

Organizing Pneumonia

- Cryptogenic organizing pneumonia (COP)
 - Idiopathic
 - Bronchiolitis obliterans organizing pneumonia (BOOP): Term no longer in use
 - Idiopathic bronchiolitis obliterans organizing pneumonia: Term no longer in use
- Drug Toxicity
- Connective Tissue Disease
 - SLE
 - Dermatomyositis

Consider

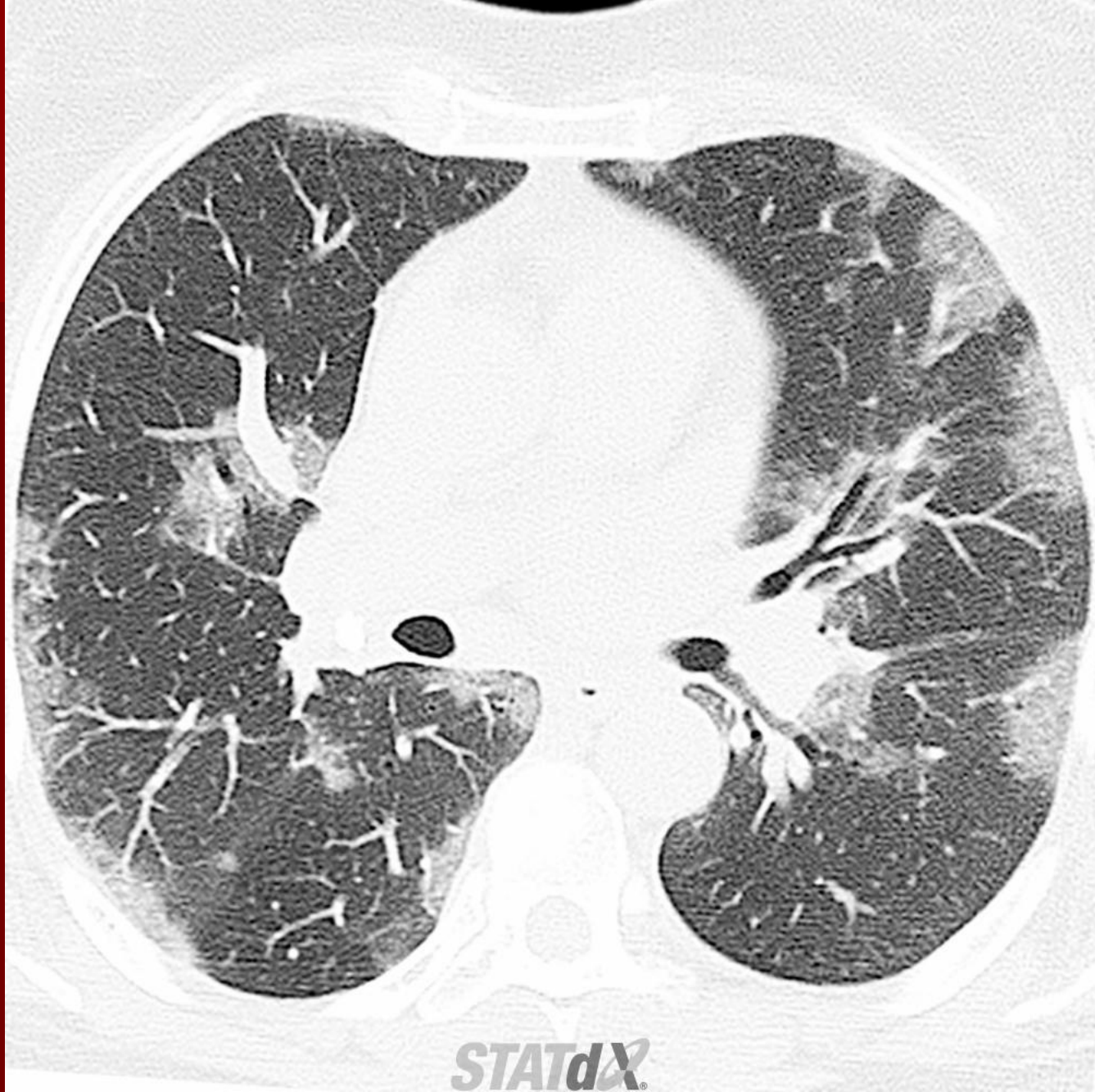
- COP in middle-aged patients with migratory pulmonary opacities on radiography that exhibit peribronchovascular distribution or reversed halo sign on CT
- COP is diagnosis of exclusion, as it may be secondary pattern of lung injury related to other diseases

