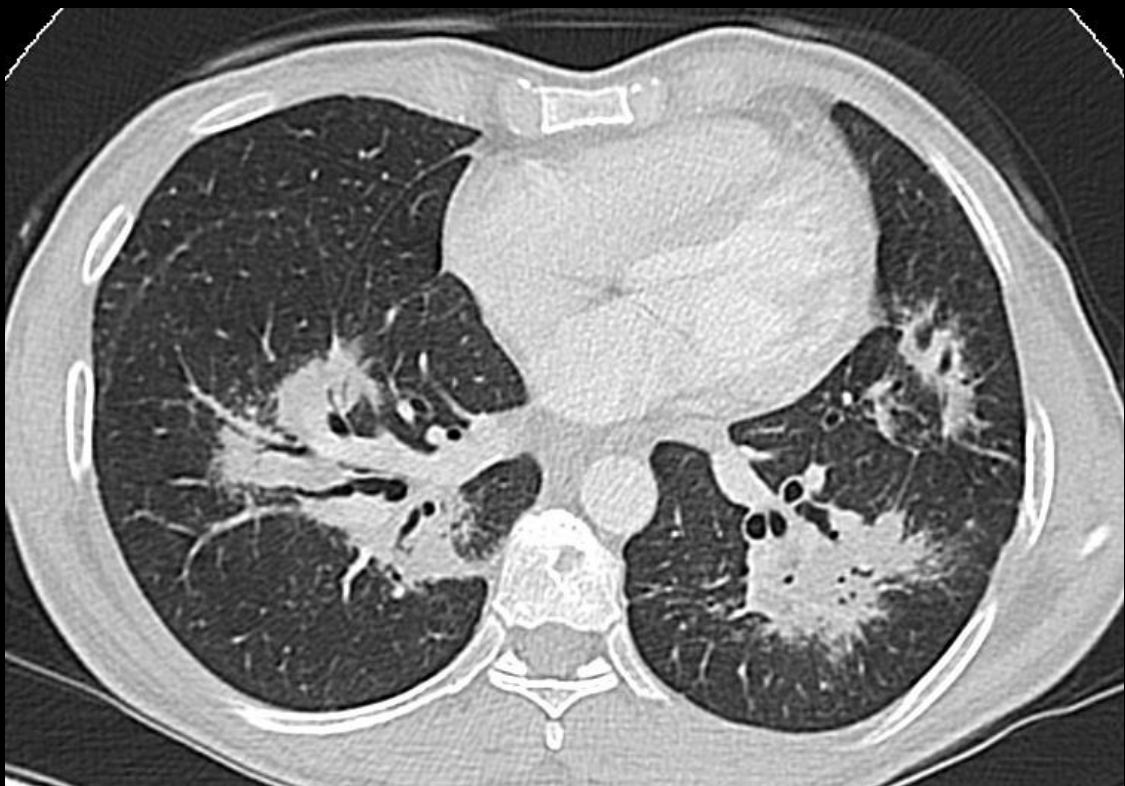








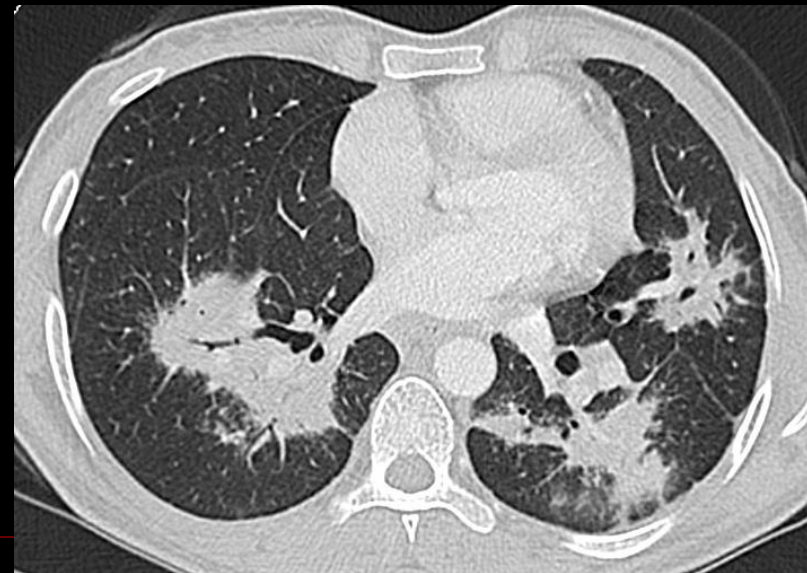






Tanınız?

