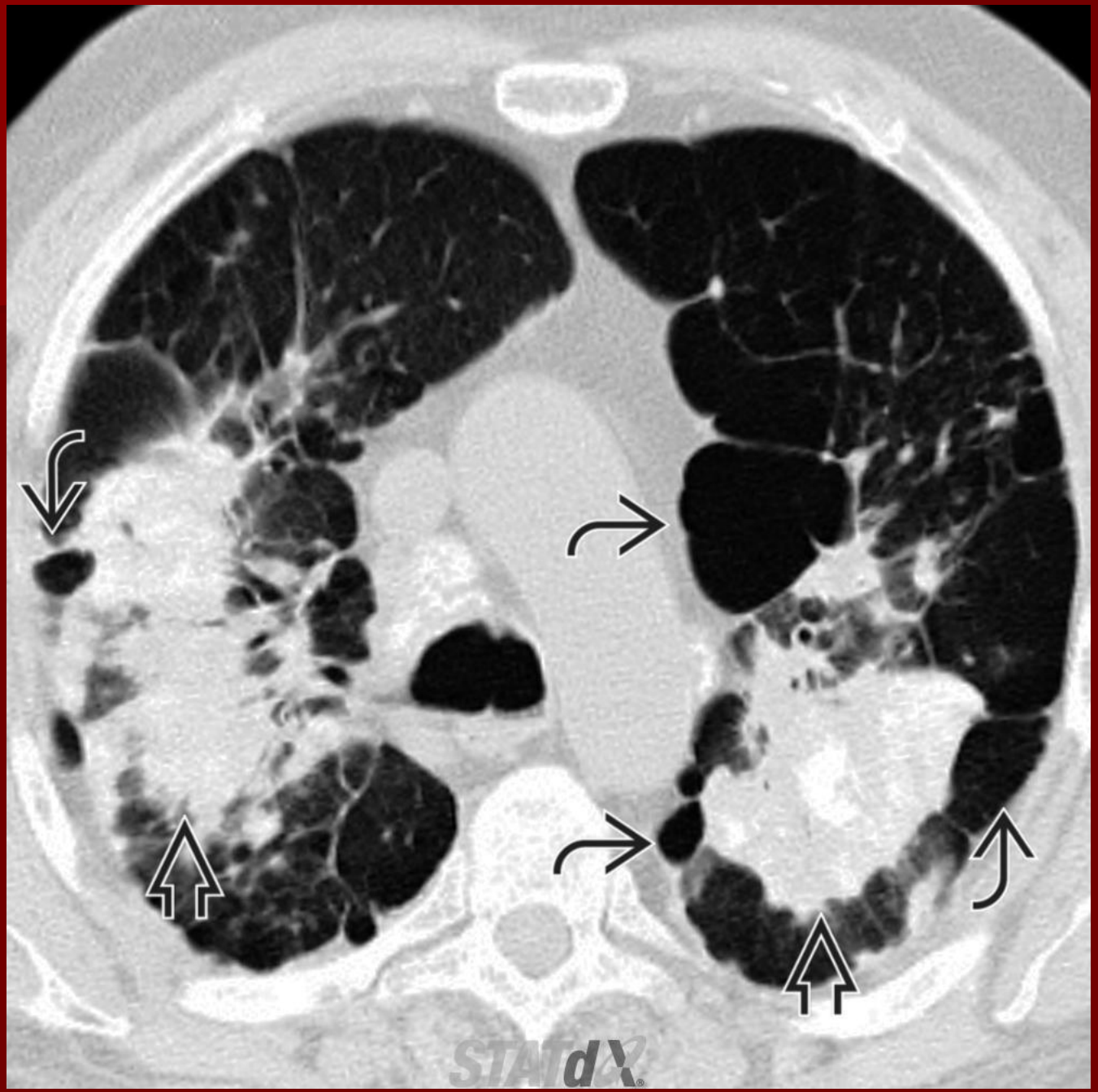
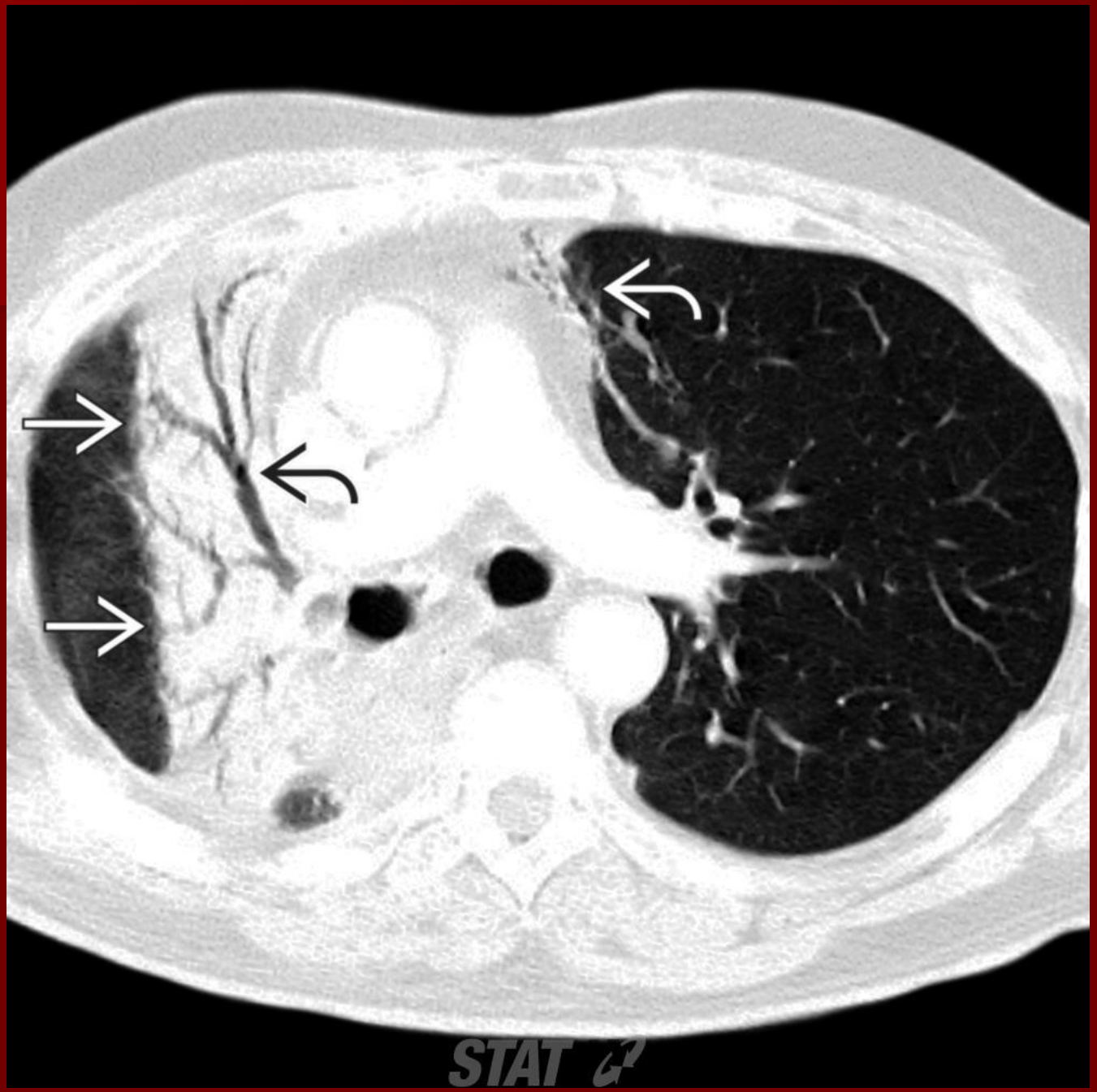
Conglomerate Mass (Progressive Massive Fibrosis)

