

DATE: SEPTEMBER 20th, 2024 PRESENTED BY: JEFF ROBINSON, MD

### Disclosures

- United Therapeutics Research grant, Site-PI for clinical trial
- Gossamer Bio Research grant, Site-PI for clinical trial
- Janssen –Site-PI for clinical trial, Scientific consulting fees
- Merck/Acceleron, Site-PI for clinical trial



### Outline

• 3 cases to demonstrate an approach to the patient with ground glass opacities / infiltrates



### **Caveats**

- This will in no way be comprehensive
- Focus is on the immunocompetent patient
- We need volunteers
- Prizes for participation will be given
- I am <u>not</u> a radiologist...



# Case 1: Chief Complaint

49-year-old woman with dyspnea and chest pressure



# History of Present Illness

• 5 days of progressive dyspnea, now getting winded after only a few steps.

 Dry cough, new for her, over same period. Exacerbated by deep breaths.

 Nearly constant chest pressure, also worse with deep breaths.



# Past Medical History

#### <u>PMH</u>

- Type 2 Diabetes
- Dyslipidemia

#### **PSH**

None

### Medications

- Metformin 500 mg PO BID
- Simvastatin 20mg PO Qdaily



# Family and Social History

#### SH:

- 13 pack-year tobacco history. No EtOH or other drugs.
- No pets, swamp coolers, hot tubs.
- Recently returned to work, cleaning homes that had smoke damage in Colorado Springs.

FH: Non-contributory





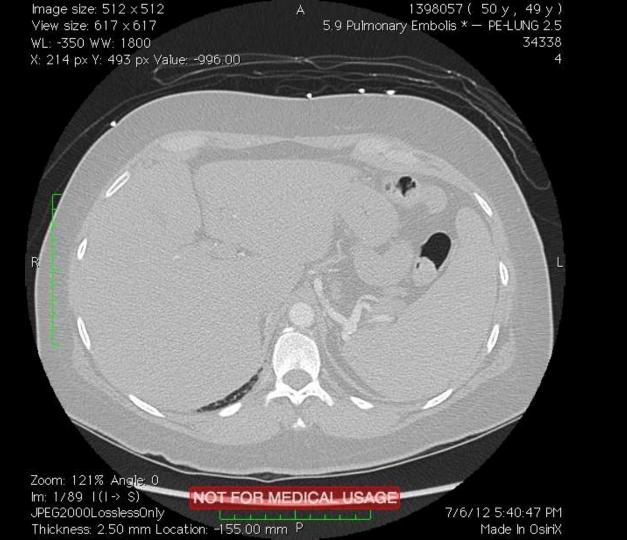
# Physical Exam

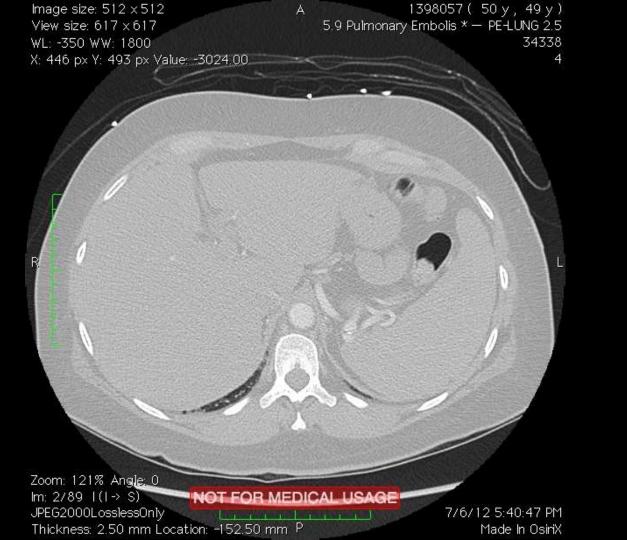
- VS: T 38.2° BP 94/58, P 85, R 18, SpO2
   78% on RA, 91% on 4L NC
- Gen: Speaking 5-word sentences, NAD.
- HEENT: No elevated JVP.
- CVS: RRR with no M/R/G. PMI not displaced.
- Lungs: No accessory muscle use. Crackles halfway up lung fields, L>R.
- Abd: BS+, non-tender, no masses.
- Ext: No edema, normal distal pulses.