- A. Adenokarsinom
- B. Organize pnömoni
- C. Sarkoidoz
- D. Tüberküloz
- E. PJP



Yanıt: **C**

A. Adenokarsinom

B. Organize pnömoni

C. Sarkoidoz

D. Tüberküloz

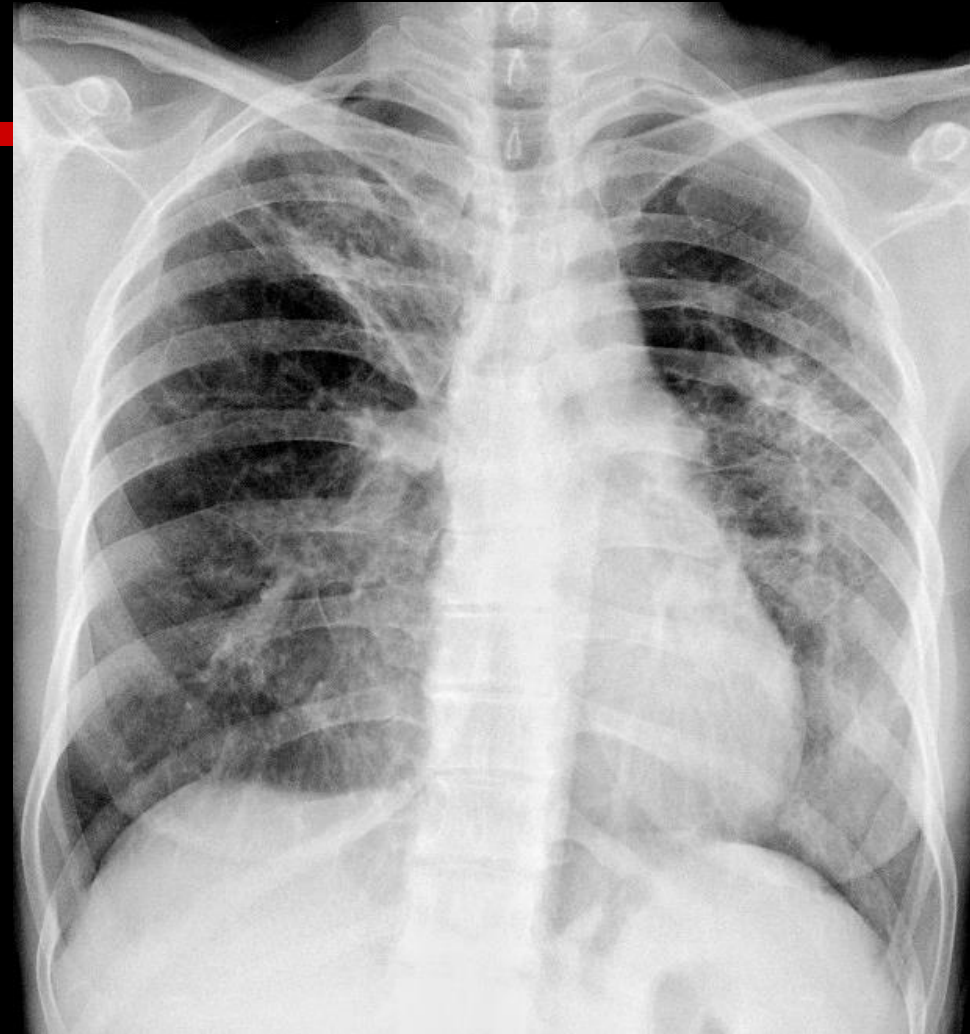
E. PJP

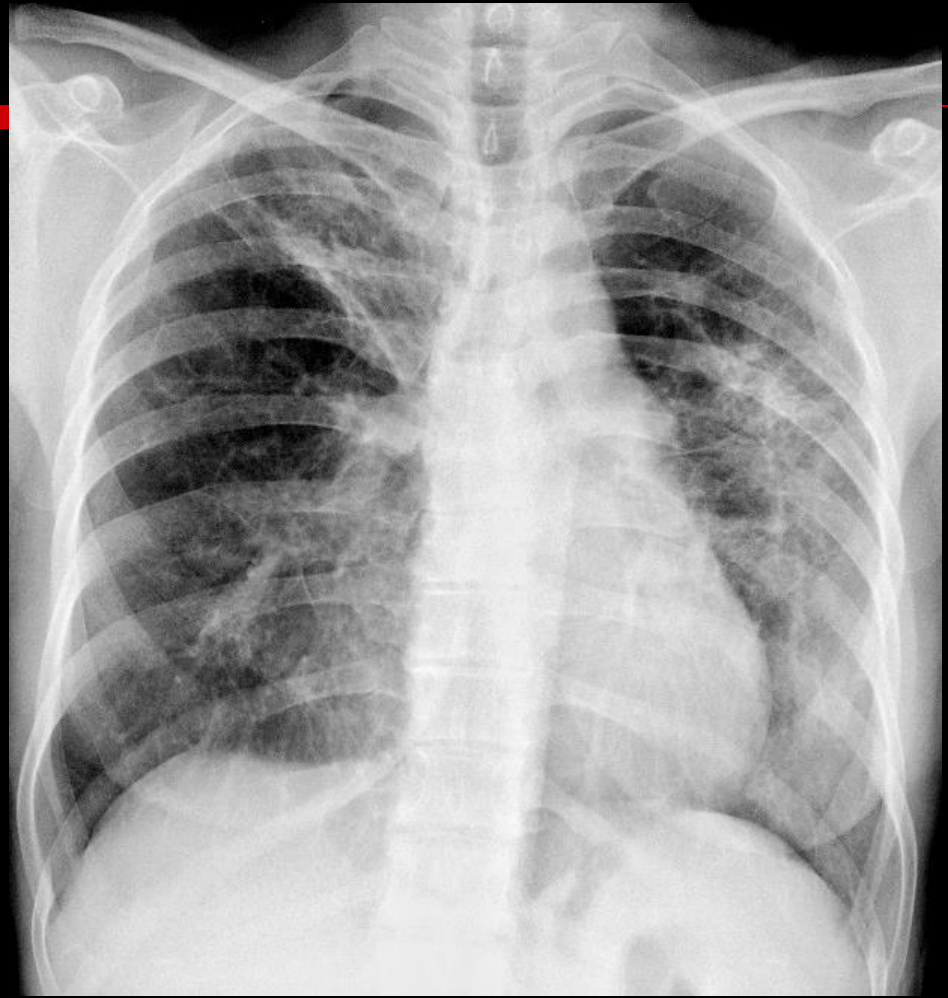


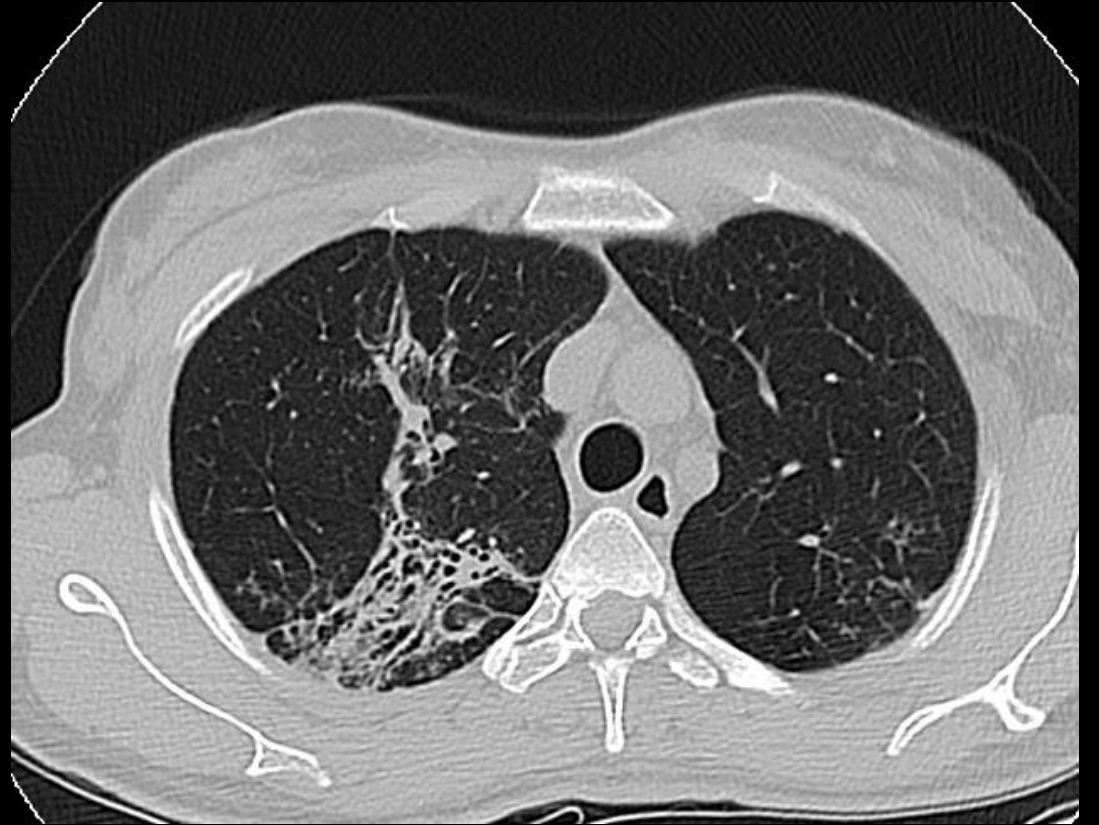
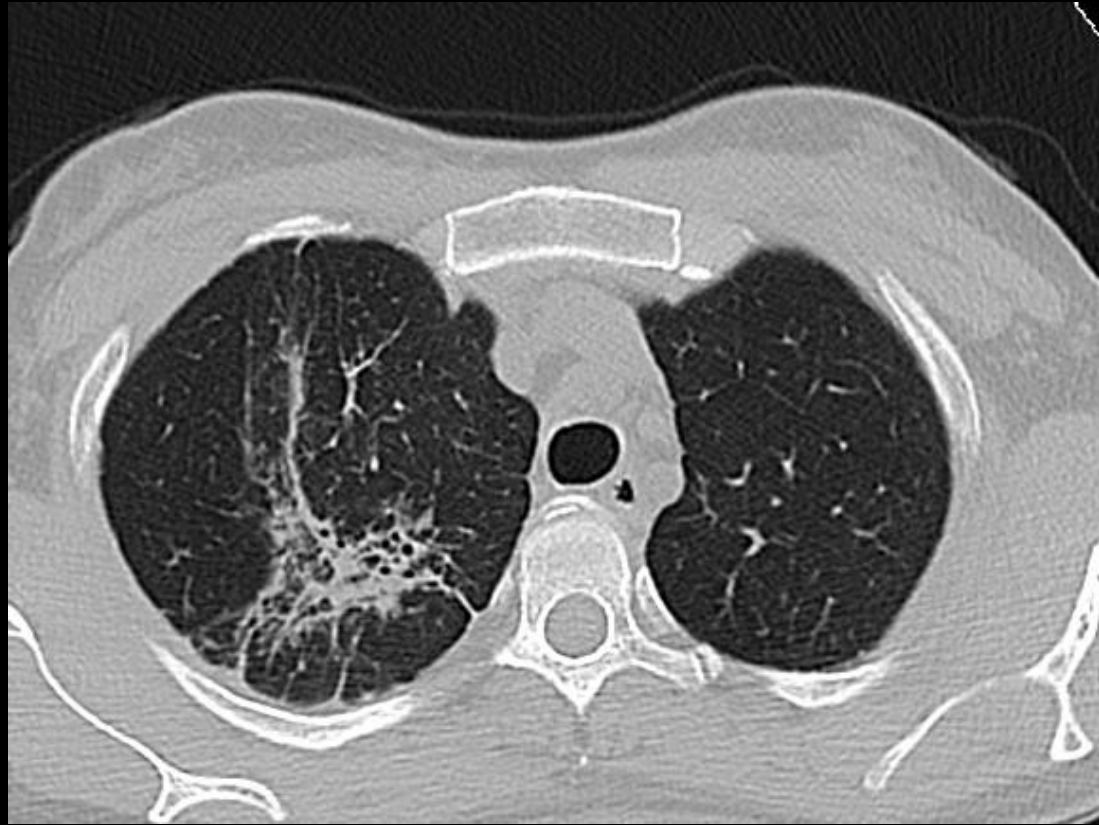
Endobronşial US eşliğinde l transbronşiyal biyopsi yapıldı:

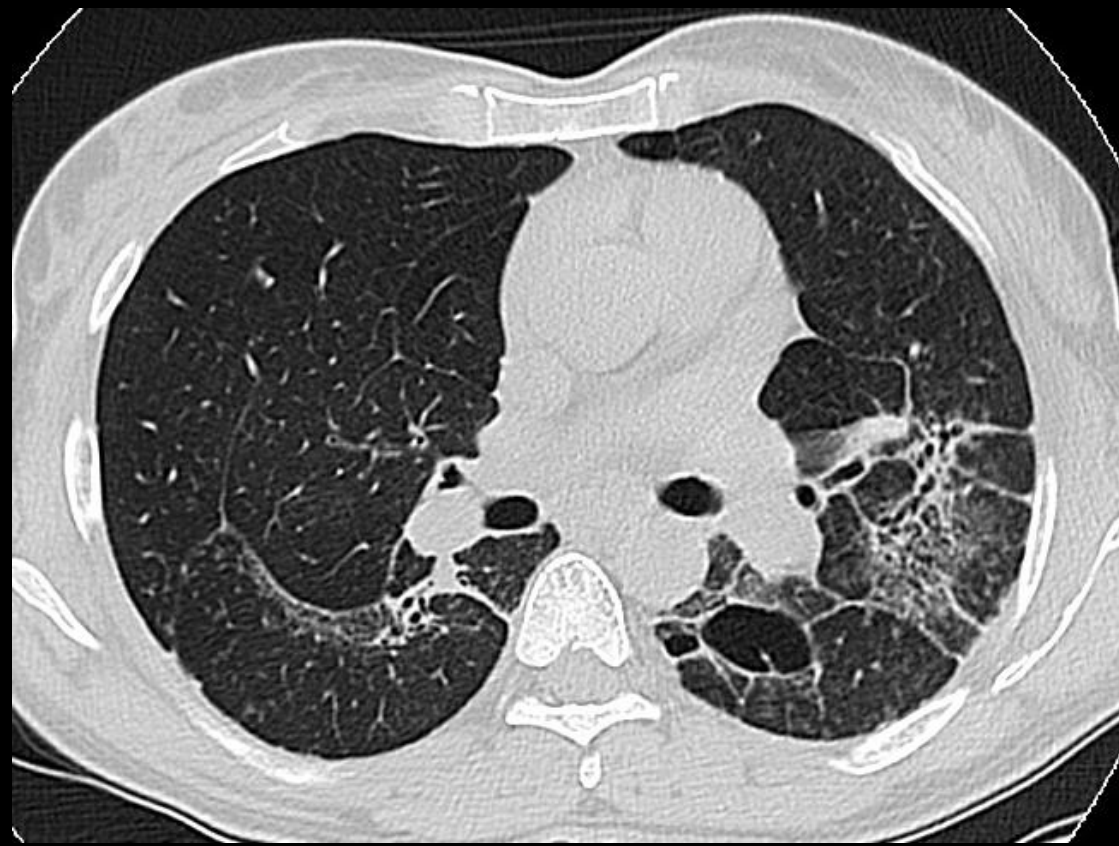
- Sarkoidoz ile uyumlu granulomatöz inflamasyon