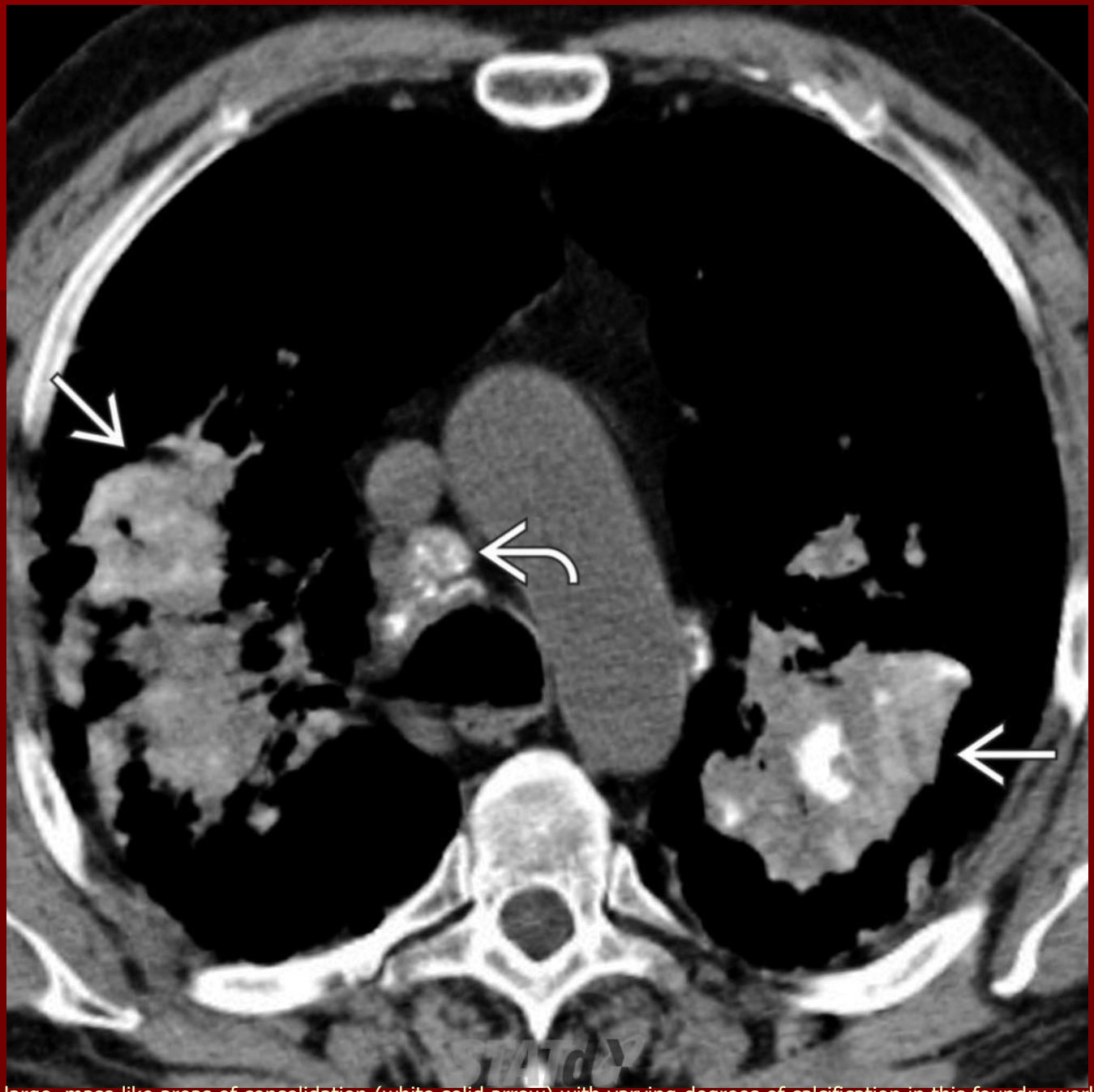
- Significant overlap of findings between sarcoidosis and silicosis and coal worker's pneumoconiosis
- Occupational and exposure history important
- Knowledge of treatment plan useful for recognizing radiation-induced lung fibrosis
  - Important for distinguishing radiation-induced lung disease from recurrent neoplasm