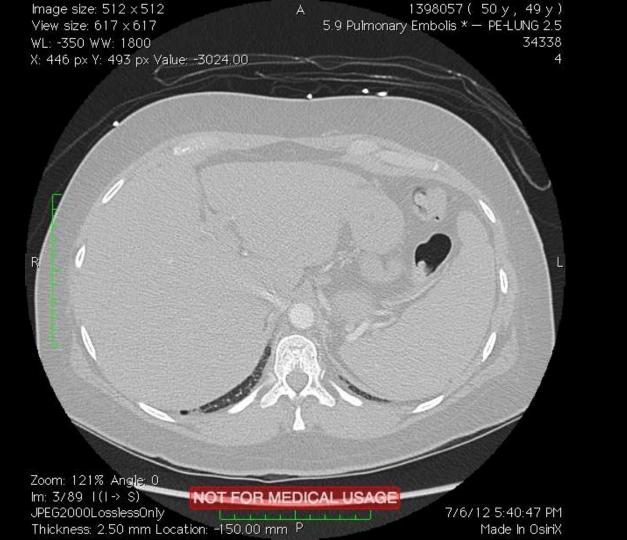


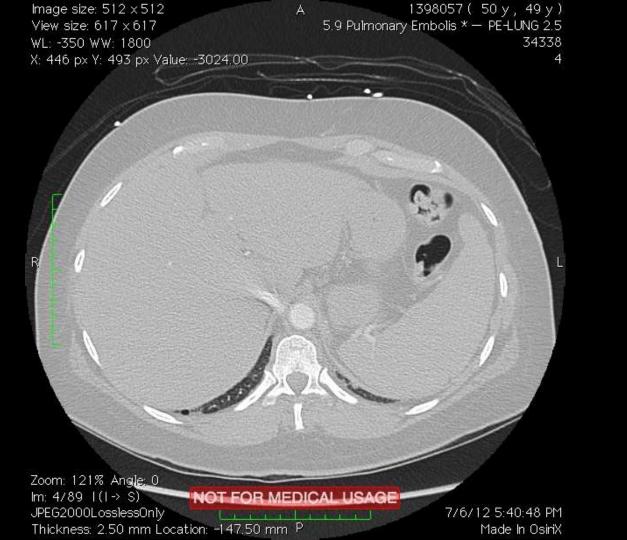


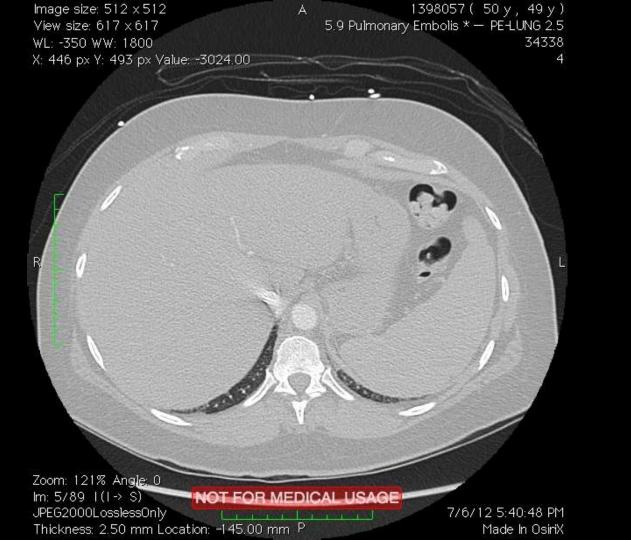


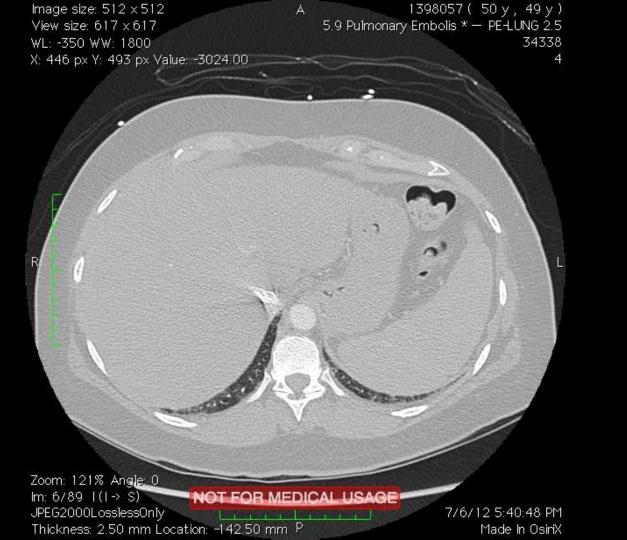