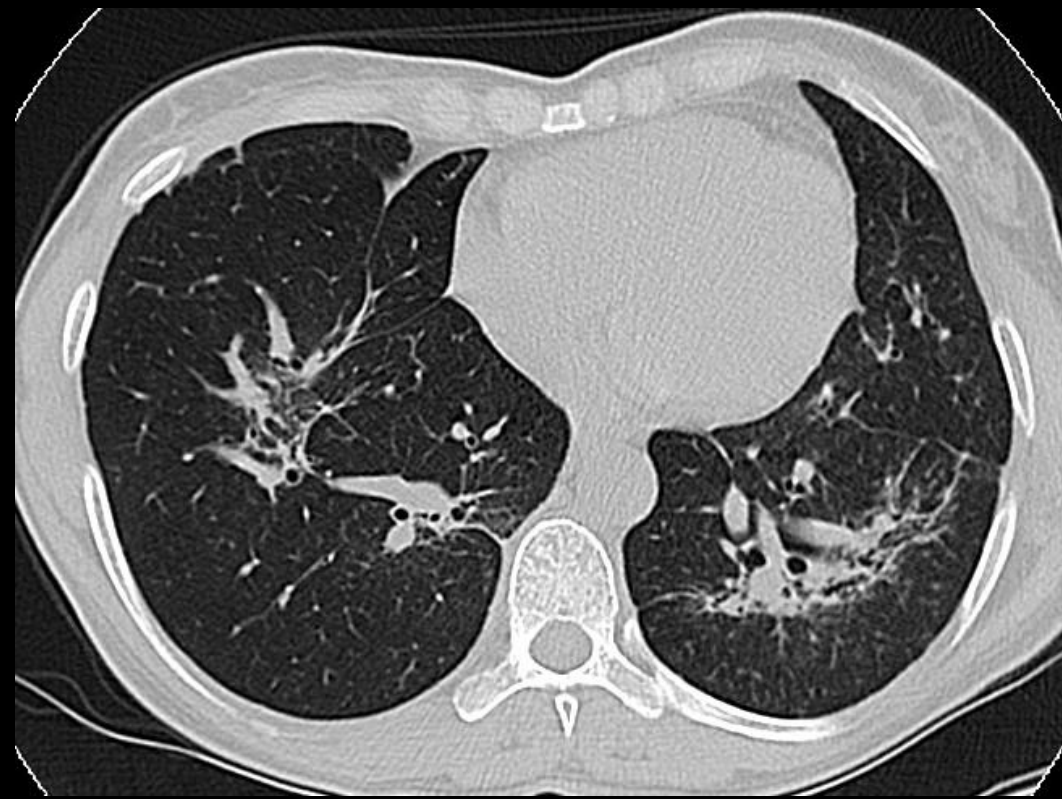
3 yıl sonra



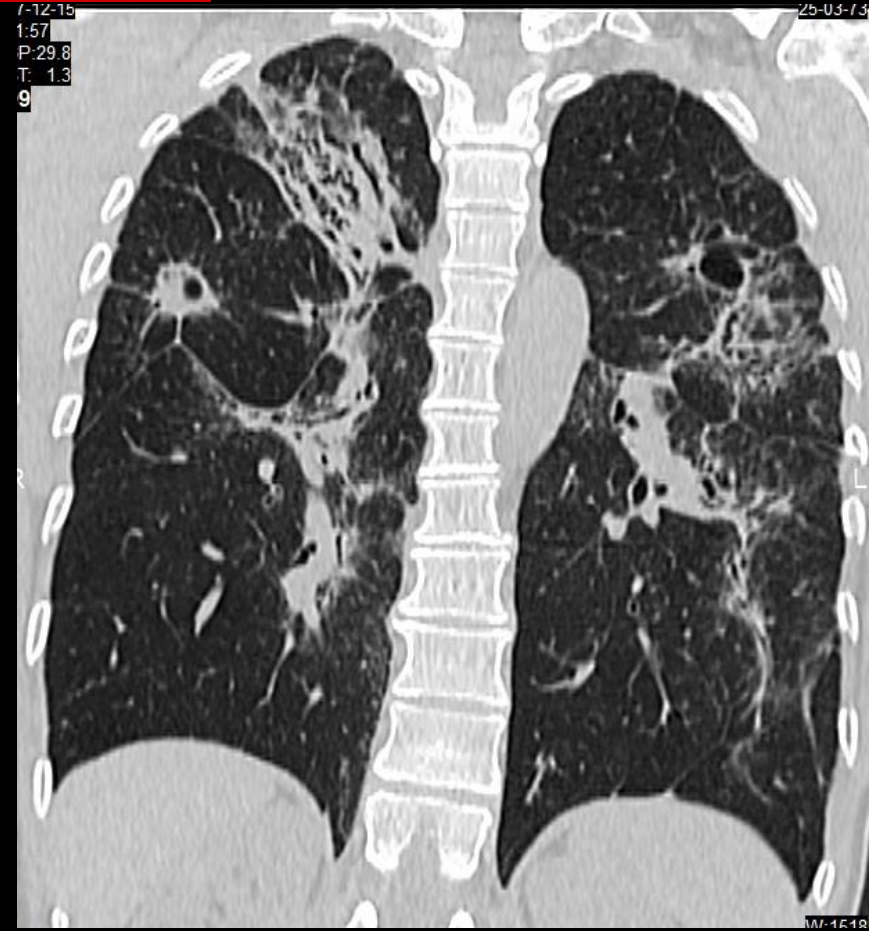






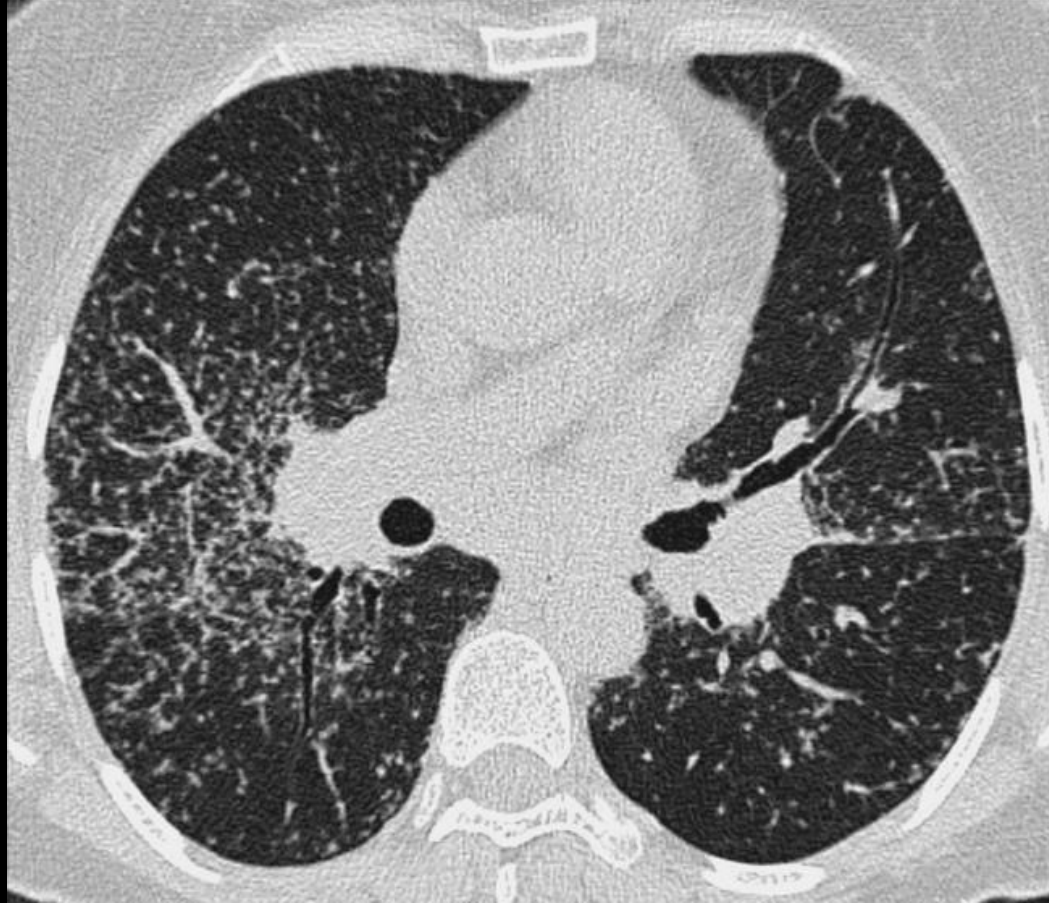


□ K 8



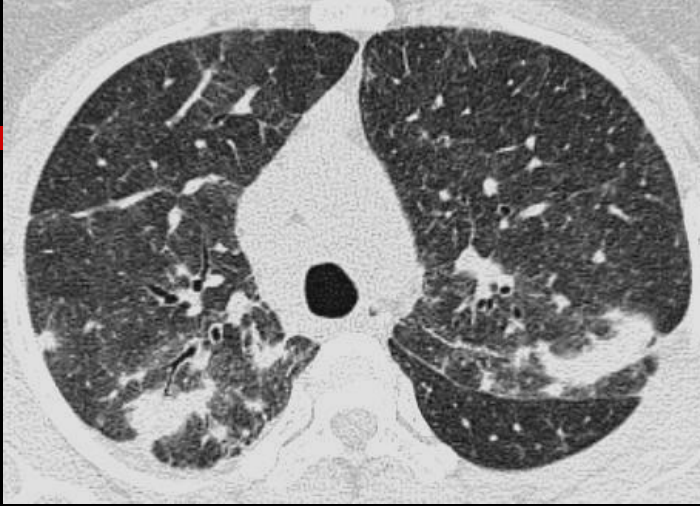
Traksiyon bronşektazisi içeren fibrozis alanları

Erken veya aktif sarkoidoz

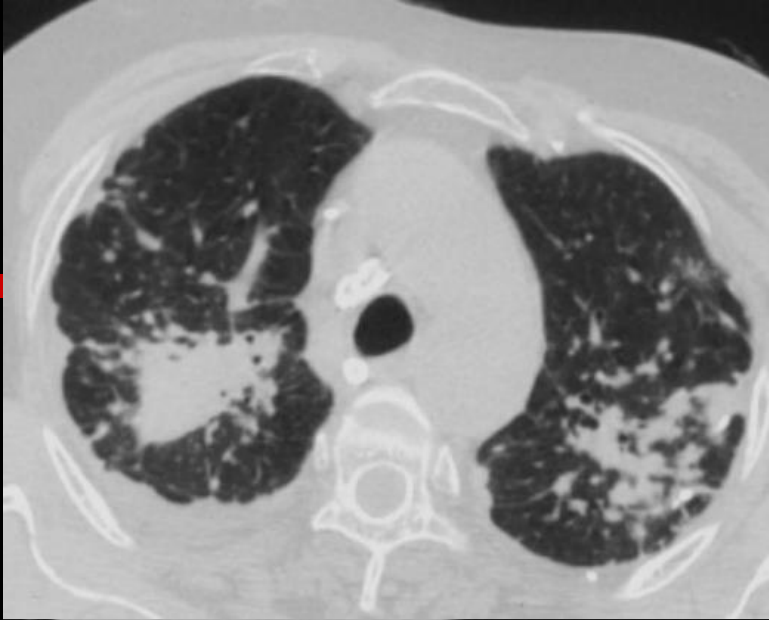


Küçük perilenfatik nodüller
Nodüller ağırlıklı olarak üst loblarda ve parahiler

Erken veya aktif sarkoidoz

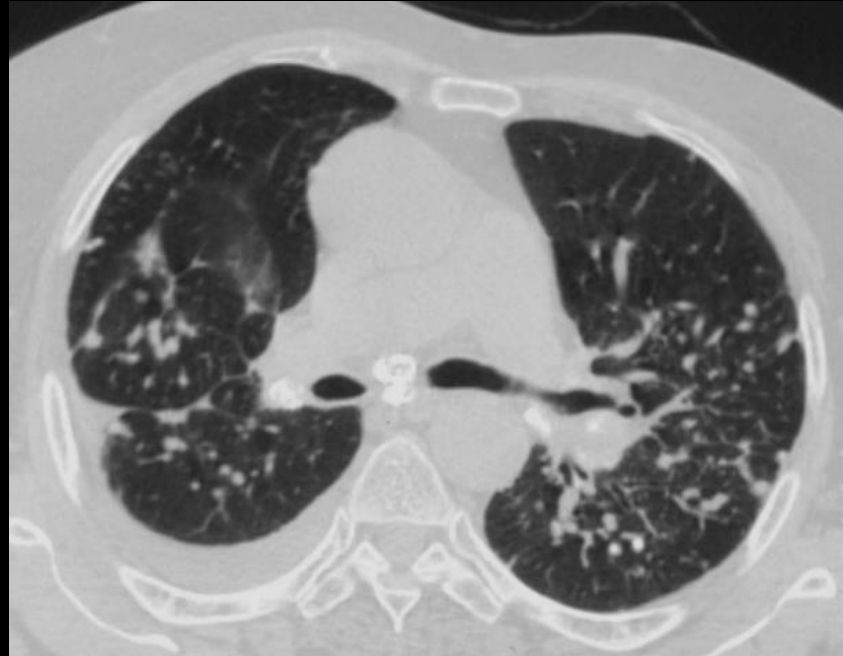
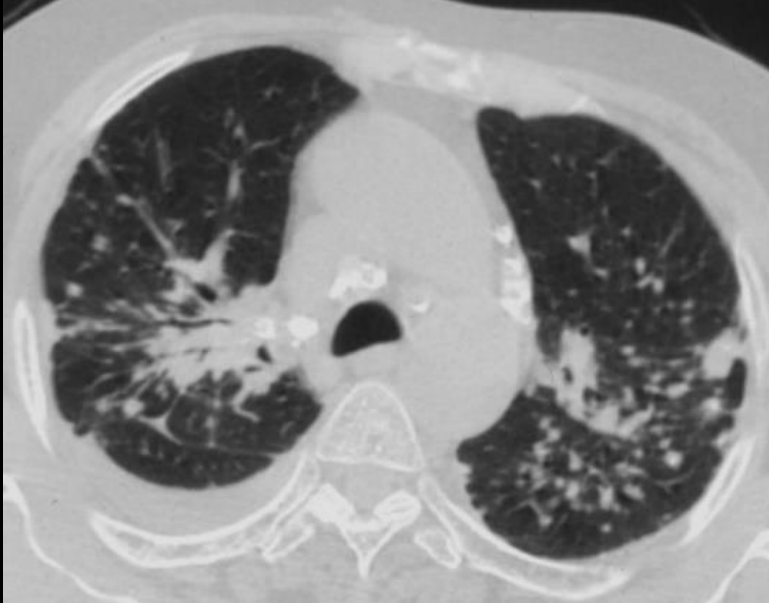


