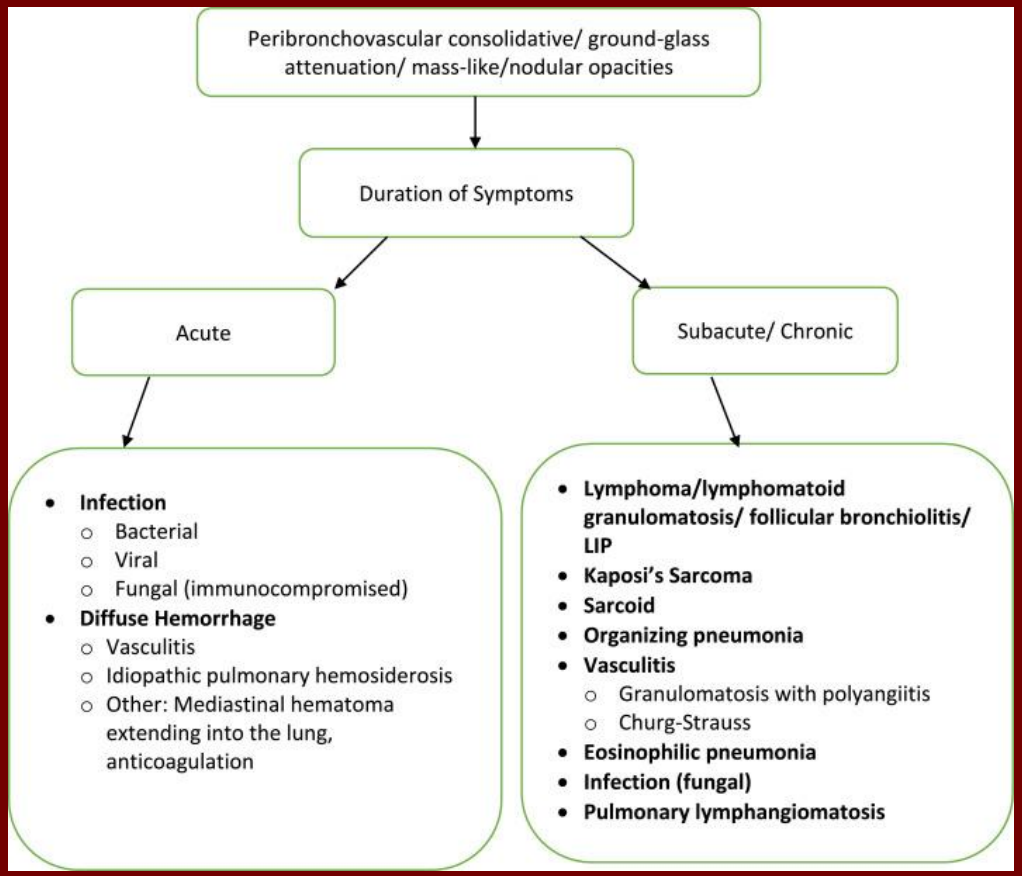
Bronchovascular

- Subset of Perilymphatic



Nodular Pattern - Bronchovascular

- Lymphoproliferative disorders
- Lymphangitic carcinomatosis
- Kaposi sarcoma
- Sarcoidosis
- OP
- Infectious pneumonia