Classic pattern

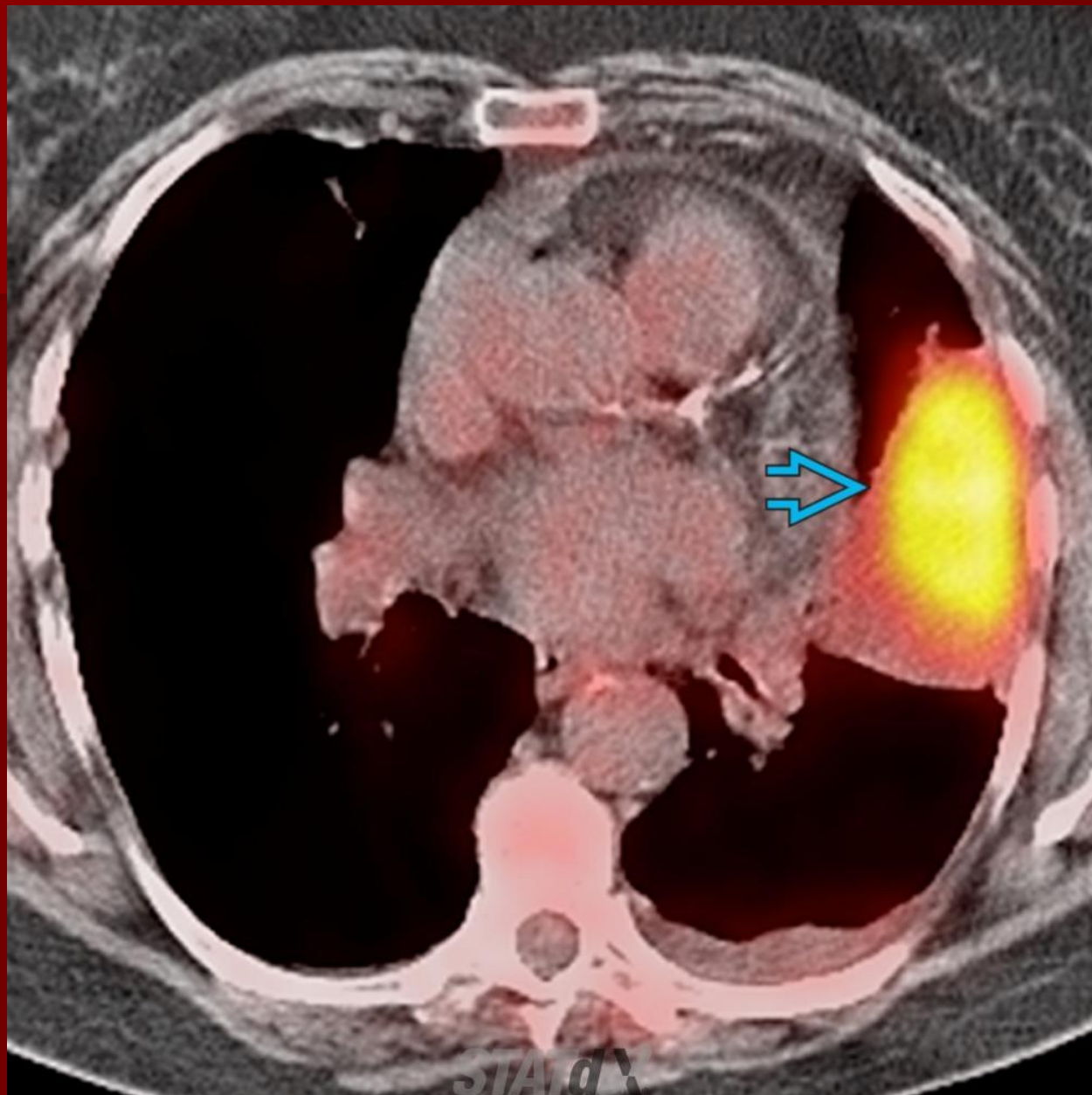
- Bilateral peribronchovascular &/or subpleural consolidations
- Mid-lower lung zone predominance
- Consolidations may regress spontaneously



Axial HRCT of a 49-year-old woman with cryptogenic organizing pneumonia shows peribronchovascular (cyan solid arrow) and subpleural (cyan curved arrow) opacities in the middle and right lower lobes in association with mild bronchial dilatation (cyan open arrow).

