Nonspecific interstitial pneumonia

- Almost always associated with an underlying disease
  - Scleroderma
  - Dermatomyositis
  - Mixed Connective tissue disease
  - Drug Toxicity
- Most common manifestation of collogen vascular disease

Nonspecific interstitial pneumonia (NSIP)

- Idiopathic Nonspecific Interstitial Pneumonia

- **Imaging Findings**
  - HRCT:
  - Bilateral symmetrical ground-glass opacities (Basal predominance)
  - Crazy-paving appearance
  - Subpleural sparing
  - Bronchiolectasis, out of proportion to adjacent lung disease
  - Absent or sparse honeycombing

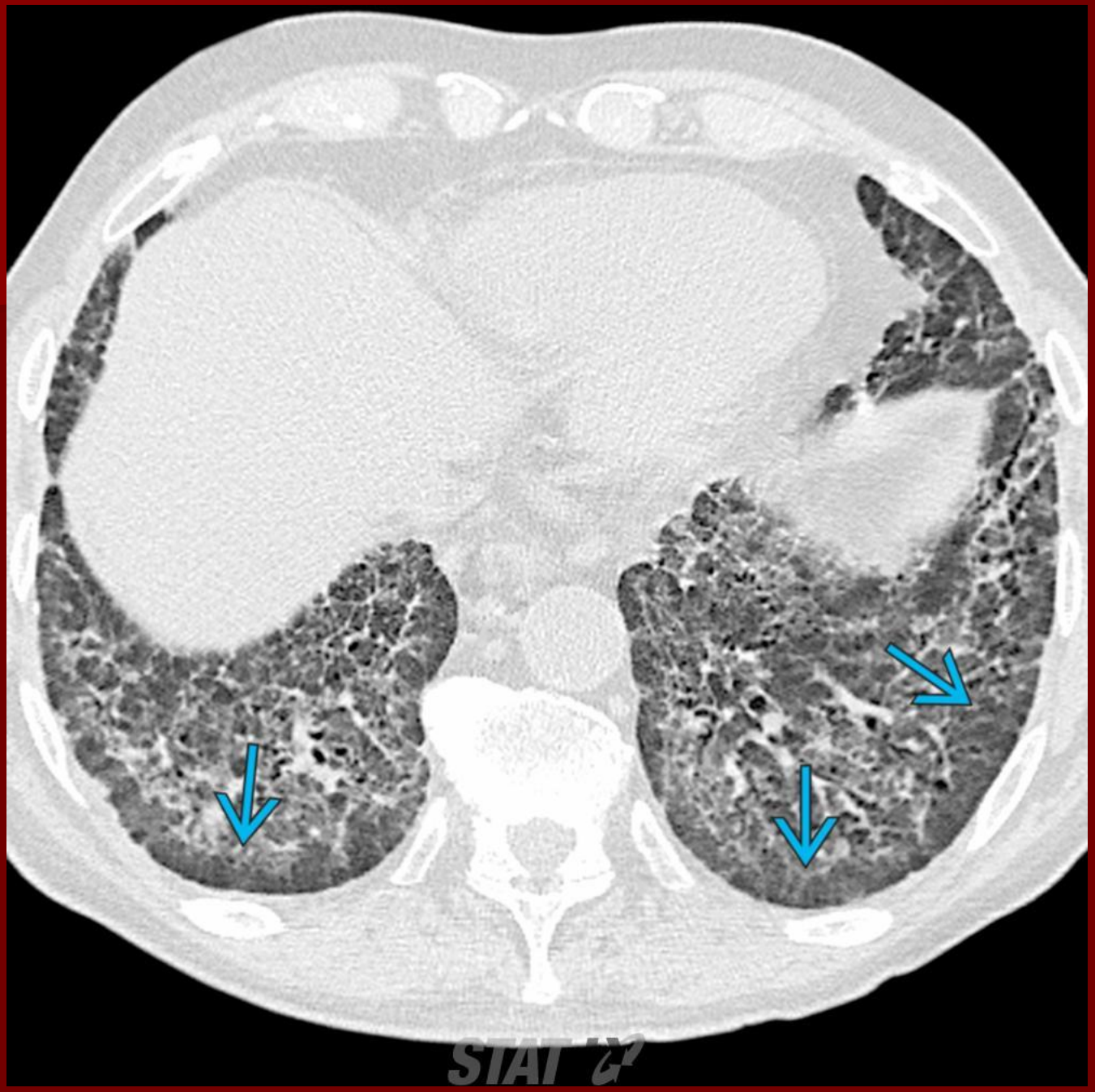
NSIP

- For cases of idiopathic interstitial pneumonias that could not be classified
- Age
- 40-50 years, mean age 49 years
  - Younger age than patients with UIP
  - UIP, age 40-70 years.
- The greater proportion of fibrosis the worse the prognosis
  - Even with fibrosis, better prognosis than UIP
  - Fibrotic NSIP, worse prognosis than cellular NSIP
- Treat with sterorids

