Lymphocytic interstitial pneumonitis

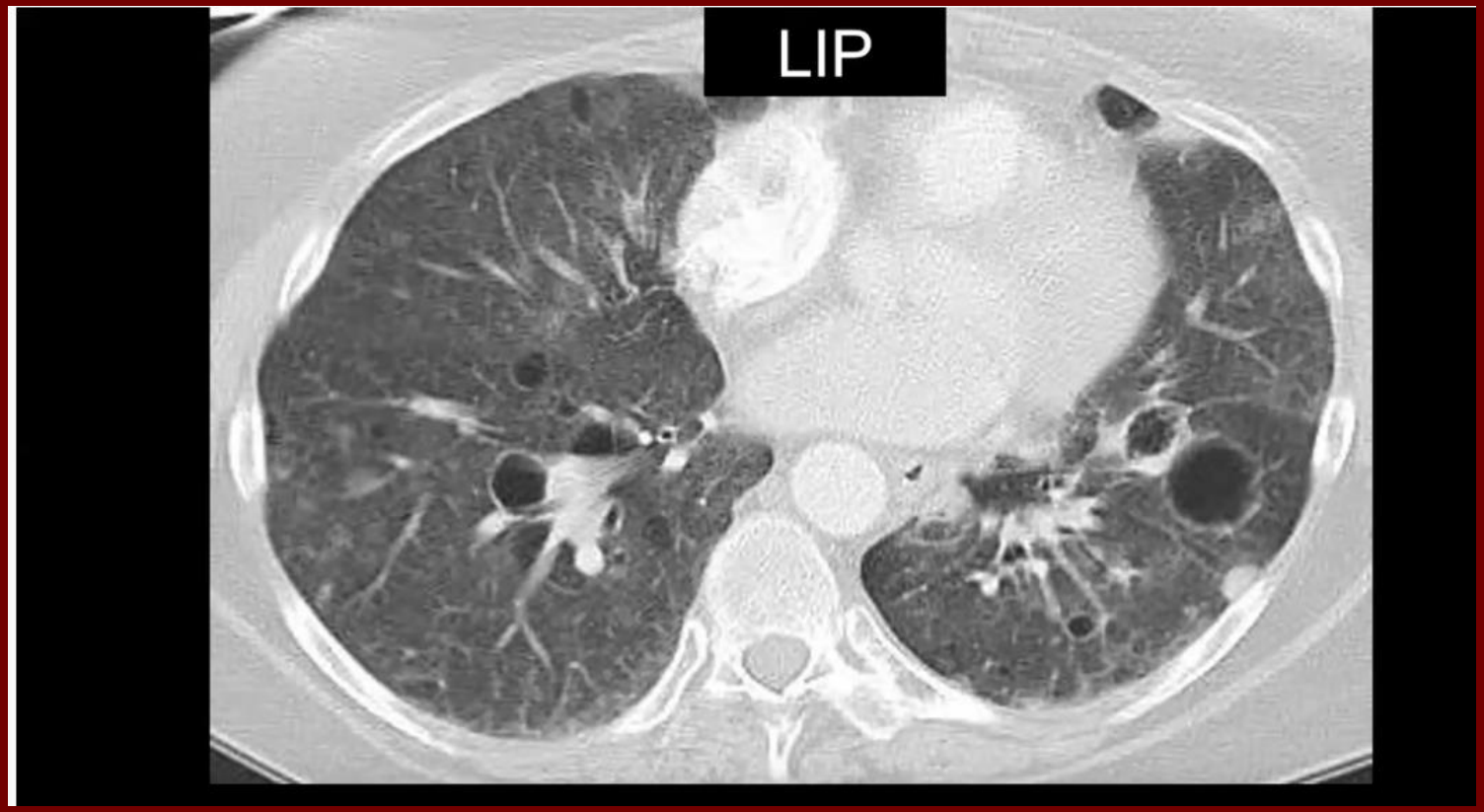
- Most patients with LIP have autoimmune disease or immunodeficiency
  - Adults: Sjögren syndrome most common
  - Children: HIV infection most common
- Identical radiologic appearance of DIP
- Interstitial infiltrate of lymphocytes
- Steroid responsive
- Best diagnostic clue: Thin-walled cysts and centrilobular nodules

