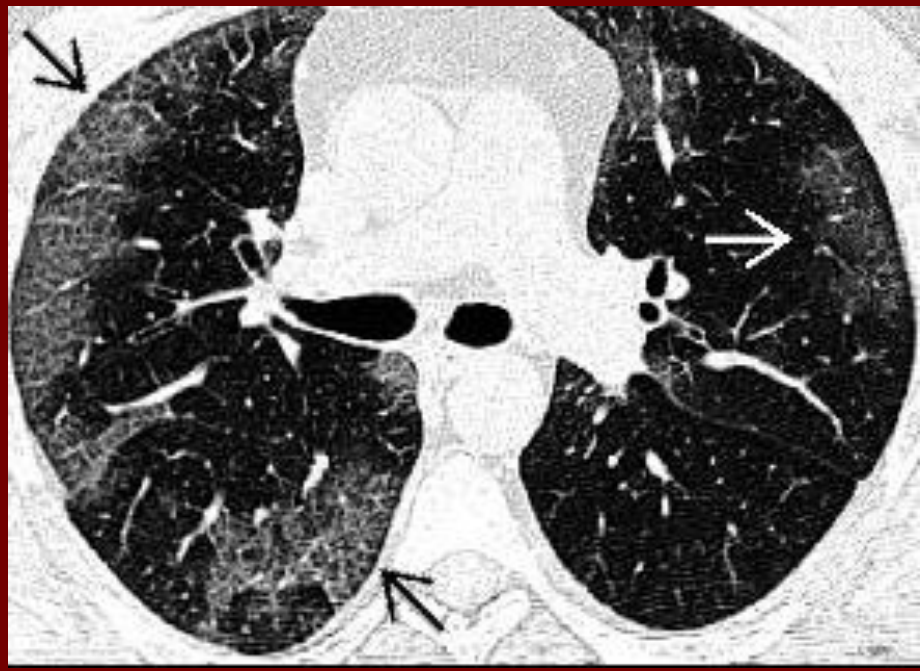
Desquamative interstitial pneumonia (DIP), alveolar macrophage pneumonia

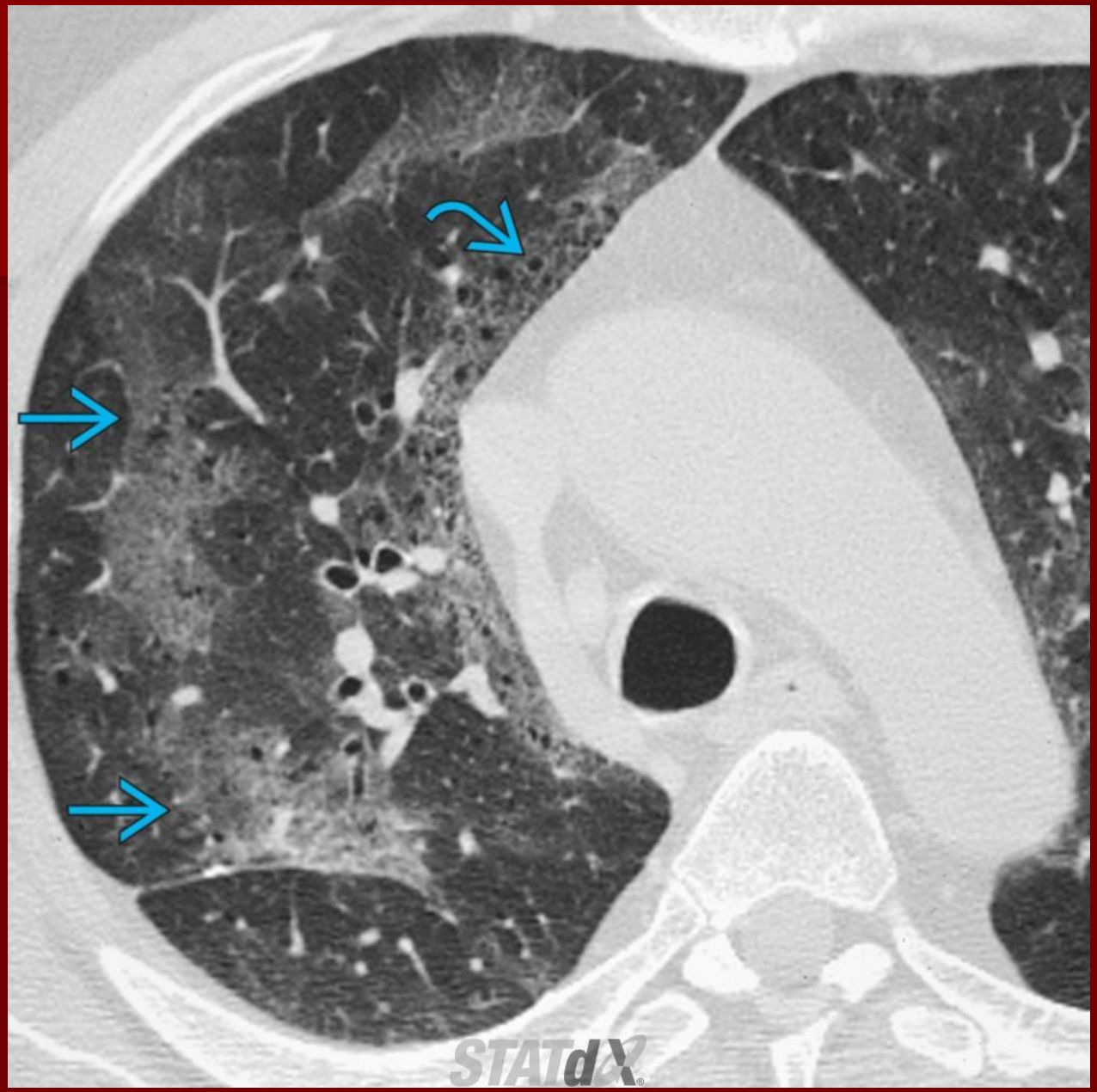
- Chronic idiopathic interstitial pneumonia characterized by macrophage filling of alveolar spaces, probably related to cigarette smoking.
- Most common signs/symptoms
  - History of smoking (90%)
  - Insidious onset dyspnea, dry cough
  - Digital clubbing, 40%
- Stop smoking and steroids
- Worse prognosis than RB-ILD