Primary pulmonary lymphoma

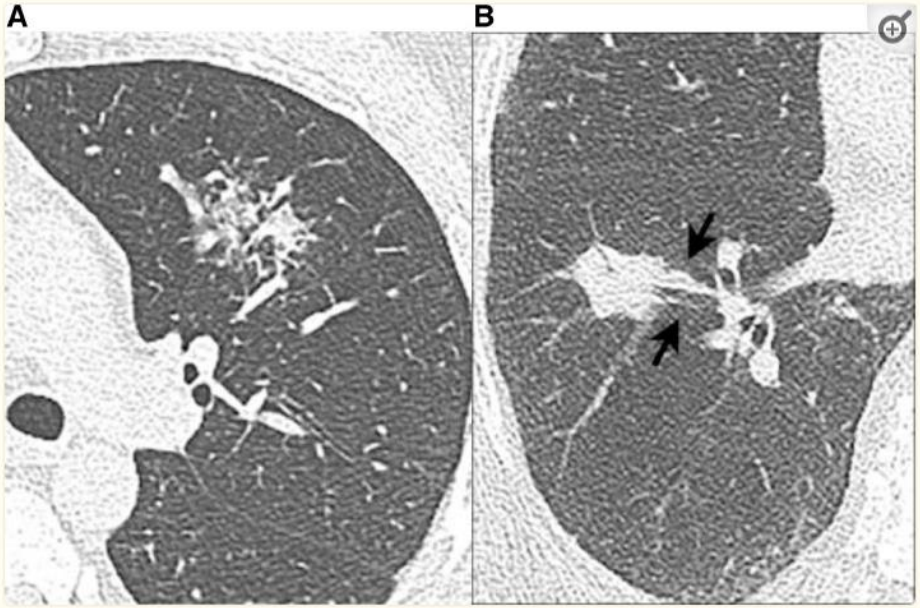


Figure 2

Primary pulmonary lymphoma. (A) 46-year-old man. Incidental soft tissue peribronchial focal opacity on pulmonary vein CT performed for atrial fibrillation ablation planning. Air bronchograms are present within the lesion. Biopsy revealed extranodal marginal zone B-cell MALT lymphoma. (B) 90-year-old woman with confirmed extranodal marginal zone B-cell MALT lymphoma. CT image demonstrates a soft tissue nodule centered around the bronchovascular bundle (arrows) seen entering the lesion.

Post-transplant Lymphoproliferative Disease

Infection could look like this

Lymphomatoid Granulomatosis

- Rare entity
- Related to Ebstein Barr Virus infection and
- Comprised of large B cells. Cells test positive for Ebstein Barr Virus RNA using Epstein-Barr encoding region in situ hybridization.
- Centered around the vessels and characterized by a heterogeneous polymorphous group of lymphoreticular cells that exhibit necrosis and invasion of the vessels.
- Now are considered other lymphoproliferative disorders.

Figure 3

Lymphomatoid granulomatosis. Patchy ground- glass opacities and consolidation are seen in the right lung. Additionally, soft tissue nodules, some of which have ill-defined borders are present (arrows) and are clustered.

Bronchopneumonia

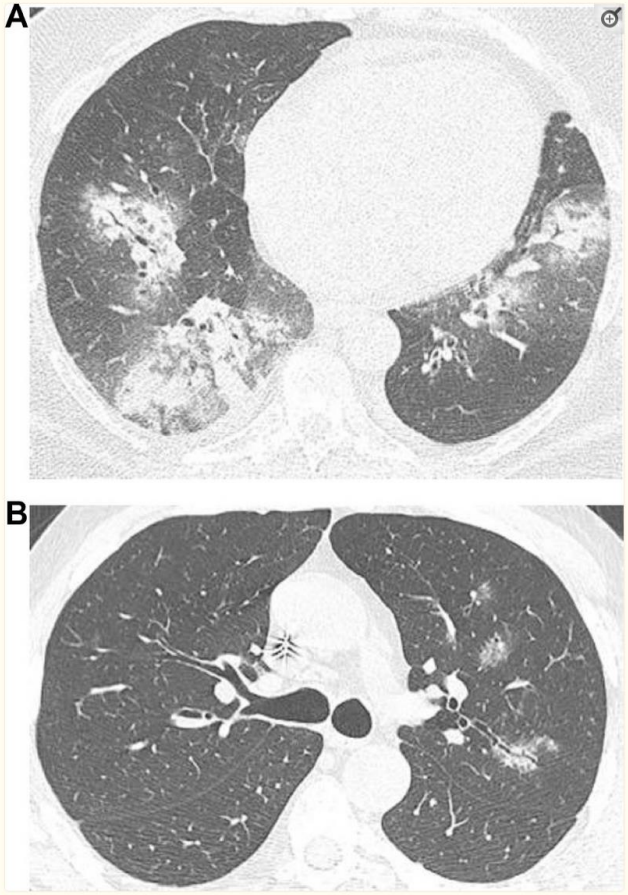


Figure 6

Bronchopneumonia in two different patients. Focal areas of consolidation (A) and nodular ground glass and soft tissue opacities (B) surround the bronchovascular regions. A right pleural effusion (A) is present.