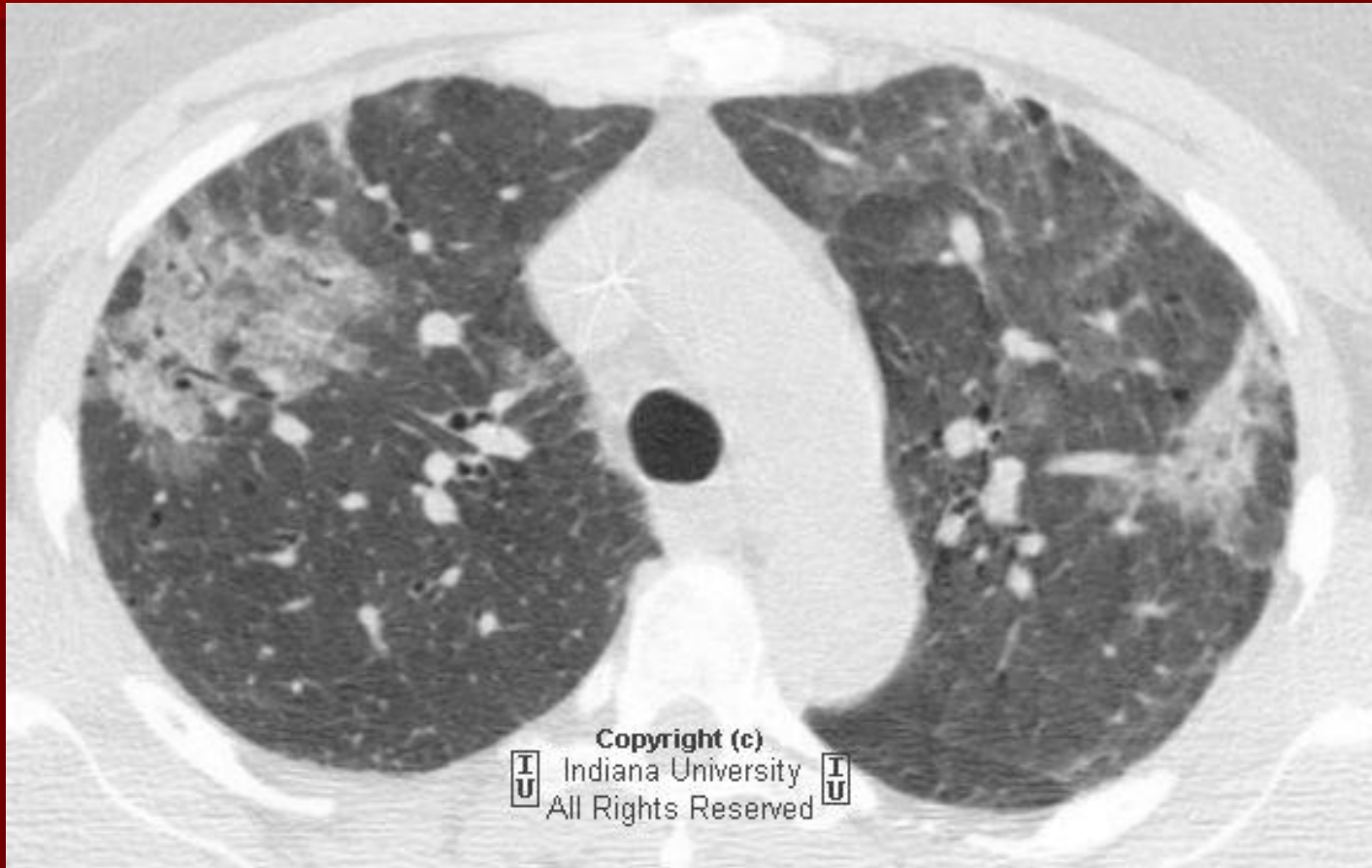


Axial HRCT of a 46-year-old woman with cryptogenic organizing pneumonia shows multifocal subpleural predominant nodular ground-glass opacities.



Axial fused FDG PET/CT of the same patient shows FDG avidity within the left upper lobe mass (cyan open arrow). Organizing pneumonia with focal lung involvement may mimic lung cancer on imaging. Foci of organizing pneumonia, whether cryptogenic or occurring as a secondary lung reaction to several other diseases, typically exhibit moderate to high FDG avidity.

Cryptogenic Organizing Pneumonia



Natural progression

- Diagnosis is often delayed (6-12 weeks)
- Video-assisted thoracoscopic lung biopsy is gold standard for diagnosis
- Overall prognosis is good
- Reticular opacities at initial onset: Less likely to respond to corticosteroids; may progress to lung fibrosis
- Relapse occurs in 13-58% of patients