

# Pulmonary Edema

- Diffuse ground-glass opacity, with mosaic pattern.
- **Peribronchial cuffing (white arrow)** due to edema can be easily confused with bronchial inflammation.
- Presence of ground-glass opacity, **septal thickening (black arrows)**, and pleural effusions (not shown) makes pulmonary edema the most likely diagnosis.



# Edema

- **Interstitial edema**
  - Interlobular septal thickening
    - Smooth; nodularity not typical but may occur
    - Outlines boundaries of secondary pulmonary lobule
    - Crazy-paving: Interstitial + alveolar edema
  - Subpleural edema: Thickened interlobar fissures
  - Peribronchovascular bronchial wall thickening
- **Alveolar edema**
  - Ground-glass opacities, diffuse or patchy
  - Centrilobular ground-glass nodules
  - Lobular and acinar ground-glass opacities
  - Consolidation
    - Diffuse or patchy
    - Dependent (gravitational)
    - Central and perihilar in batwing edema
- **Associated abnormalities**
  - Cardiomegaly, pleural effusion, lymphadenopathy, increased attenuation of mediastinal fat

# Edema

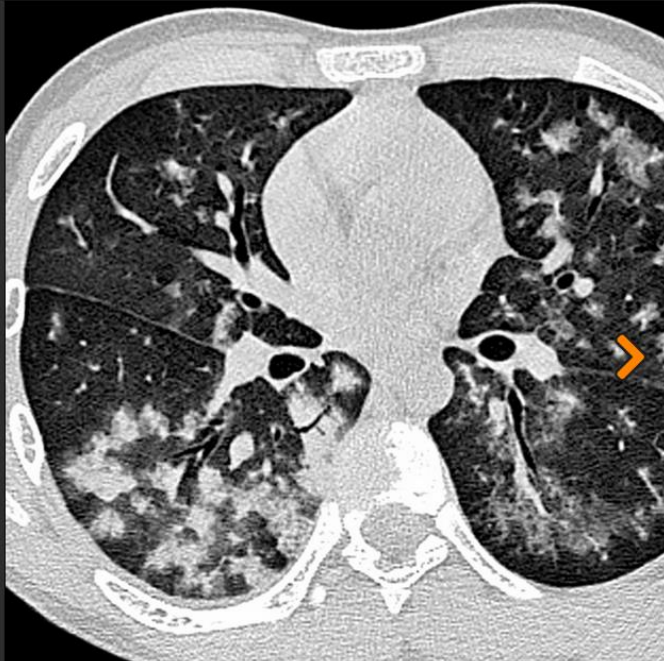


View Full Screen Image  
Coronal CECT of a patient with hydrostatic cardiogenic edema shows thick interlobular septa → and interlobar fissures → representing edema of the peripheral septal and subpleural interstitium, respectively, typical CT manifestations.



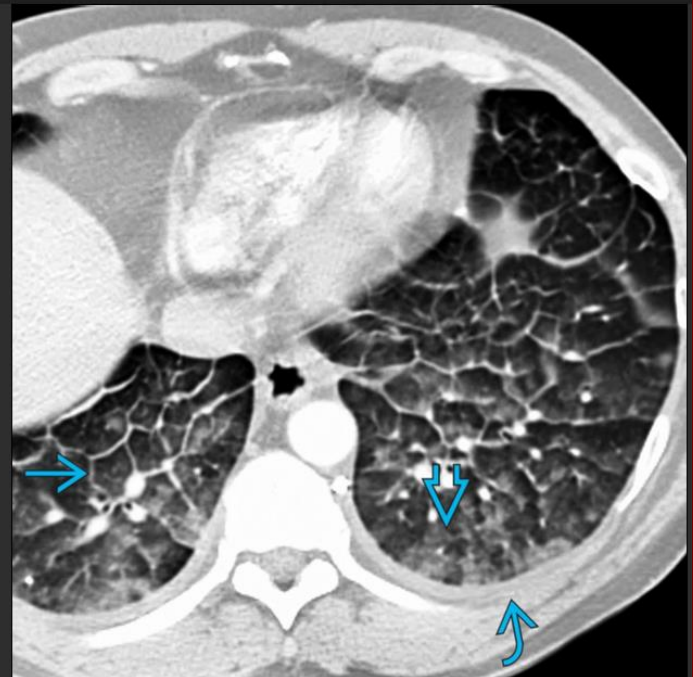
View Full Screen Image  
Axial CECT of a patient with interstitial edema shows smooth thickening of the interlobular septa → that form central polygonal arcades → that outline the margins of several secondary pulmonary lobules.  
Download to Presentation

# Edema



[View Full Screen Image](#)

Axial NECT of the same patient shows asymmetric bilateral nodular consolidations that spare the lung periphery. The patchy distribution of the abnormalities reflects underlying nonuniform hypoxic vasoconstriction. Note the absence of pleural effusions or septal lines.



[View Full Screen Image](#)

Axial CECT of a patient with cardiogenic pulmonary edema shows alveolar and interstitial edema that manifest as patchy ground-glass opacities →, smooth interlobular septal thickening →, and small bilateral pleural effusions →.