Organizing pneumonia

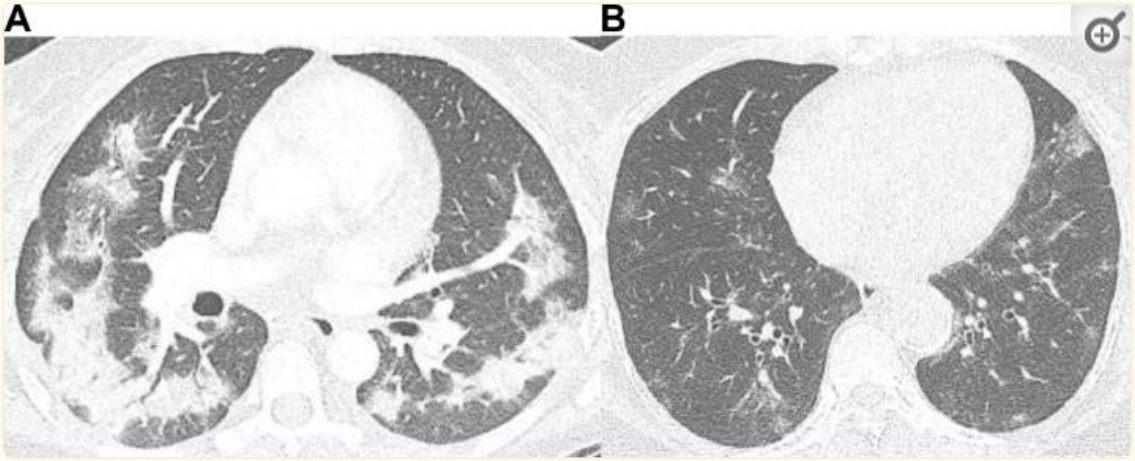


Figure 5

Organizing pneumonia. (A) A woman with gastrointestinal stromal tumor has a history of yttrium-90 (Y-90) therapy for liver metastasis and known shunting of Y-90 to the lungs. The predominantly peripheral consolidation spares the subpleural region and is associated with bronchovascular structures, such as in the right middle lobe and lingula. Organizing pneumonia, confirmed by wedge resections, is attributed to radiation pneumonitis. (B) CT image of a 44-year-old woman with muscle-biopsy proven dermatomyositis and pathologically confirmed bronchiolocentric organizing pneumonia. The lower lobe predominant ground glass nodules are associated with bronchovascular regions.

