
Olgu Tartışması

Anticlockwise migrating infiltration in both lungs

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A 76-year old man presented with dry cough, associated with an alveolar opacity in the right lower lobe on chest roentgenogram (Figure 1). In spite of administration of antibiotics, cough persisted, and a chest roentgenogram showed extension of alveolar opacities to the left lower lobes, then migrating to the left upper lobe (Figure 2,3). Histological study of the trans-bronchial biopsy showed the presence of organizing granulation tissue supporting the diagnosis of cryptogenic organizing pneumonitis (COP). Treatment of 20 mg/day prednisolone was started, resulting in rapid cough resolution. Steroid doses were then progressively tapered off, but alveolar opacities disappeared two months after the start of steroid therapy (Figure 4).

In patients with COP, multiple alveolar opacities are often migratory, either spontaneously or on relapse after initial resolution with corticosteroids (1,2). We believe that the diagnosis of COP should be kept in the differential when these migrating features are present.

REFERENCES

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Figure 1. Chest roentgenogram on admission showing an alveolar opacity in the right lower lobe.



Figure 2. Chest roentgenogram showing a migration of pulmonary infiltrated to the left lower lobe.



Figure 3. Subsequent chest roentgenogram showing a migration of pulmonary infiltrated to the left upper lobe.



Figure 4. Chest roentgenogram after the steroid therapy showing a disappearance of migrating pulmonary infiltrates.