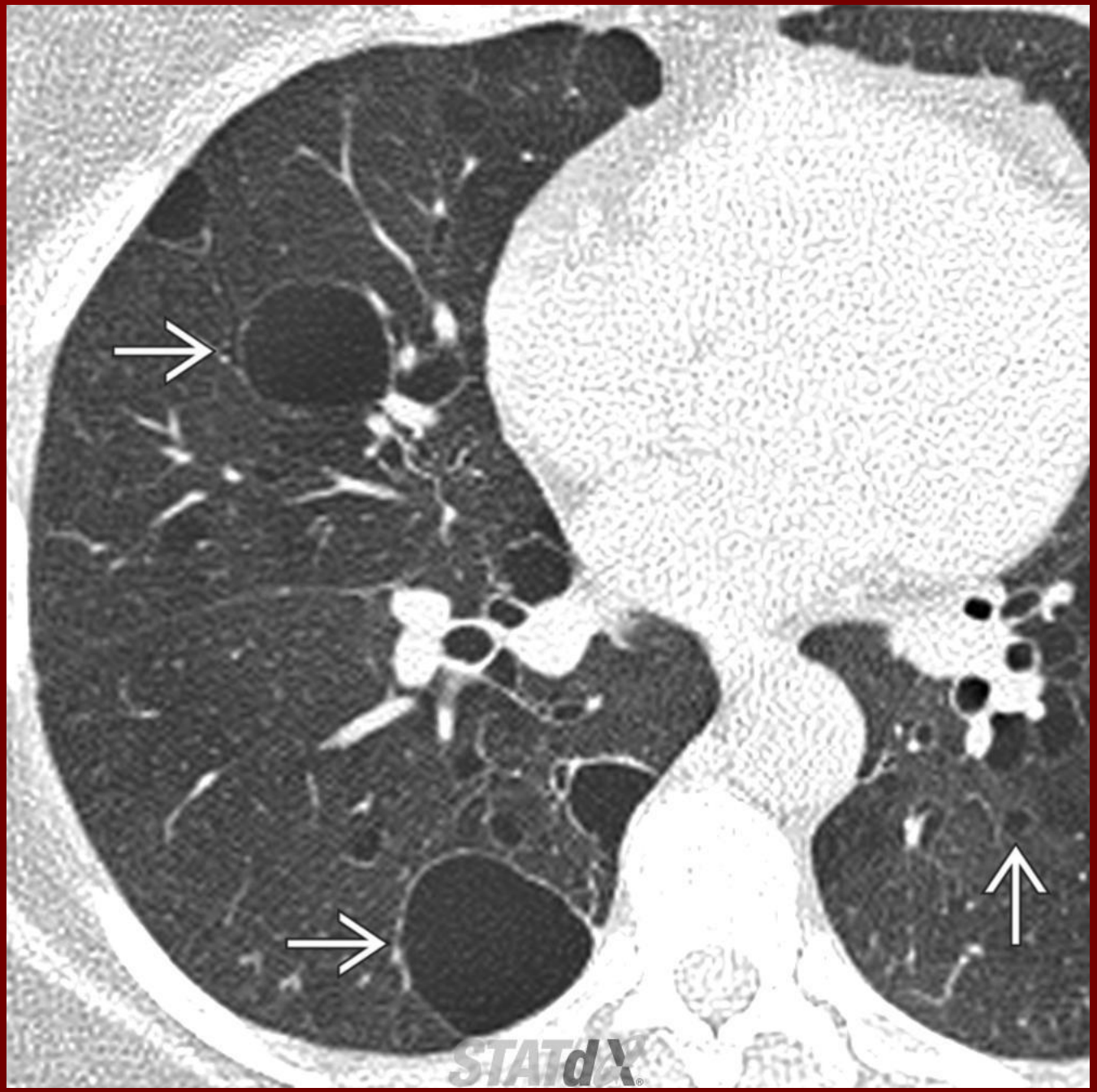
CT

- Bilateral ground-glass opacities
- Poorly defined centrilobular nodules
- Small subpleural nodules (~ 85%)
- Bronchovascular bundle thickening (~ 85%)
- Mild interlobular septal thickening (~ 85%)
- Thin-walled cysts (~ 70%)