Sarcoid

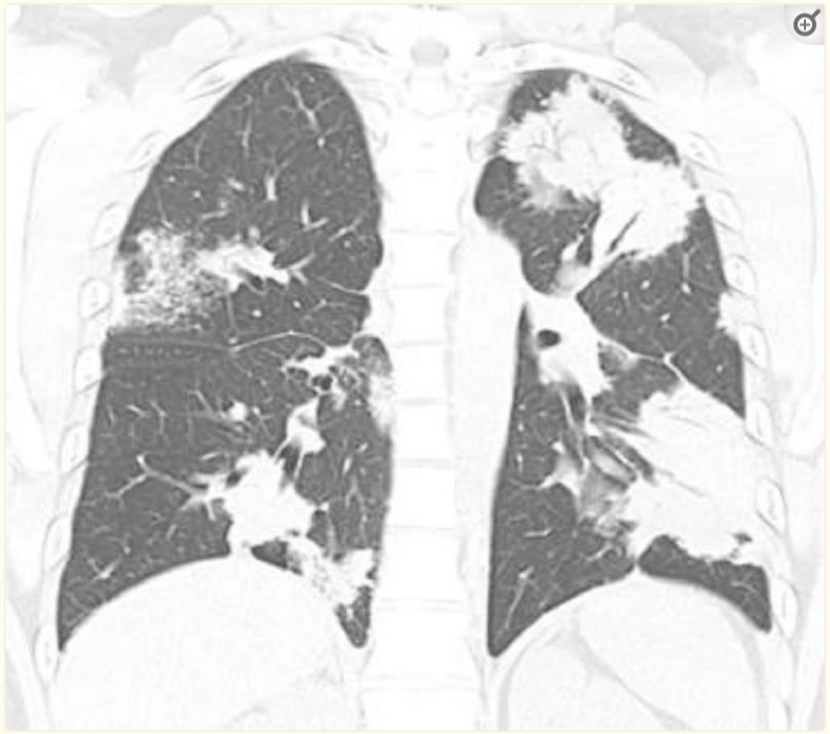


Figure 10

Sarcoid. 35-year-old male with left back pain and fever had a CT demonstrating peribronchovascular soft-tissue mass-like opacities. The patient had confirmed sarcoid on wedge resection. The CT imaging appearance represents the “alveolar” form of sarcoid, which are related to confluent interstitial granulomas. Peripheral nodularity in the right upper lobe can be an indicator of an interstitial process that becomes coalescent.

Vasculitis.