Axial NECT shows large, mass-like areas of consolidation (black open arrow) with adjacent paracicatricial emphysema (black curved arrow) in this foundry worker with complicated silicosis. Note how the lateral margins of the masses parallel the chest wall.

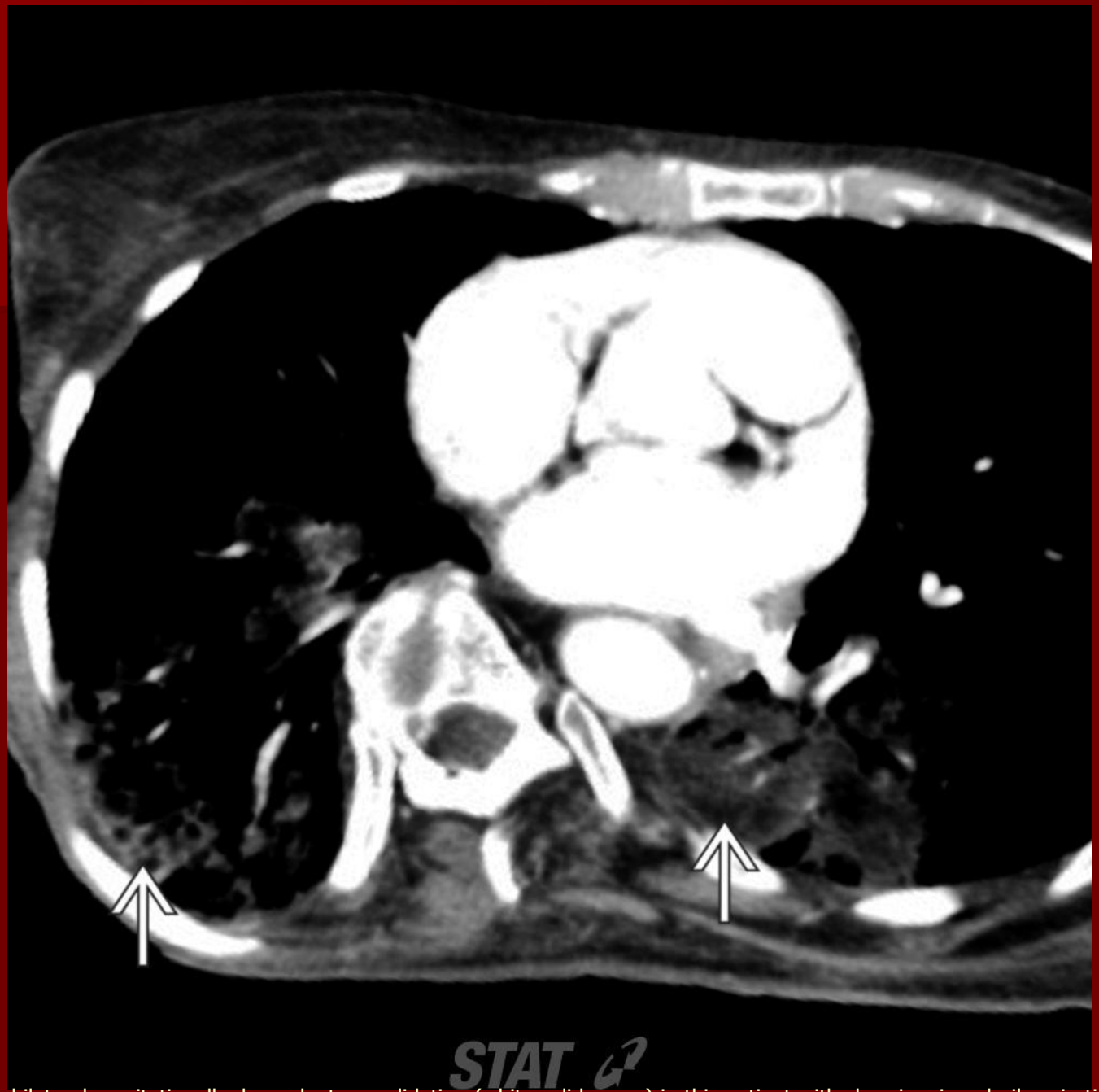


Axial CECT shows consolidation in the right lung with straight margins (white solid arrow) in this patient treated for lung carcinoma. Note the dilated bronchi (black curved arrow). Mild radiation fibrosis (white curved arrow) is in the left lung.