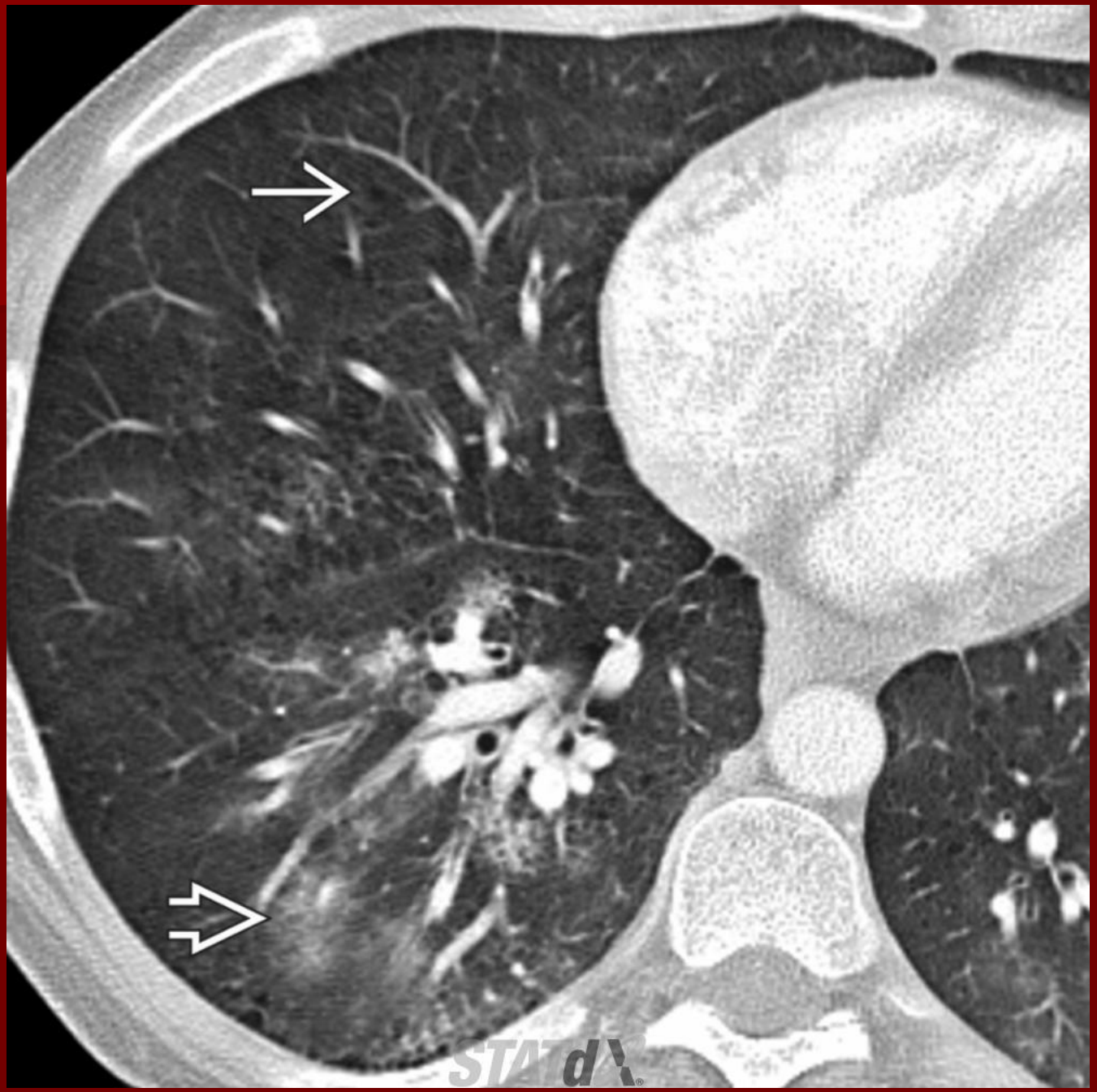
Lymphoid interstitial pneumonia (LIP)

- May Have MALT and lymphoma





Axial HRCT of a patient with LIP and Sjögren syndrome shows thin-walled lung cysts (white solid arrow) ranging in size from a few millimeters to a few centimeters. LIP cysts are fewer than those of lymphangioleiomyomatosis (LAM).