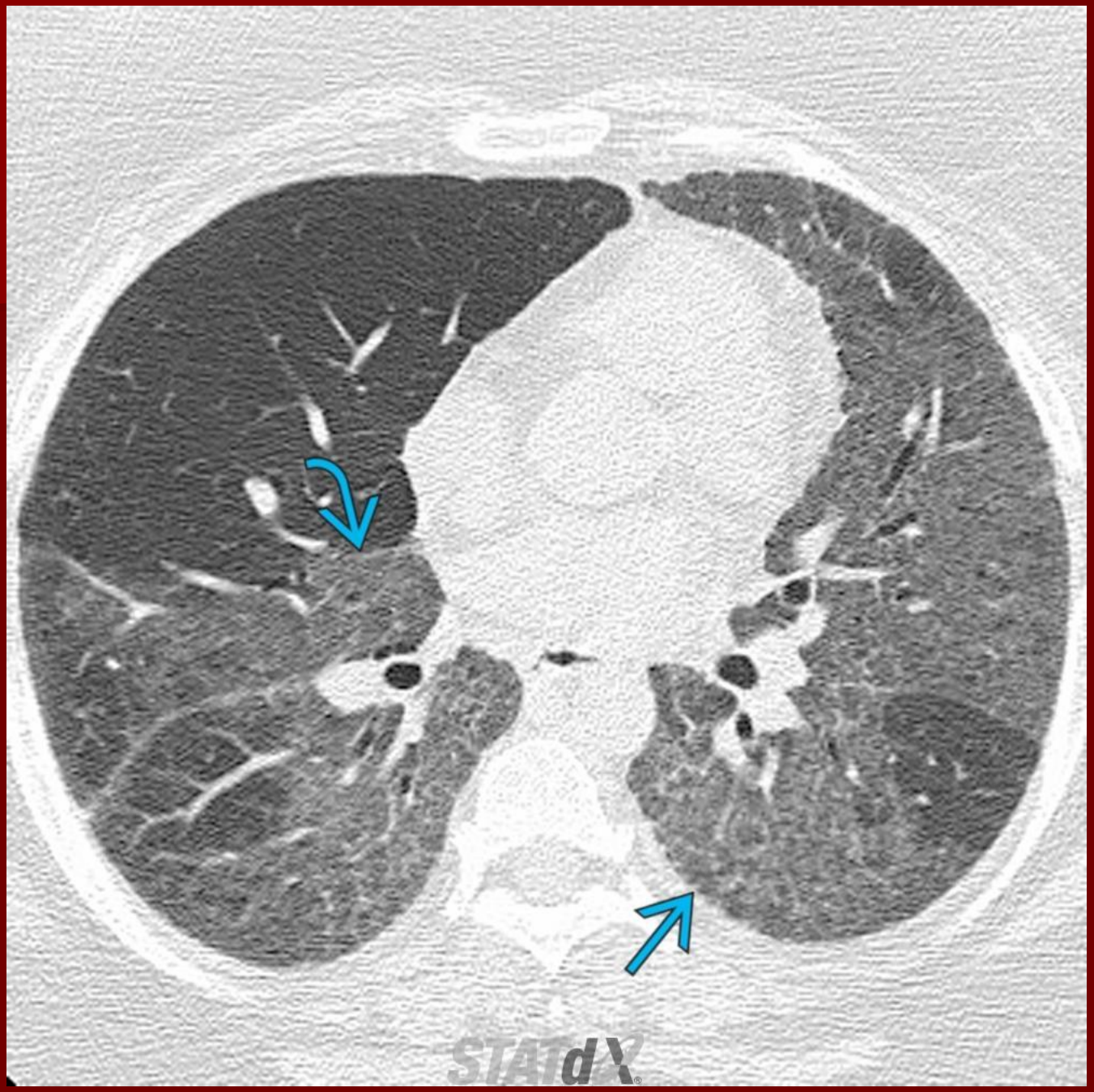
Consider in smokers with bilateral lower lung zone-predominant ground-glass opacities associated with intralobular lines and thin-walled cysts

Best diagnostic clue:

- Smoker with HRCT showing diffuse ground-glass opacities
- Variable and nonspecific appearance
- Ground-glass pattern (80%)
- Lower lung zones predominance 70%
- Peripheral predominance 60%
- Reticular pattern (60%)
- Small well-defined cysts



Axial HRCT of a 67-year-old male smoker who presented with dyspnea shows patchy bilateral ground-glass opacities (cyan solid arrow) and areas of spared normal pulmonary parenchyma. Note the small, thin-walled pulmonary cysts (cyan curved arrow), some of which could represent centrilobular emphysema.



Axial HRCT of the same patient shows multifocal bilateral ground-glass (cyan curved arrow) and reticular (cyan solid arrow) opacities. Desquamative interstitial pneumonia may occur as an idiopathic interstitial pneumonia unrelated to cigarette smoking in < 10% of all cases.

Top Differential Diagnoses

- RB-ILD
- Cryptogenic Organizing Pneumonia (COP)
- Drug Reaction
- Hypersensitivity Pneumonitis
- Nonspecific Interstitial Pneumonia
- Lymphoid Interstitial Pneumonia
- Sarcoidosis