Interstitial Lung Disease (restrictive) Cheat Sheet

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Interstitial Lung Disease (restrictive)

Pathophysiology	• **Inflammatory process** involving the **alveolar wall** (resulting in **widespread fibroelastic • proliferation and collagen deposition**). • Can lead to irreversible fibrosis, distortion of the lung architecture, and impaired gas exchange. • Prognosis is very variable and depends on diagnosis.
History	• Ask about medication history (esp. chemotherapeutic agents, gold, **amiodarone**, penicillamine, and nitrofurantoin) • Previous jobs (exposure to asbestos, silicone, beryllium, and coal).
Signs	• **Rales at the bases** are common, **digital clubbing** is common (esp. in idiopathic pulmonary fibrosis), signs of **pulmonary HTN** and cyanosis in advanced disease.
Symptoms	• Dyspnea (at first with exertion then at rest), **cough (nonproductive)**, fatigue, symptoms secondary to another condition.

Interstitial Lung Disease (restrictive) (cont)

Diagnosis	• CXR, CT, PFTs, oxygen desaturation during exercise. • Bronchoalveolar lavage for culture and cytology yields variable results. • Tissue biopsy is often required and can be done via fiberoptic bronchoscopy with transbronchial biopsy (limited utility), open lung biopsy, or video-assisted thoracoscopic lung biopsy (VATS). • UA can show signs of **glomerular injury in Goodpasture's or Wegener's**.

Causes ILD

Environmental	• Coal worker's pneumoconiasis, silicosis, asbestosis, berylliosis.
Granuloma Associated	• **Sarcoidosis** (along with other organ involvement), Wegener's granulomatosis, Churg-Strauss syndrome.
Alveolar Filling Disease	• Goodpasture's syndrome, Idiopathic pulmonary hemosiderosis, alveolar proteinosis.
Hypersensitivity	• Hypersensitivity pneumonitis, eosinophilic pneumonitis.
Drug Induced	• **Amiodarone**, nitrofurantoin, bleomycin, phenytoin, illicit drugs.

Causes ILD (cont)

Miscellaneous Causes	• Idipathic pulmonary fibrosis, **bronchiolitis obliertans organizing penumonia (BOOP)**, ILD associated with connective tissue disorders (RA, scleroderma, SLE, mixed connective tissue disease), ARDS, infection (fungal, TB, viral pneumonia), radiation pneumonitis.

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Tests

CXR	• Typical diffuse changes are noted (**reticular, reticulonodular, ground glass, honeycombing**). • **Honeycombing** refers to a **scarred shrunken lung** and is an end-stage finding with poor prognosis. Air spaces are dilated and there are fibrous scars in the interstitial. Can arise from many causes of ILD.
Pulmonary Function Tests	• A restrictive pattern. **FEV1/FVC is increased >80%**. Both FEV1 and FVC are low. Decreased DLCO. Decreased TLC and RV.
CT Scan	• Shows the extent of fibrosis better than other imaging. **Fibrosis, honeycombing, or traction bronchiectasis**.

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