Axial CECT of a patient with LIP and Sjögren syndrome shows multiple tiny thin-walled cysts (white solid arrow) and patchy ground-glass opacities (white open arrow).

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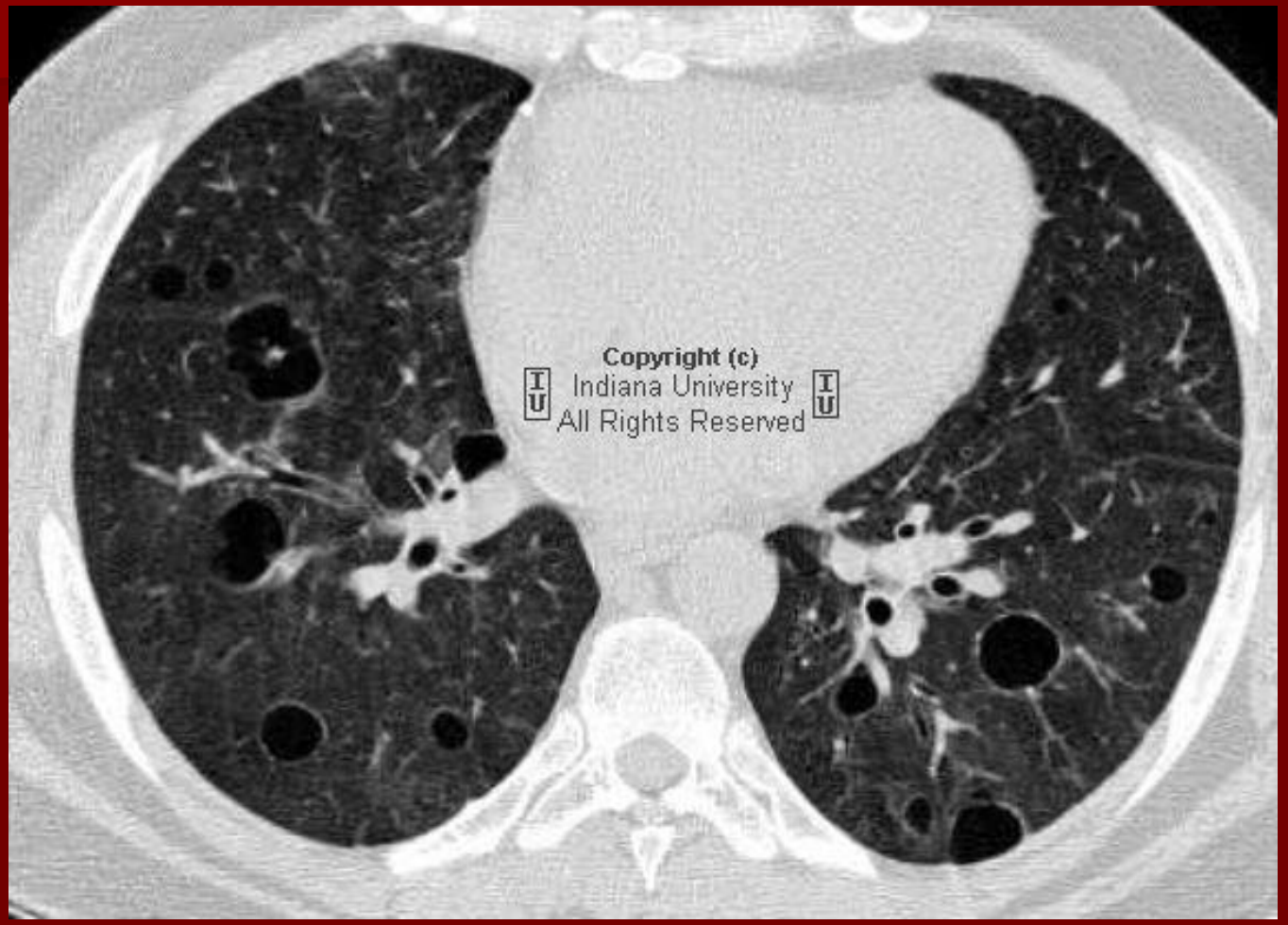

Ground Glass with centrilobular nodules, is common, perviscular cysts can be seen