**Büyük nodüller, yama tarzında buzlu cam dansiteleri,
konsolidasyon alanları**

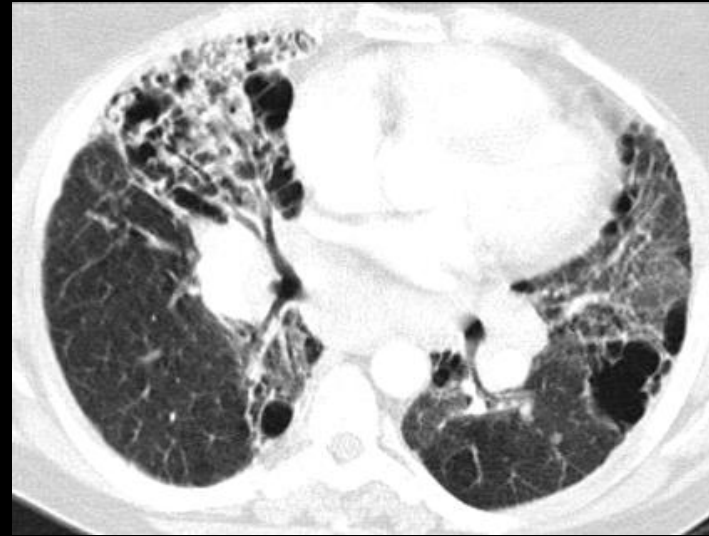
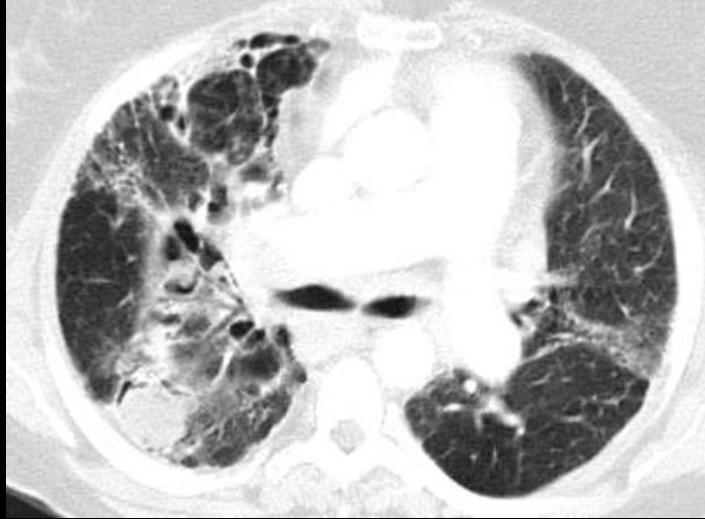
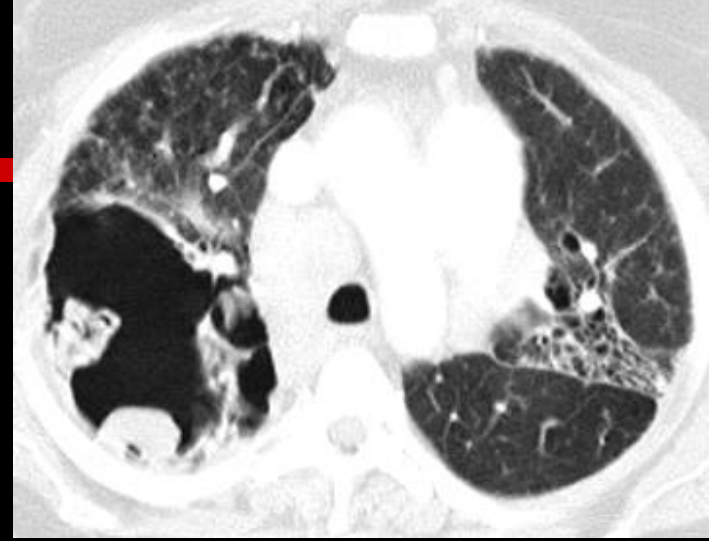


End- stage sarkoidoz

Konglomere kitleler

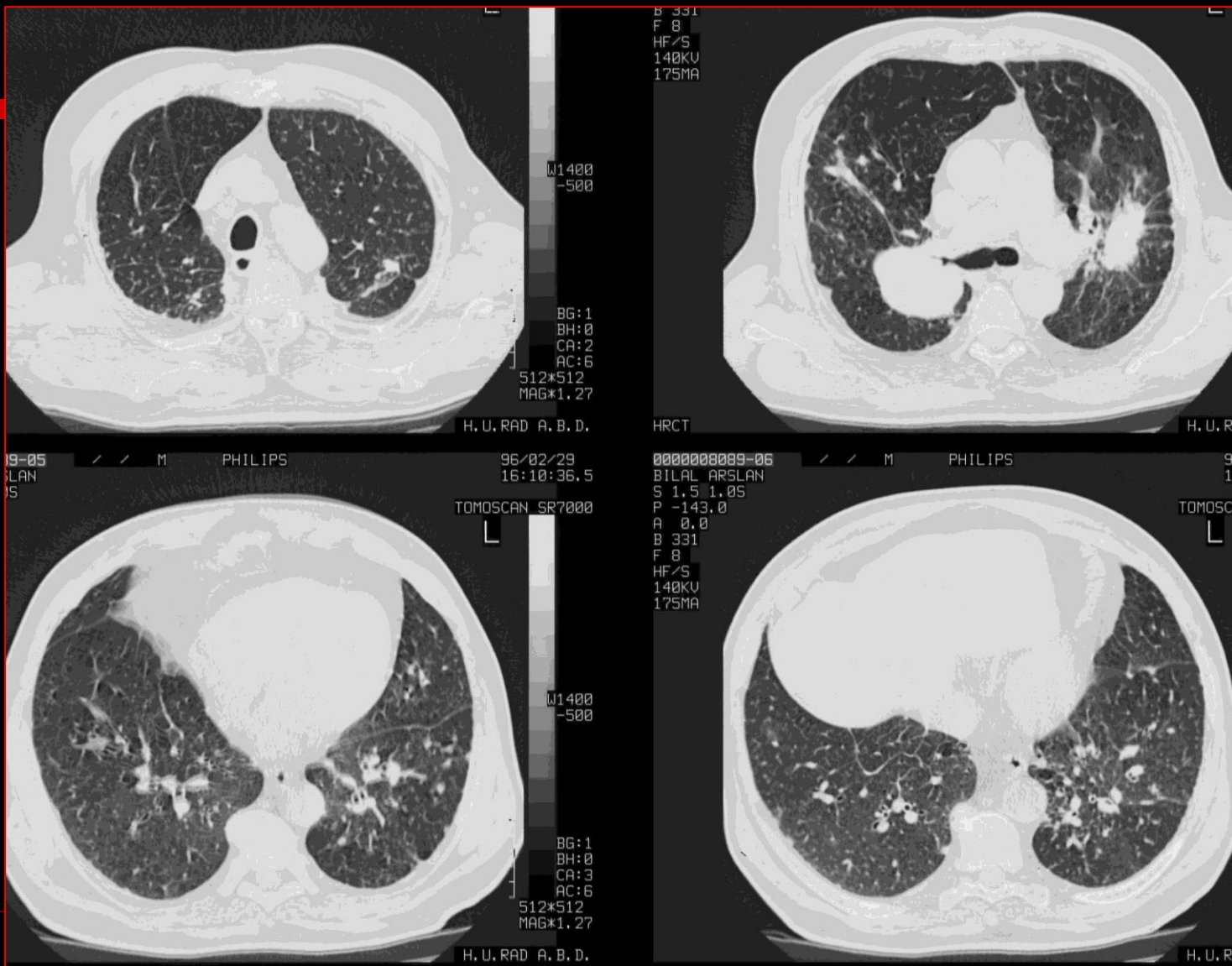


End- stage sarkoidoz



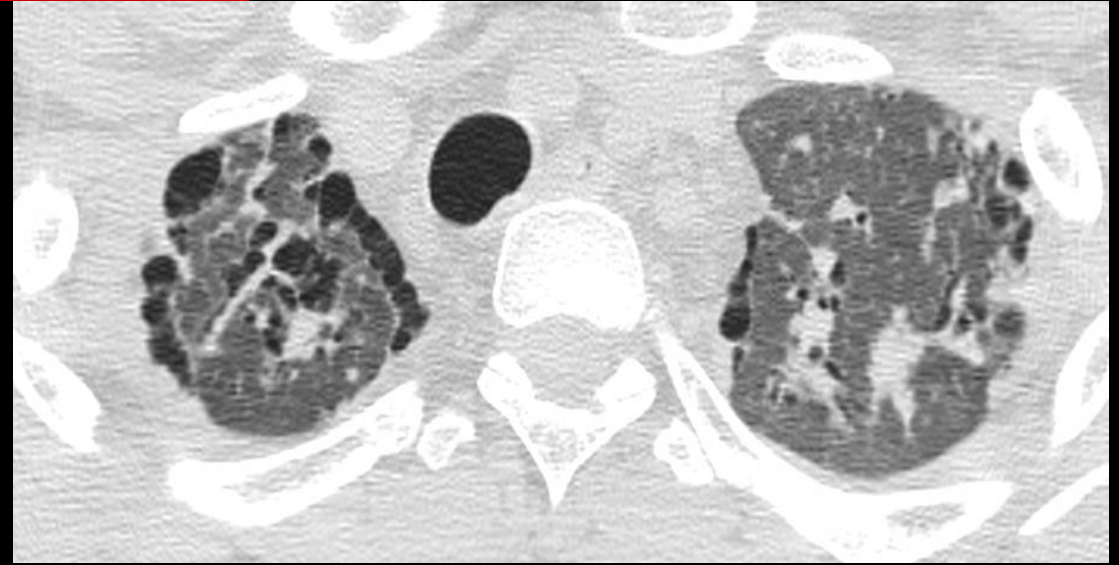
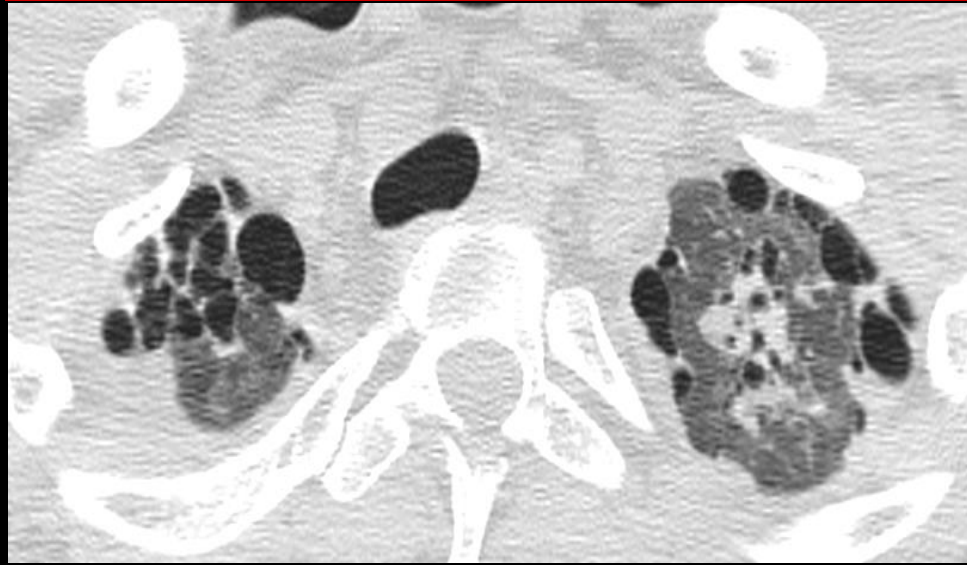
Balpeteği veya kistik hastalık, ağırlıklı olarak üst loblarda