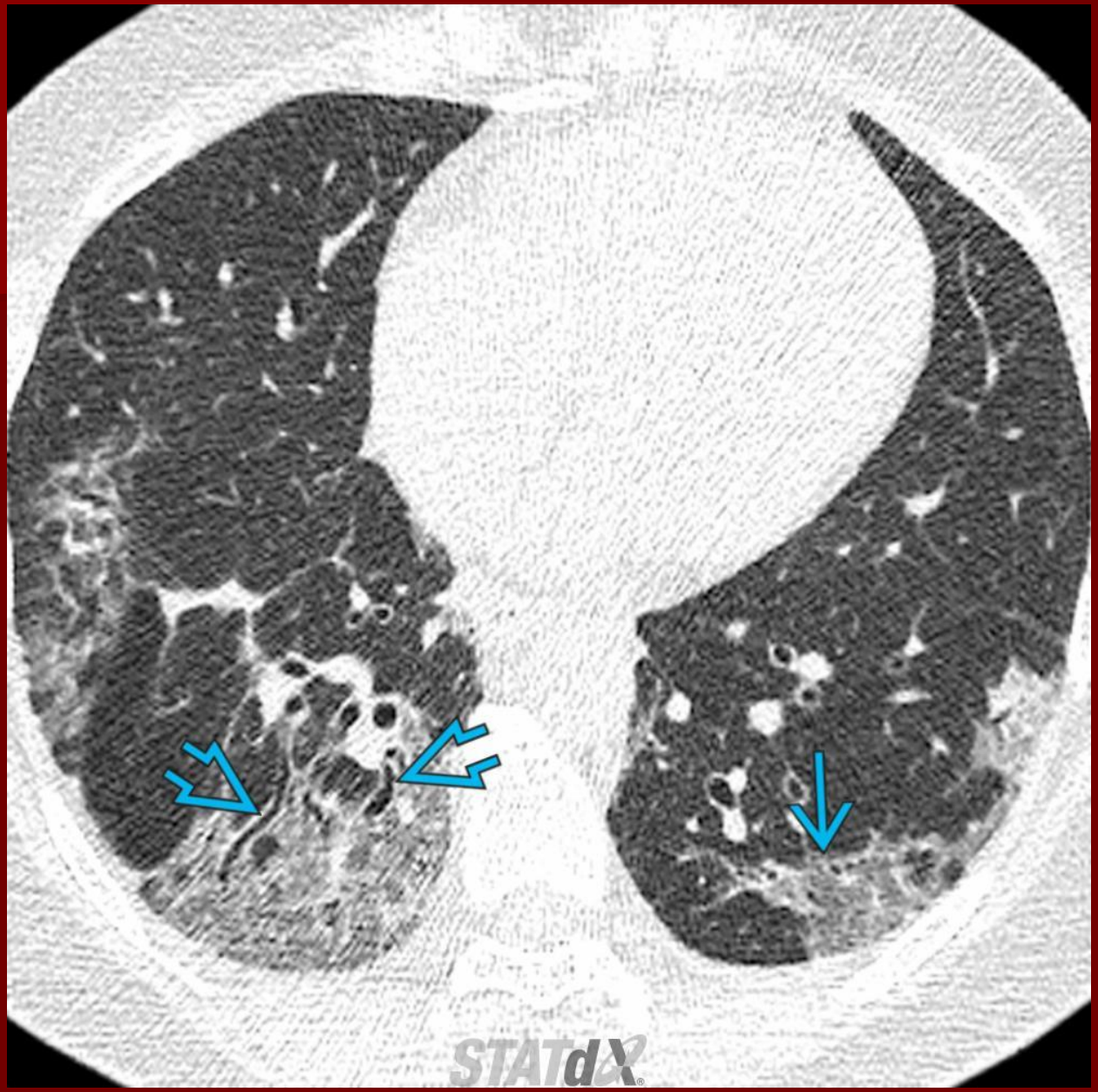
Things to consider

- Underlying autoimmune process, hypersensitivity pneumonitis, or drug-induced interstitial lung disease in patients with NSIP pattern on HRCT
- Multidisciplinary diagnosis (integration of clinical, HRCT, and histologic features) is reference standard
- Overlap between NSIP and organizing pneumonia (OP)
  - OP may precede and lead to pulmonary fibrosis
  - OP as manifestation of subacute lung injury and typical fibrotic NSIP may evolve simultaneously
- Hypothesis that idiopathic NSIP may be variant of connective tissue disease (CTD) confined to lungs
  - Supported by findings of high prevalence of undifferentiated CTD in idiopathic NSIP
  - Potential association with interstitial pneumonia with autoimmune features (IPAF) with clinical and serologic autoimmune features

- American Thoracic Society/European Respiratory Society Statement encourages classification of interstitial lung disease as
- UIP pattern
- possible UIP
- inconsistent with UIP



Axial HRCT of a patient with idiopathic nonspecific interstitial pneumonia shows reticular peribronchovascular opacities, traction bronchiectasis, and subpleural sparing (cyan solid arrow). The latter is a classic finding of nonspecific interstitial pneumonia.



Axial HRCT of the same patient shows bilateral ground-glass opacities and subtle reticulations (cyan solid arrow) along bronchovascular bundles and in the subpleural lungs. Note the presence of associated traction bronchiectasis (cyan open arrow). The combination of findings and the absence of honeycombing suggest the correct diagnosis.

NSIP