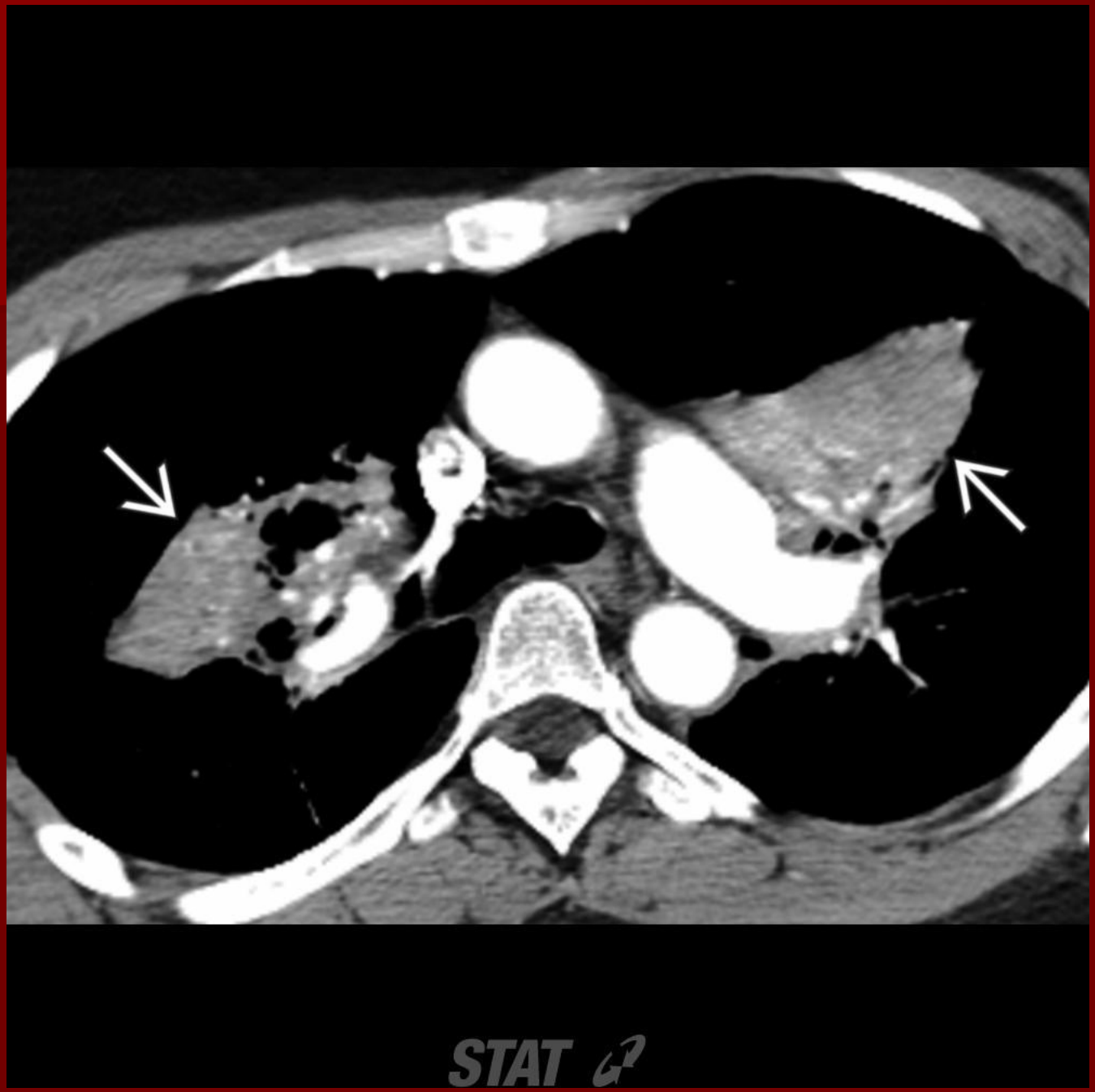


Axial NECT shows large, mass-like areas of consolidation (white solid arrow) with varying degrees of calcification in this foundry worker with complicated silicosis. Calcified mediastinal lymph nodes are also present (white curved arrow).

Axial HRCT shows patchy bilateral consolidation (white solid arrow) and ground-glass attenuation with superimposed septal thickening (crazy-paving) (white open arrow) in this patient with recurrent pulmonary hemorrhage.



Axial CECT shows bilateral gravitationally dependent consolidation (white solid arrow) in this patient with chronic mineral oil aspiration. Note the low attenuation characteristic of lipoid pneumonia.



Axial CECT shows bilateral consolidative masses (white solid arrow) with high-attenuation foci in this intravenous drug abuser with talcosis. The presence of micronodules and panacinar or panlobular emphysema can be helpful in the diagnosis of talcosis.