Silikozis- Progresif masif fibrozis



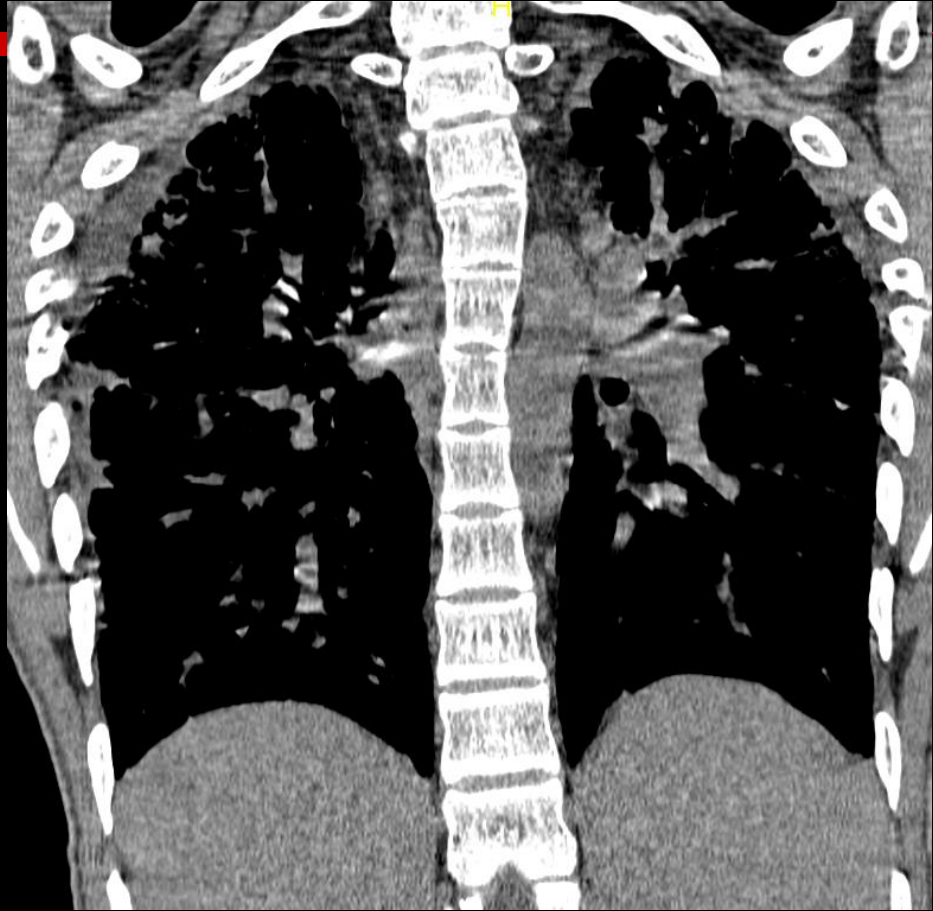
Olgu 5

- 19 yaşında, kadın hasta
-









Tanınız?

- A. Adenokarsinom
- B. Organize pnömoni
- C. Tüberküloz
- D. PJP
- E. Plöroparenkimal
fibroelastozis



Yanıt: **E**

- A. Adenokarsinom
- B. Organize pnömoni
- C. Tüberküloz
- D. PCP
- E. Plöroparenkimal
fibroelastozis**



İdyopatik Plöroparenkimal Fibroelastozis (İPPFE)

- Özellikle üst lobları ilgilendiren plevral ve parenkimal fibrotik kalınlaşma ile karakterize bir hastalıktır.

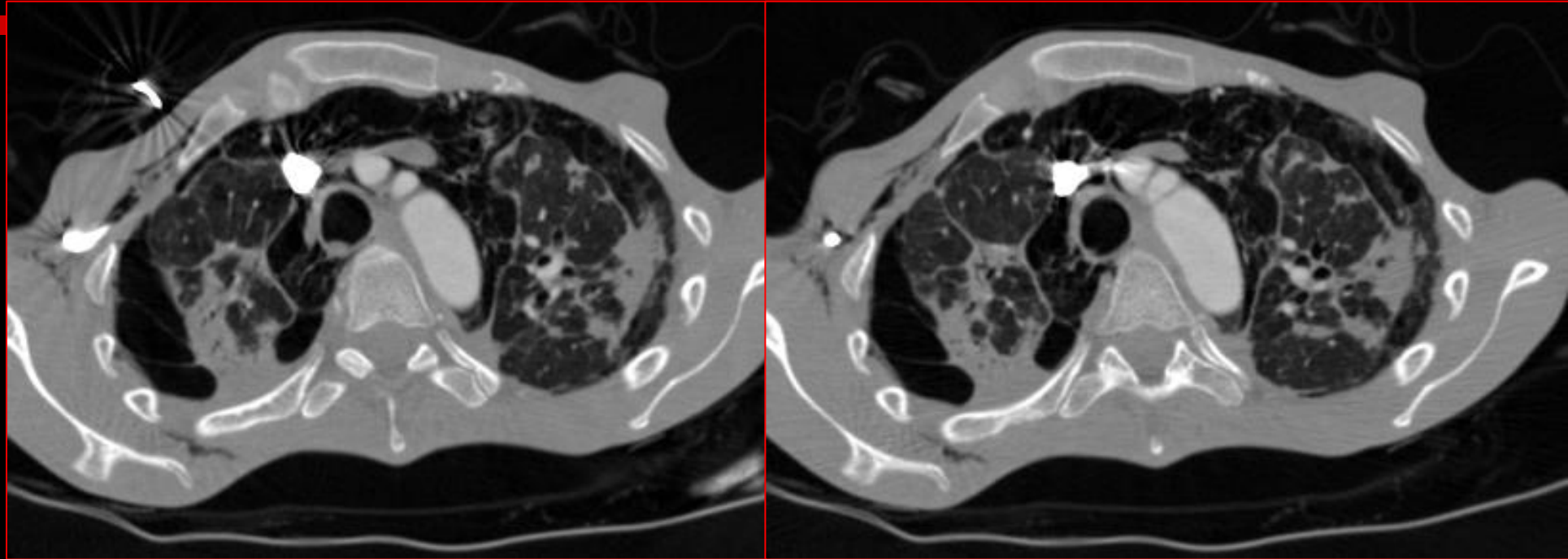
Akciğer grafisi:

- Apikal plevral kalınlaşma (apikal kep), üst loblarda hacim kaybı, hiluslarda yukarı çekilme, diafragmada yükselme

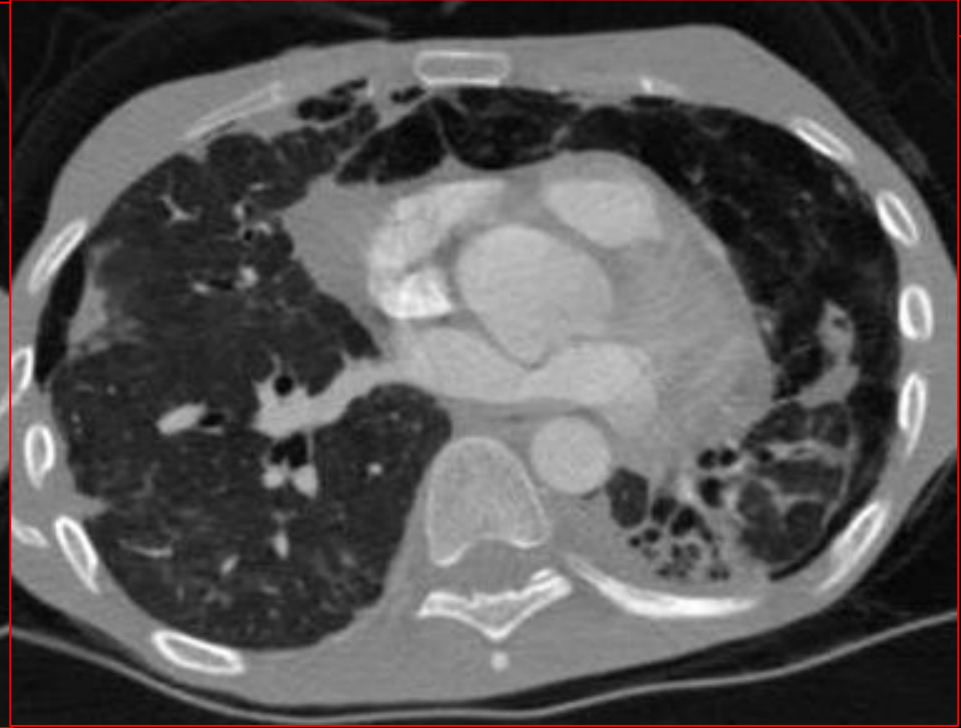
BT:

- Bilateral apikal plevral kalınlaşmalar
- Subplevral konsolidasyonlar
- Retiküler dansiteler: İnterlobüler septal kalınlaşmalar, traksiyon bronşektazileri, bal peteği
- Pnömotoraks
- Lenfadenopati: Mediastinal/ aksiller





Pat: İdyopatik plöroparenkimal fibroelastozis



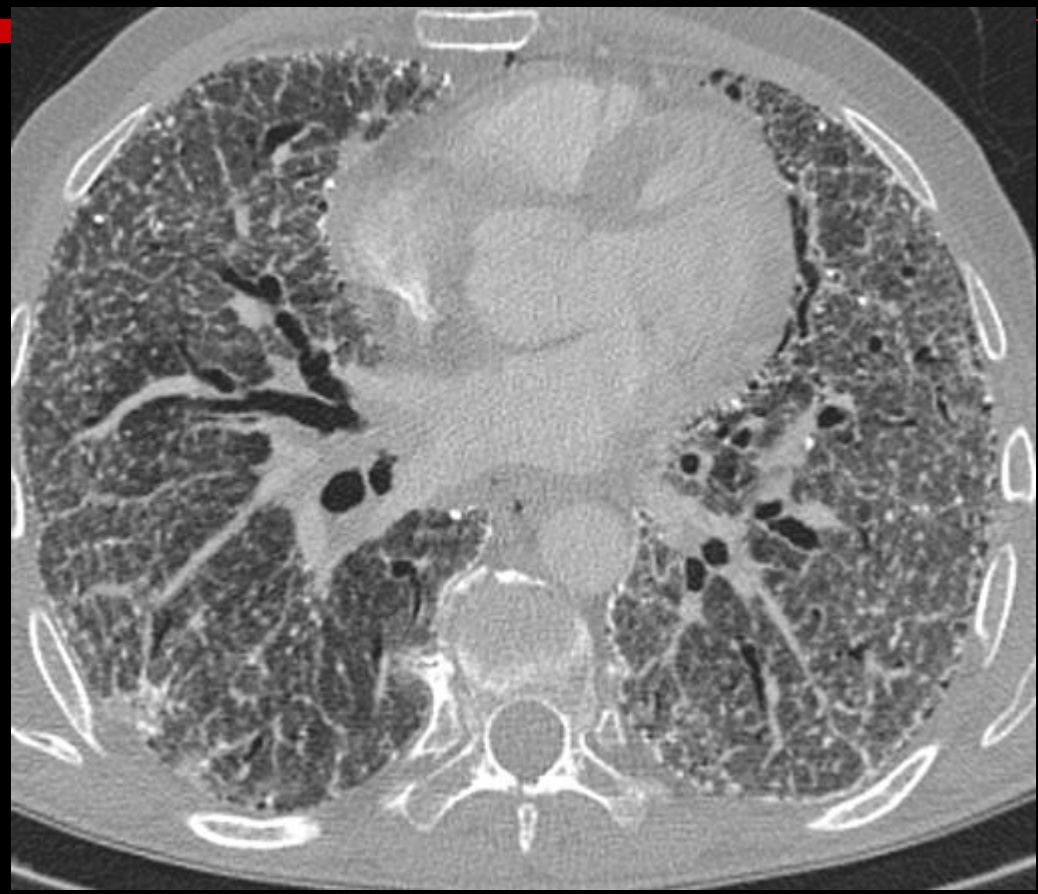
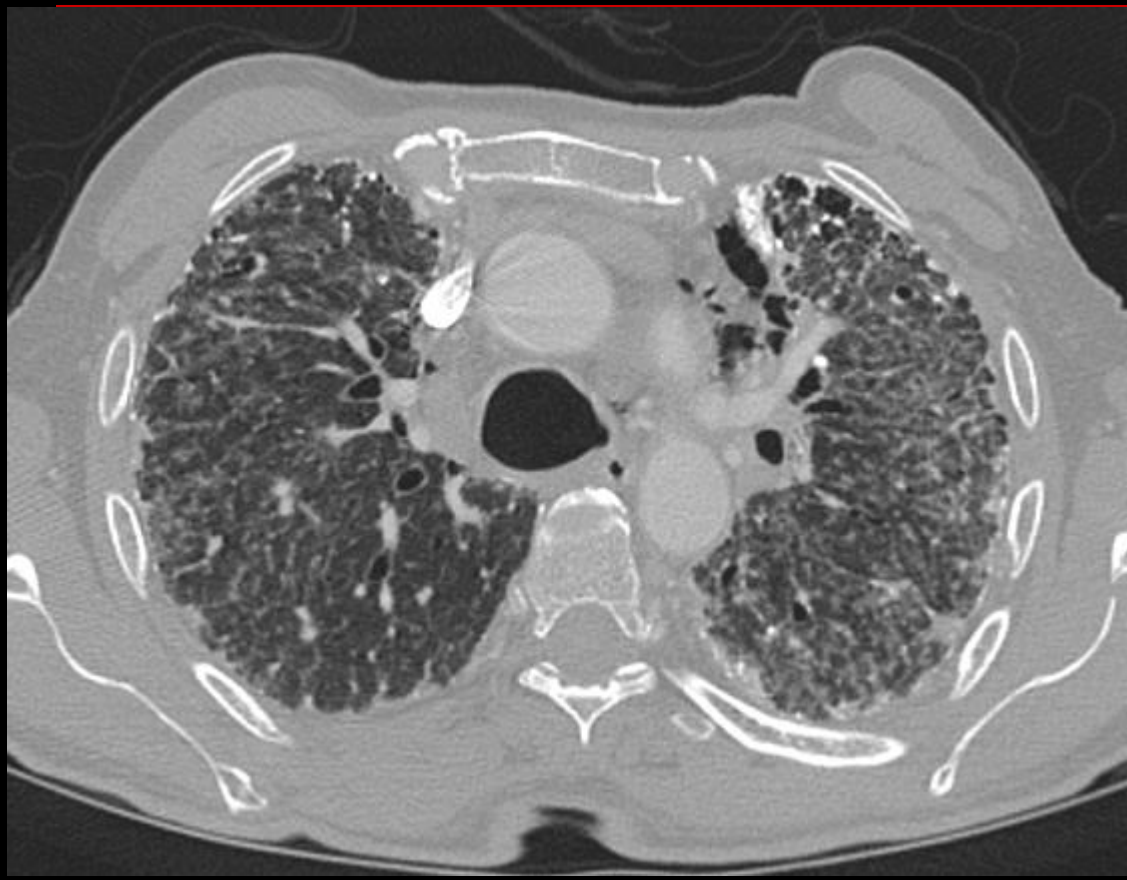