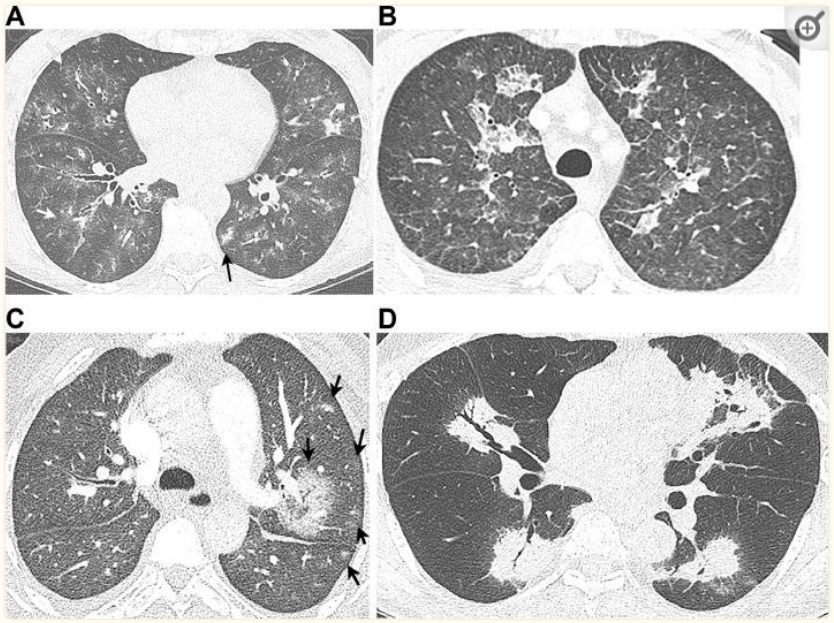
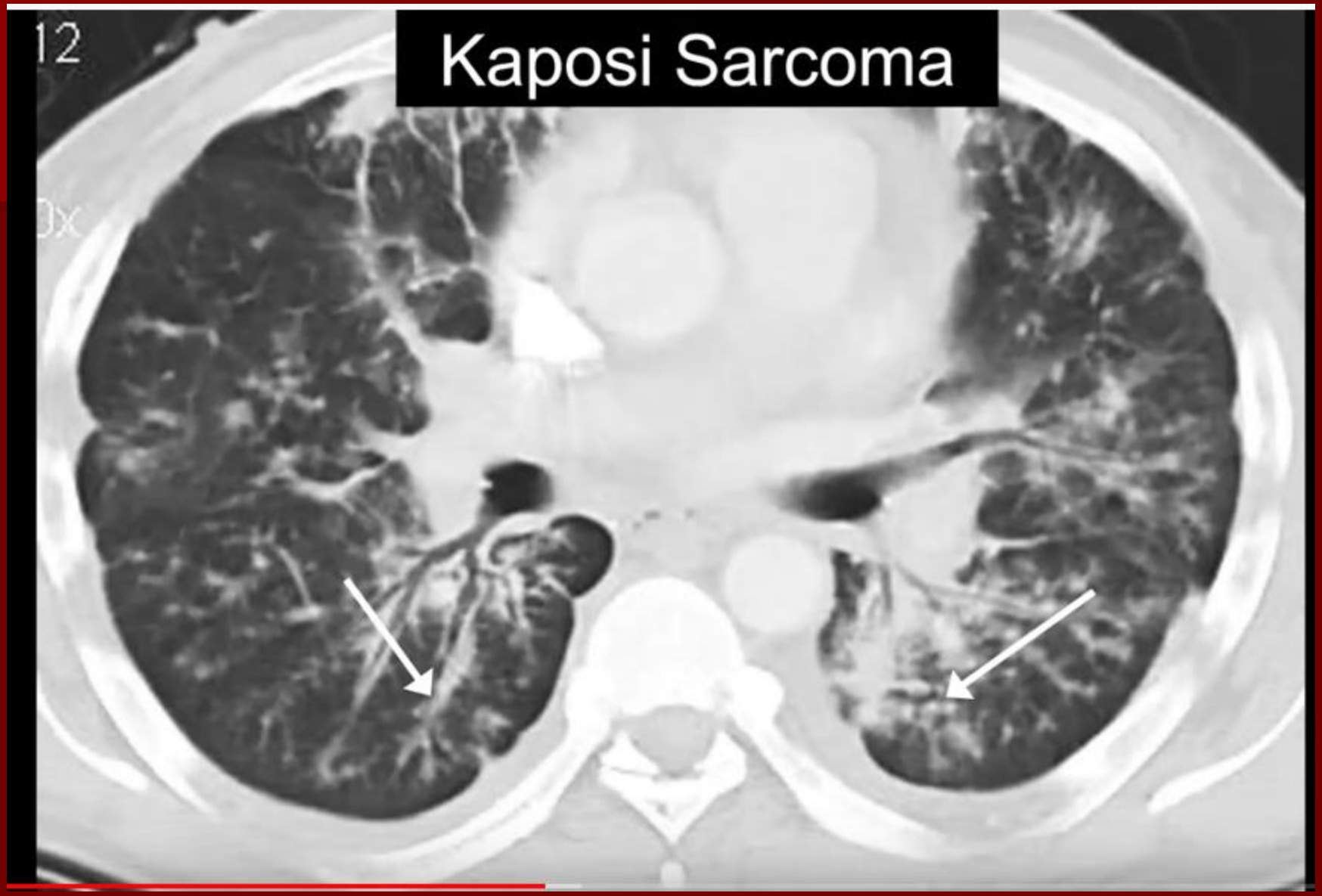


Figure 8

Vasculitis. Pulmonary hemorrhage related to P-ANCA vasculitis (A, B) in a 65-year-old woman with hemoptysis. (A) Ill-defined ground glass areas (white arrows) centered along bronchovascular bundles and soft-tissue patchy focal areas (black arrow) are present. (B) Soft-tissue patchy areas are also seen on follow-up CT in upper lobes. (C) 33-year-old woman with SLE vasculitis with soft tissue central mass-like consolidation, with central ground-glass (reversed-halo) appearance, and subsolid nodules (arrows) that improve with increasing immunosuppression. (D) IgG-4 related vasculitis diagnosed by wedge resection in a 70-year-old immunocompromised man with weight loss and dyspnea on exertion.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Kaposi Sarcoma