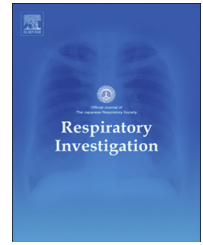




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Case report

Consolidation with a twisted appearance along the airways: A report of five cases of interstitial pneumonia



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ABSTRACT

High-resolution CT showed areas of airspace consolidation with a twisted appearance of the airways, along with areas of peribronchial ground-glass attenuation and traction bronchiectasis, in five patients with interstitial pneumonia. These areas of airspace consolidation were termed “twisted consolidation” (TwC). The five patients included two patients receiving treatment for rheumatoid arthritis (RA), one patient with newly diagnosed RA, and one patient who subsequently showed RA. Three patients showed improvement after steroid administration. An association of TwC with RA is suspected, but further studies are necessary.

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1. Introduction

Although interstitial pneumonia is common in patients with collagen vascular disease, lesions in the interstitium surrounding the central bronchi are rare. We report five cases of interstitial pneumonia with twisted and bent areas of airspace consolidation surrounding the larger airways on high-resolution CT

(HRCT) images, and we termed these areas “twisted consolidation” (TwC). Although CT findings in drug-induced pneumonitis and other autoimmune diseases are similar, we suspect that TwC is associated with rheumatoid arthritis (RA). TwC represents consolidation (often associated with ground-glass opacities) surrounding larger bronchi with a bent or twisted shape, often accompanied by traction bronchiectasis.

Abbreviations: HRCT, high-resolution computed tomography; TwC, twisted consolidation; RA, rheumatoid arthritis; NSIP, nonspecific interstitial pneumonia; BALF, bronchoalveolar lavage fluid; MTX, methotrexate; UIP, usual interstitial pneumonia; OP, organizing pneumonia; IPF, idiopathic pulmonary fibrosis; RA-ILD, rheumatoid arthritis-associated interstitial lung disease

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2. Case reports

Case 1. A 78-year-old woman was diagnosed with RA at a nearby hospital because of wrist and finger joint pain. She was administrated oral salazosulfapyridine 15 months after diagnosis. The drug was taken for 8 months, but discontinued due to pruritus and onychomycosis. The patient developed exertional dyspnea and cough 1 month after discontinuation

of the drug, and visited our hospital. HRCT showed areas of ground-glass attenuation and airspace consolidation mainly surrounding the proximal bronchi, predominantly in the upper and middle lung fields. Traction bronchiectasis was noted within the opacities (Fig. 1A). The percentage of lymphocytes in the bronchoalveolar lavage fluid (BALF) was abnormal (40%). Thoracoscopic lung biopsy revealed cellular nonspecific interstitial pneumonia (NSIP) and organizing pneumonia (OP) mainly surrounding the peribronchovascular region, and also showed pleural and interlobular septal

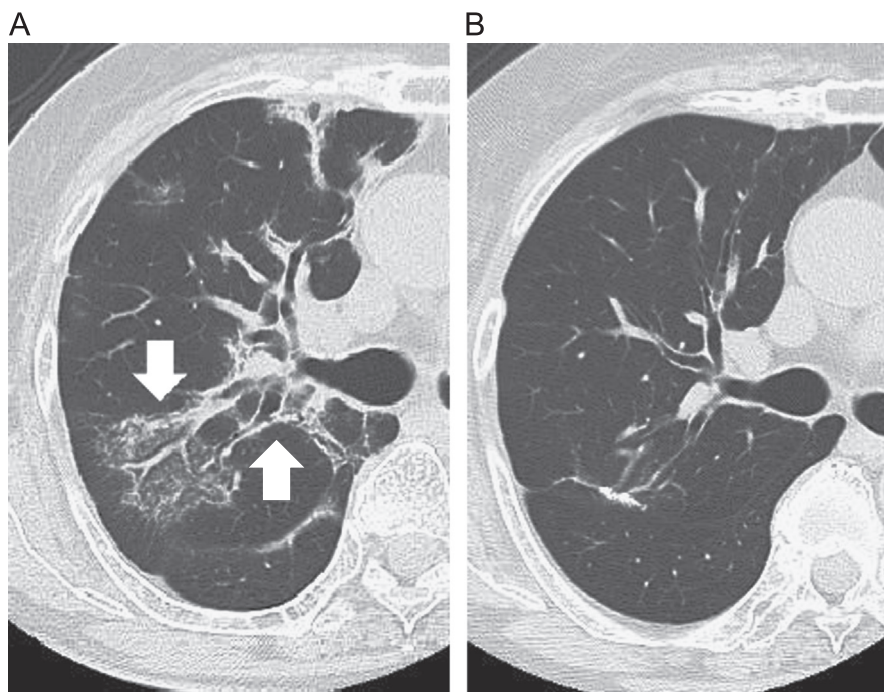


Fig. 1 – Case 1. (A) Areas of airspace consolidation and ground-glass attenuation mainly surrounding the bronchovascular bundles, predominantly in the upper and middle lung fields (arrows). The opacities were belt-shaped and showed contractive changes. There was bronchiectasis within the opacities. (B) The opacities rapidly decreased after steroid treatment was begun, and only band-like and ground-glass opacities remained.

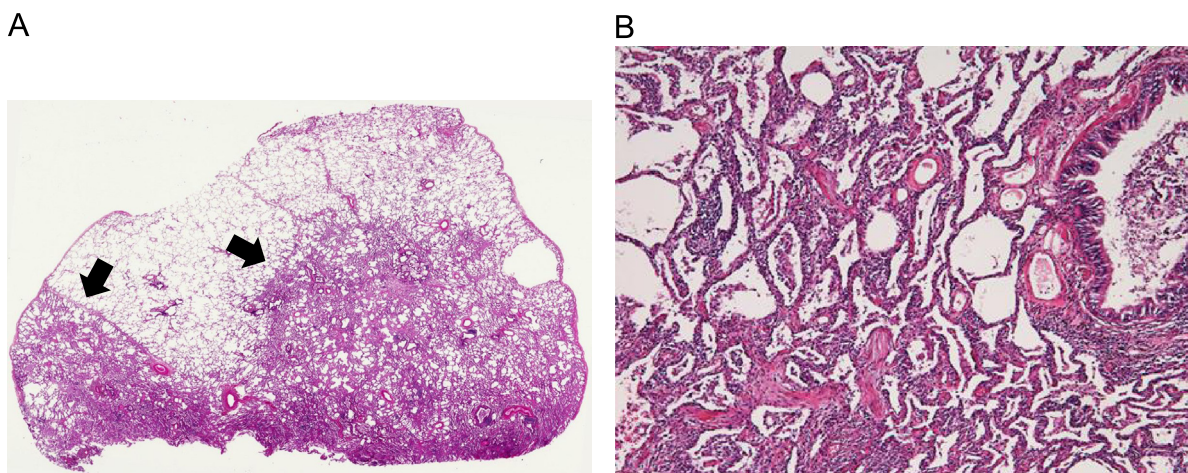


Fig. 2 – Case 1. Thoracoscopic lung biopsy (rS²). (A) Histological findings showed patchy distribution of the interstitial changes, and thickening of the interlobular septa and pleura (arrows). (B) The results showed mainly cNSIP-like changes, and findings of organizing pneumonia (OP) were prominent in the background. In particular, there were findings strongly indicative of OP surrounding the bronchovascular bundles.

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