IPPFE: Ayrıcı Tanı

- Apikal kep
 - Sarkoidoz
 - Hipersensitivite pnömonisi
 - Asbestozis
 - RT'ye bağlı fibrozis
-

Olgu 6

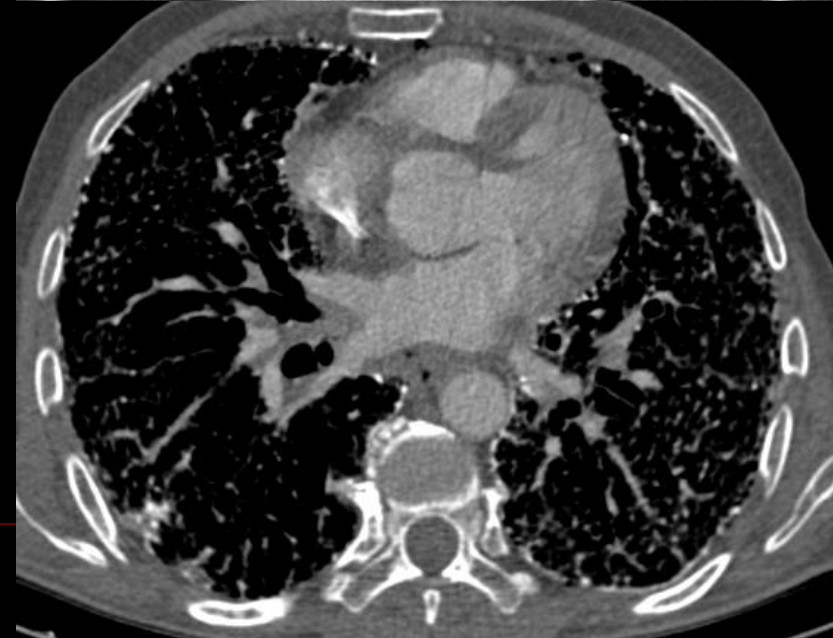
- 74 yaş, erkek
 - Giderek artan nefes darlığı şikayeti ile başvurdu
 - Toraks BT çekildi
-





Tanınız?

- A. Pulmoner alveolar proteinozis
- B. Pulmoner alveolar mikrolitiazis
- C. Metastatik kalsinozis
- D. ARDS



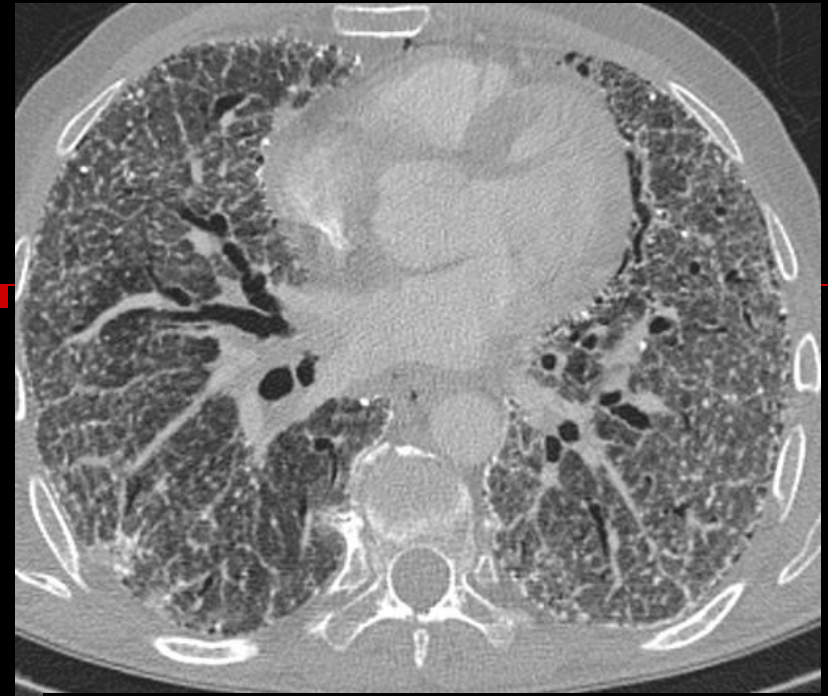
Yanıt: B

A. Pulmoner alveolar
proteinozis

B. Pulmoner alveolar
mikrolitiazis

C. Metastatik kalsinozis

D. ARDS



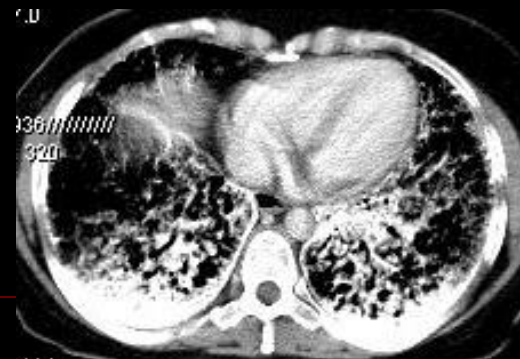
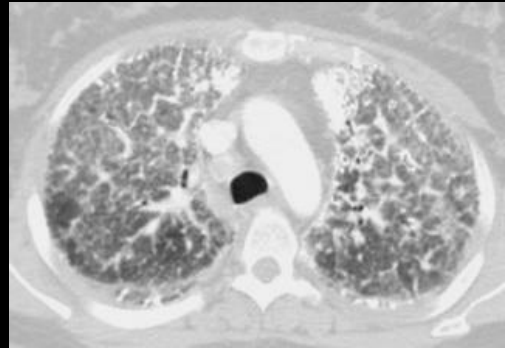
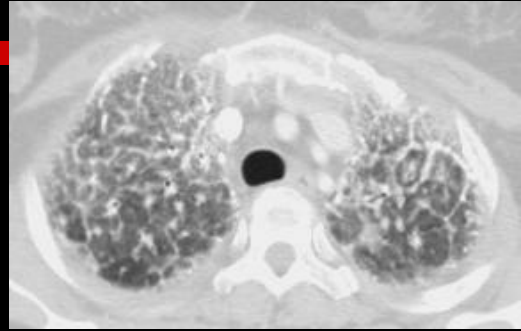
Pulmoner Alveolar Mikrolitiazis (PAM)

- İnterAlveoller içinde kalsifikasyonlarla karakterizedir
- Çok sayıda kum benzeri nodüller <1 mm çaplı
- Alt loblar daha fazla tutulur
- YÇBT: çok sayıda kalsifik nodül, kalsifiye septal çizgiler

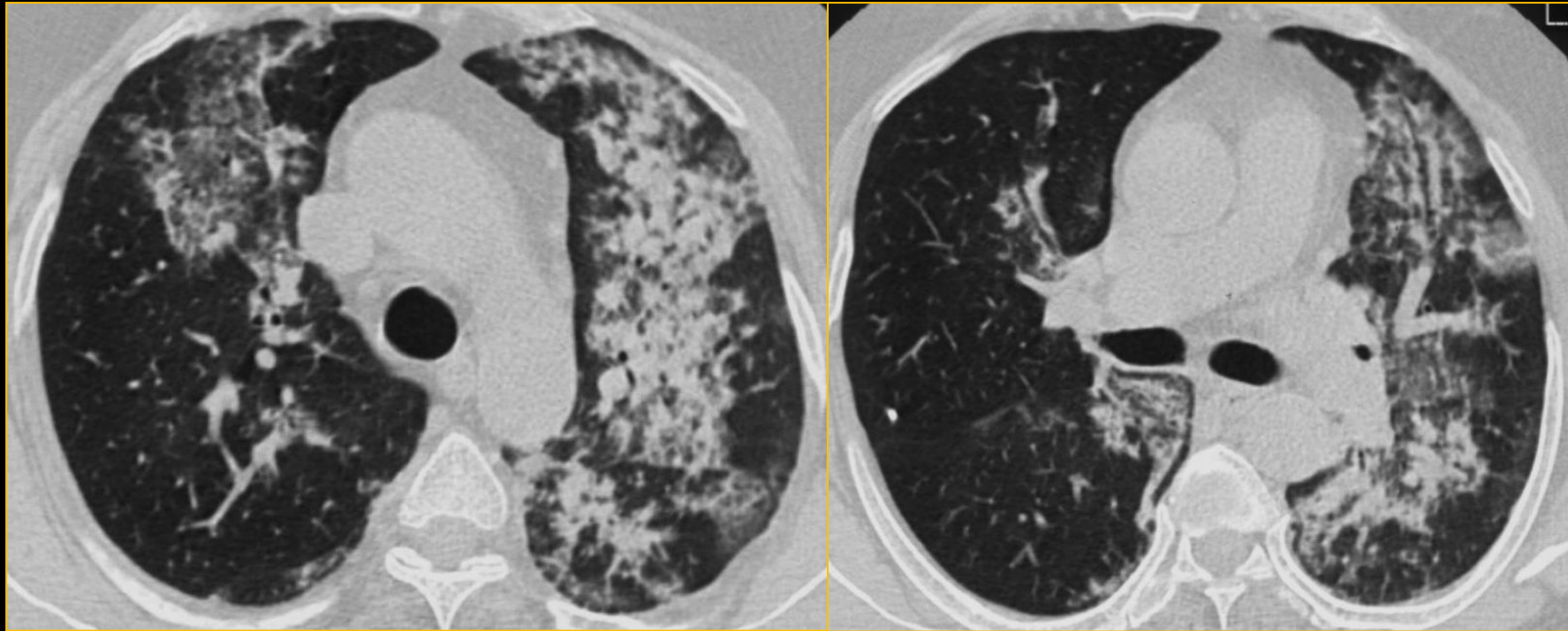


“Kum fırtınası”

