

A Clinical and Radiological Profile of Interstitial Lung Diseases

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I. Introduction

The Interstitial Lung Diseases Are A Clinically Challenging And Diverse Groups Of Over A 150 Disorders Characterized By Varying Degrees Of Fibrosis And Inflammation Of The Lung Parenchyma Of Interstitium. The Interstitial Lung Diseases Represent Many Features In Common Such As Similarities Of Symptoms, Comparable Appearance Of Chest Imaging Studies, Consistent Alteratios In Pulmonary Physiology And Typical Histological Features.

One Useful Approach Is To Separate Ilds Into Two Groups, Those With Known And Those With Unknown Causes. For Each Ild There May Be An Acute Phase Followed By A Phase Of Chronicity With Acute Exacerbation.

Among Ilds Of Known Cause, The Largest Group Includes Diseases Due To Inhalation Of Inorganic Dusts, Organic Dust, And Various Irritants, And Noxious Gases. The Major Ones Of Unknown Cause Is Ipf.

Aim Of The Study

To See The Patterns Of Clinical And Radiological Findings In Ild Patients Attending Ghccd, Visakhapatnam.

II. Material And Methods

In Current Study Patients Between Age Group From 21 To 80 Year Included Over A Period Of 2 Years And 3 Months I.E. September 2012 To November 2014. 50 Participants, Already Diagnosed With Ild On The Basis Of Their Clinical History, Chest X-Ray, Hrct Chest, Bronchoscopy And Relevant Blood Investgations, Were Included.

III. Results

Out Of 50 Patients Studied, It Was Observed That Female Patients Were 26 [52%] Out Numbered Male Patients With 24 [48%] . Majority Of Patients Were In Age Group Of 31-50 15(Fifteen) [30%] In Females, 41-70 18(Eighteen) [36%] In Males. Common Symptoms Were Sob(Shortness Of Breath)-In 50 Patients [100%], Cough-In 46 Patients[92%]. Common Chest X-Ray Zonal Distributions Were Mid And Lower Zones -In 20 Patients[40%], And Lower Zones Only-In 18 Patients[36%]. Aetiology Wise :Ilds In 24 Patients[48%] Was More Common, Then Ipf In 14 Patients [28%], Others Were Uip -In 3 Patients[6%], And One Patient Each In Nsip, Occupational Lung Disease, Pap, Bronchiolitis, Sarcoidosis, Abpa, Miliary Pattern, And Hp. Hrct Profile Wise: Common Patterns Were- Honey Combing In 19 Patients [38%], And Reticular Pattern In 15 Patients[30%]. Spirometry Wise: Common Pattern Was Restrictive Pattern In 25 Patients[50%]. Smoking Was Common Risk Factor.

IV. Conclusion

To Conclude, Ilds Showed A Female Predominance, Presenting Mostly In 31-50 Year Age Group With Shortness Of Breath And Cough As The Predominant Complaints. Radiologically, Reticulonodular Pattern Was The Most Common Presentation On A Chest X-Ray And Honeycombing Opacities On Hrct. Most Common Pattern Was Ild Pattern With Basal Predominance. Majority Of The Patients Showed Exercise Oxygen Desaturation And A Restrictive Abnormality In Spirometric Evaluation.

Tables:

1. Gender Wise

Males	24	48%
Females	26	52

2. Common Age

Male	41-70	18	36%
Female	31-50	15	30%

3. Age Wise

	Male	Female	
21-30 Year	3	21-30 Year	2
31-40 Year	2	31-40 Year	8
41-50 Year	6	41-50 Year	7
51-60 Year	6	51-60 Year	5
61-70year	6	61-70 Year	4
71-80year	1	71-80year	-

Total 24 26

4. Aetiology Wise

Ild	24	M-15 F-9	48%
Ipf	14	M-5 F-9	28%
Uip	3	M-0 F-3	6%
S.Scleriosis	1	M-0 F-1	2%
Nsip	1	M-1 F-0	2%
Occupational	1	M-1 F-0	2%
P A P	1	M-0 F-1	2%
Bronchiolitis	1	M-1 F-0	2%

Sarcoidosis	1	M-1 F-0	2%
Abpa	1	M-1 F-0	2%
Miliary Pattern	1	M-1 F-0	2%
H P	1	M-1 F-0	2%
Total	50	M-24 F-26	

5. According To Smoking

Smokers	19	38%
Non-Smokers	31	62%

6. Sex Ratio In Smokers

Males	13	26%
Females	6	12%

7. Symptoms Profile

Cough	46	92%
Sob	50	100%
Arthritis	7	14%
Skin Lesions	6	12%
Dysphagia	4	8%

8. Hrcr Profile In Ild

Honey Combing	19	38%
Reticular Pattern	15	30%
Ground Glass Pattern	10	20%
Nodular Pattern	5	10%
Reticulonodular Pattern	1	2%

9. Spirometry

Restrictive Pattern	25	50%
Mixed Pattern	12	24%
Normal	7	14%