Pulmoner Alveolar Mikrolitiazis (PAM)

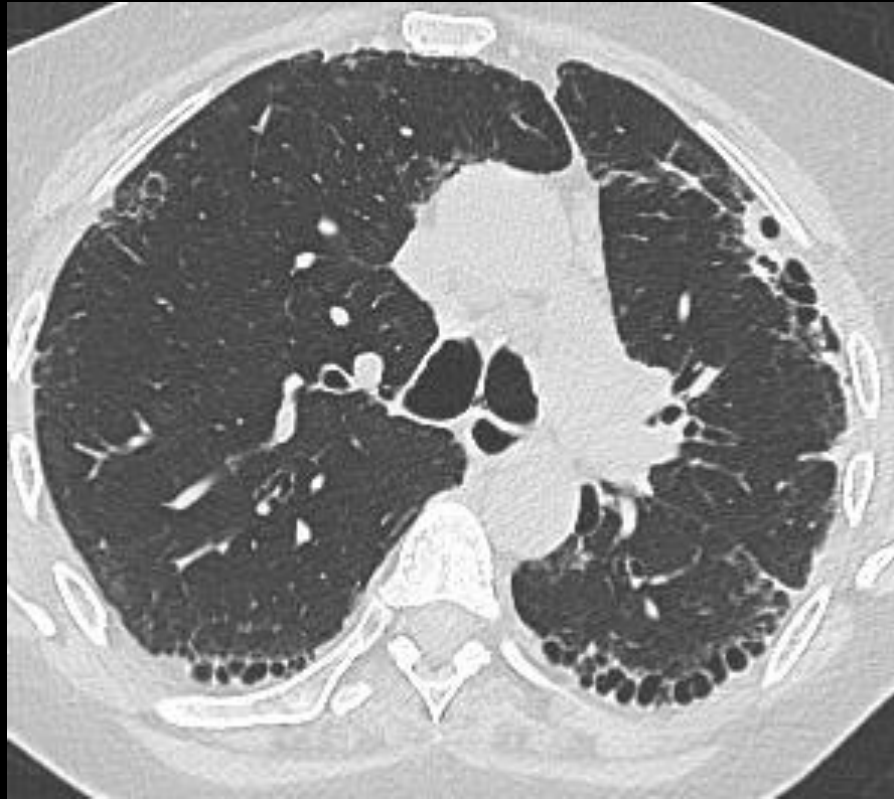


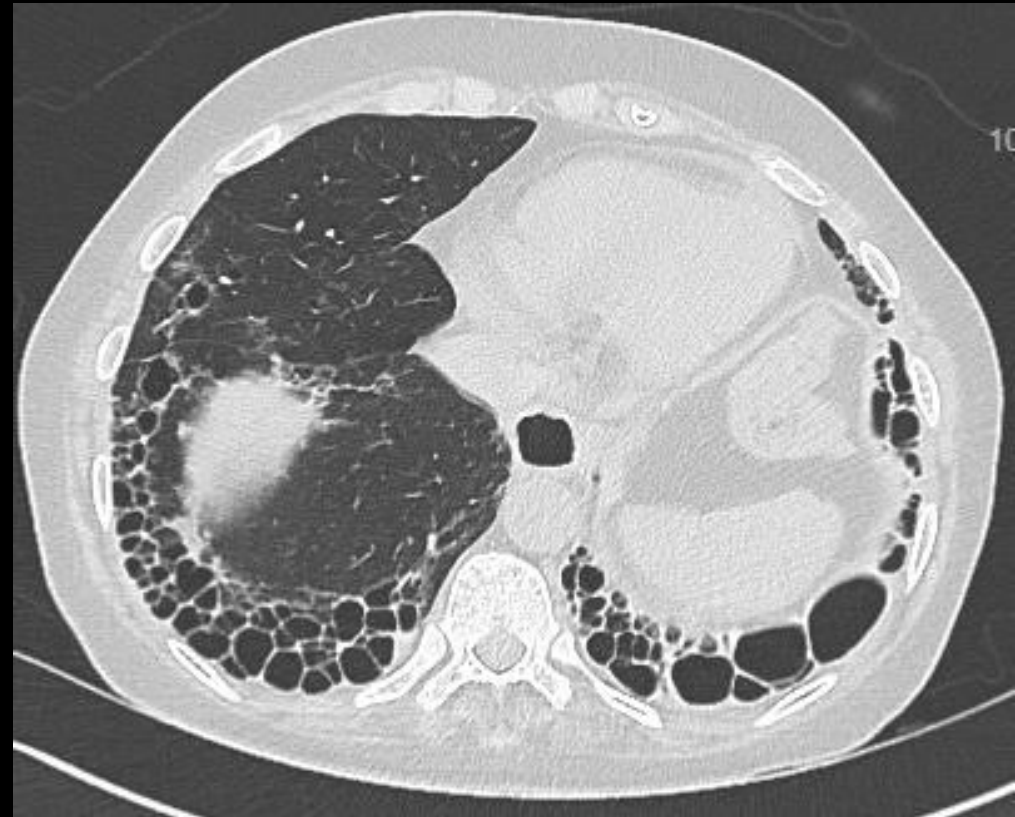
Pulmoner Alveoler Proteinozis



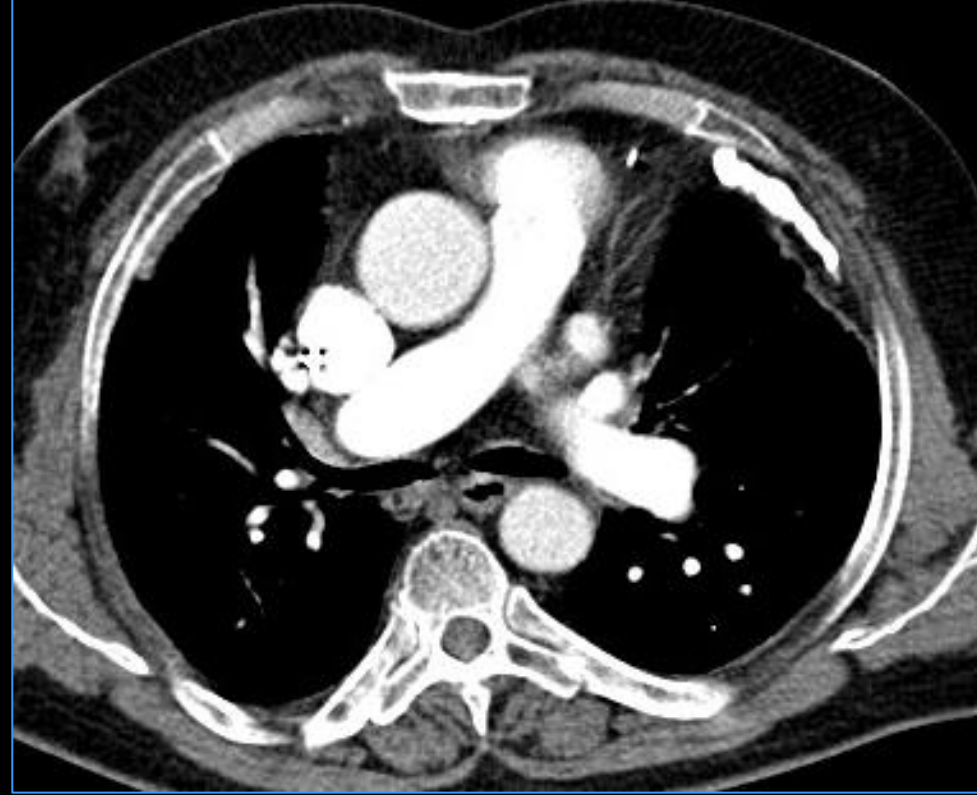
Olgu 7

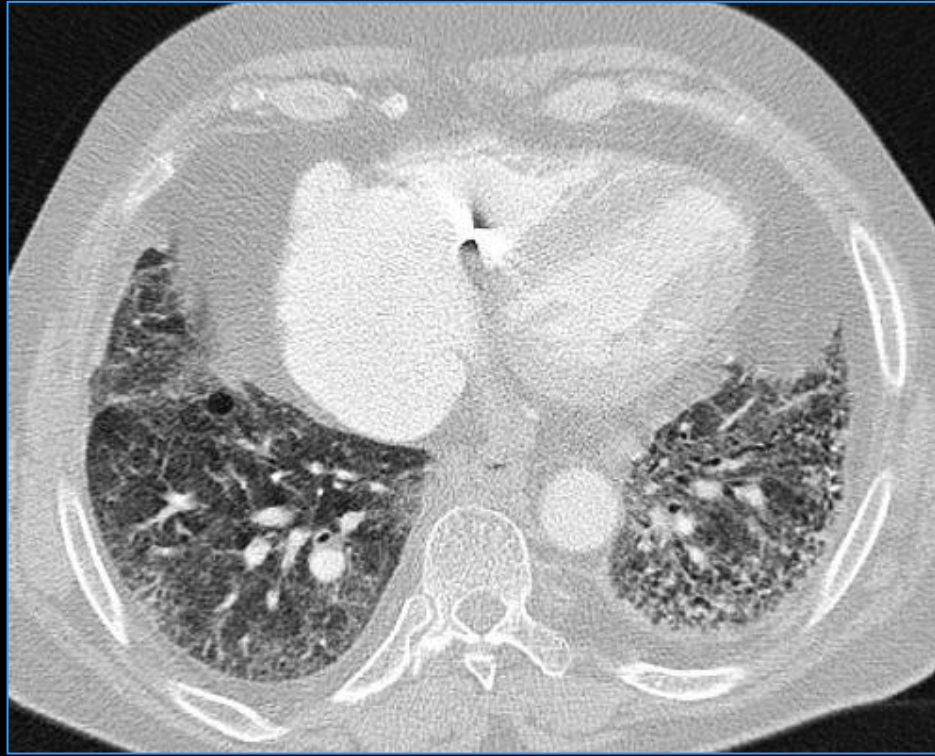
- 62 y, kadın hasta
 - 20 yıldır RA var
-

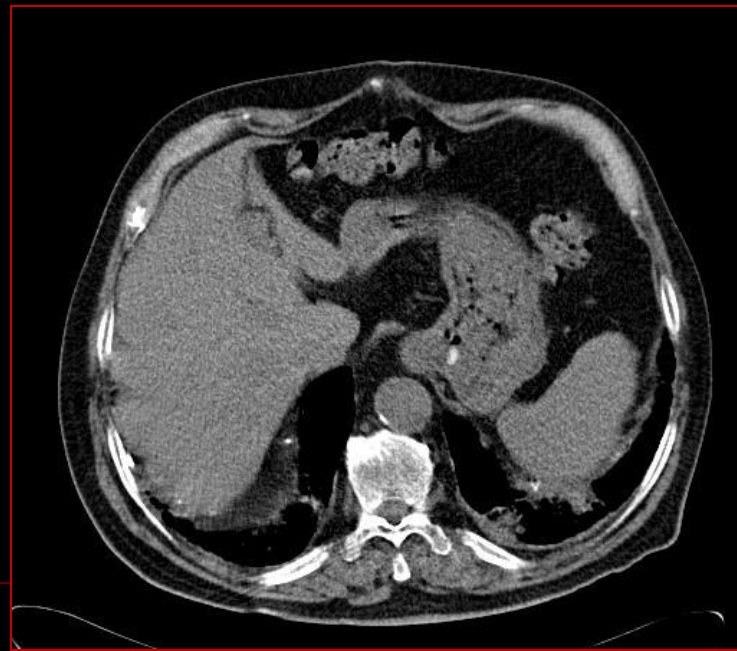
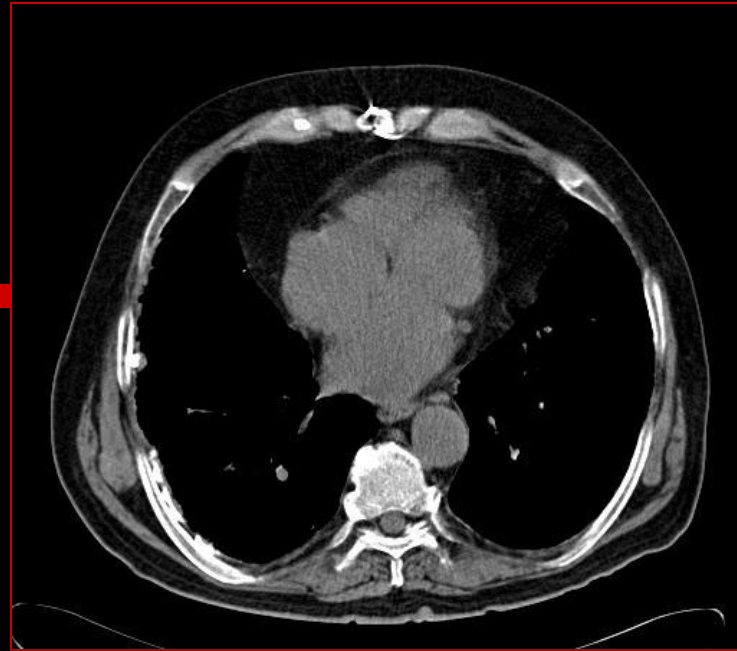




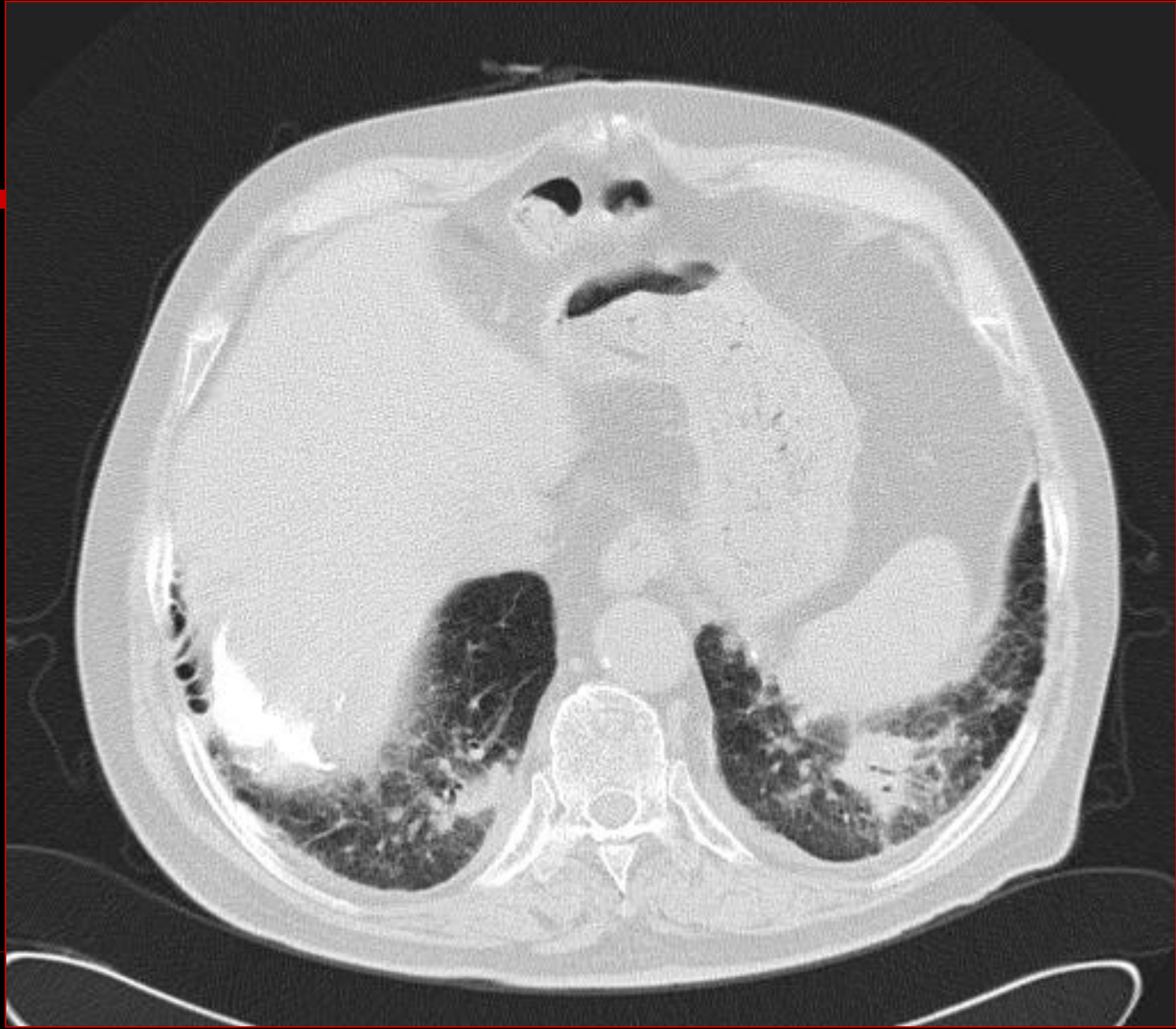
Olgu 8: 72 yaşında, erkek

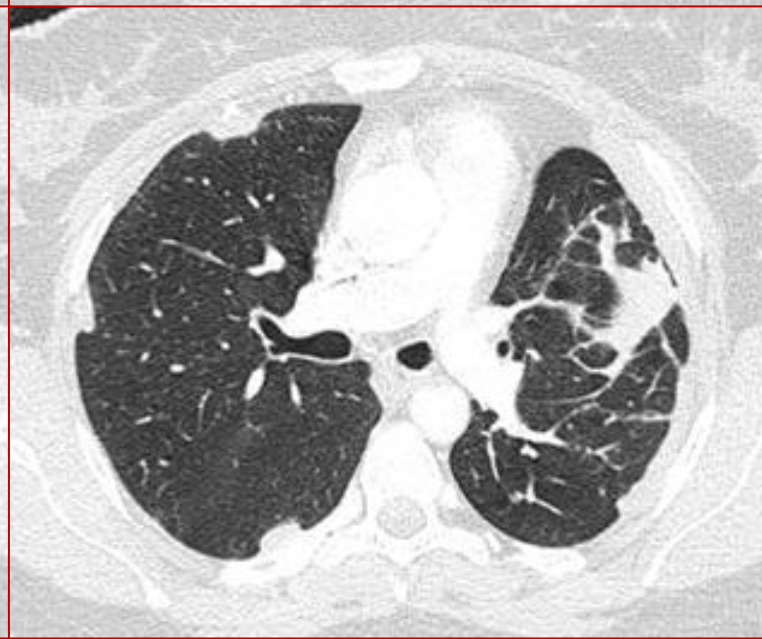
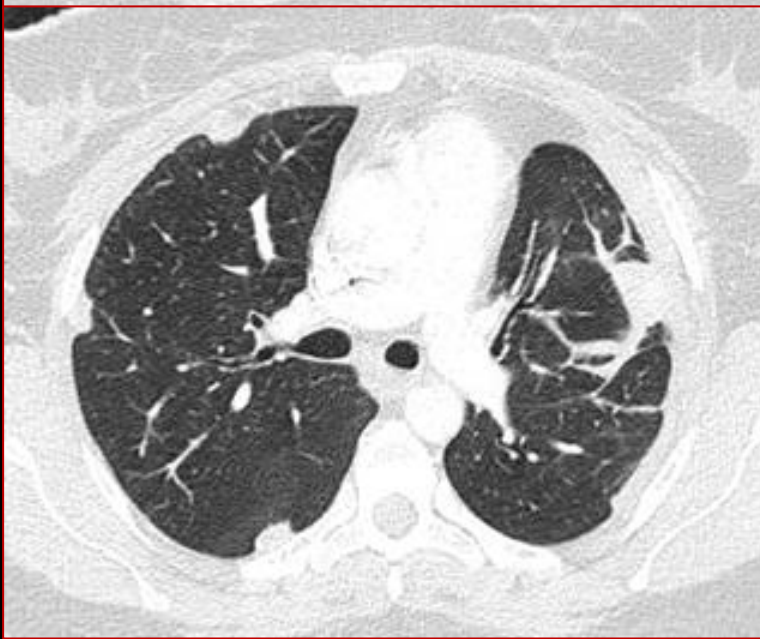


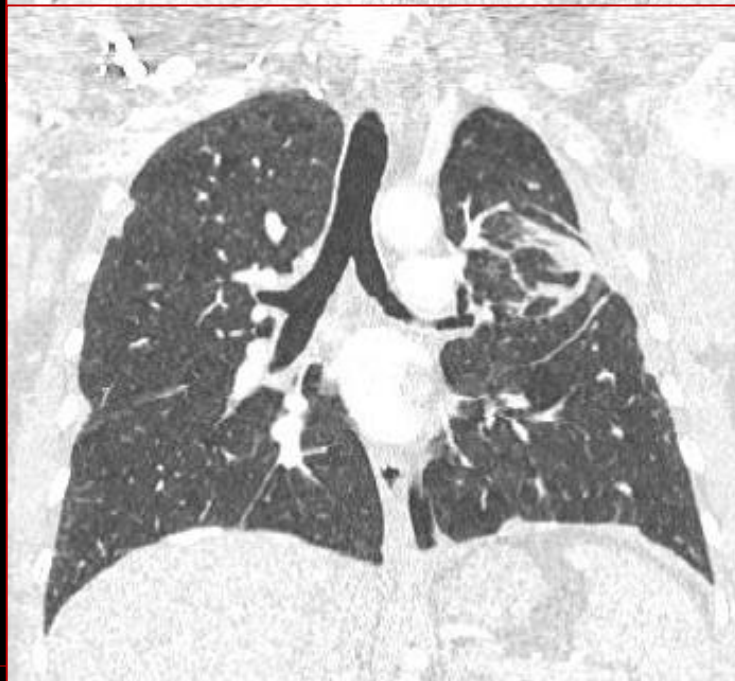


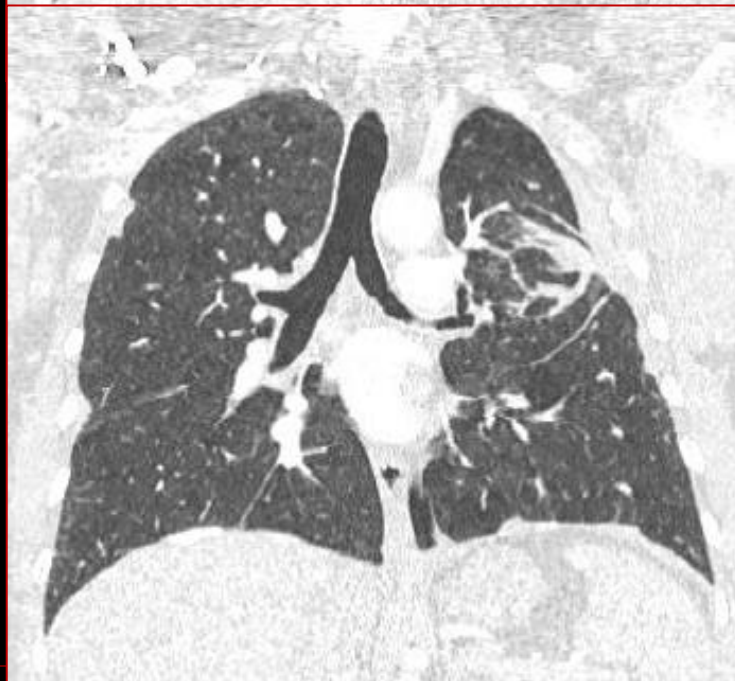


AÖ









Asbest mazuriyeti- yuvarlak atelektazi