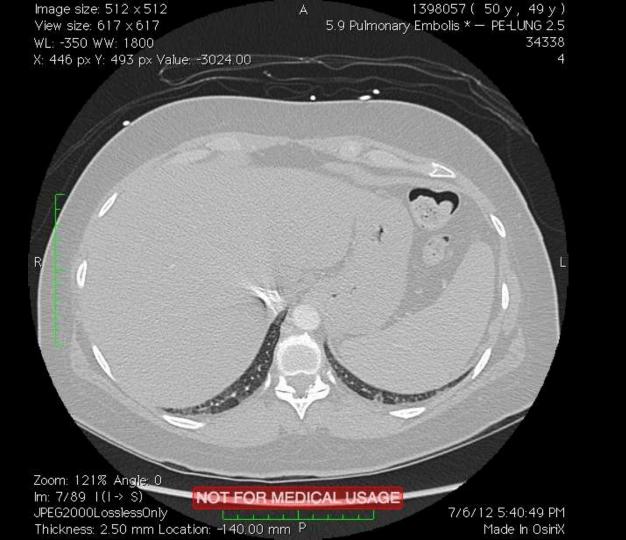


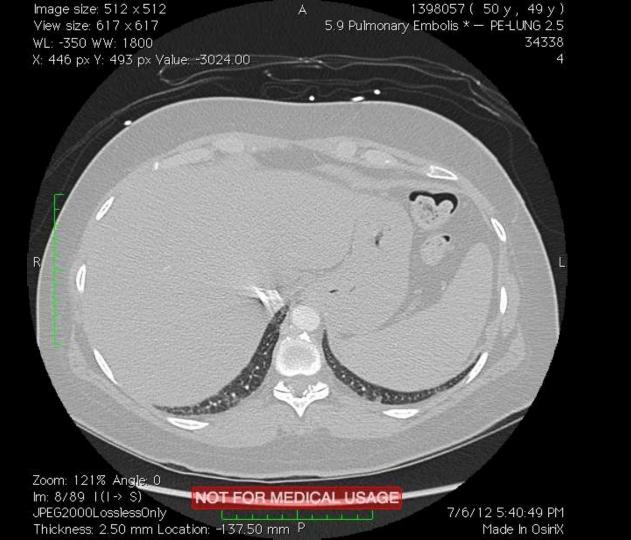


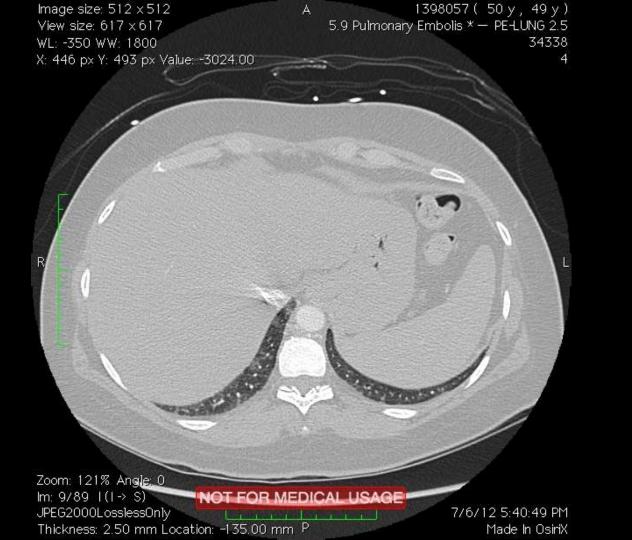


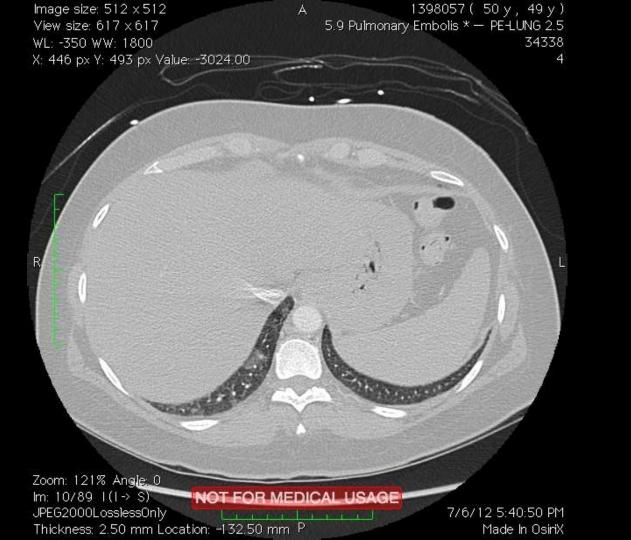


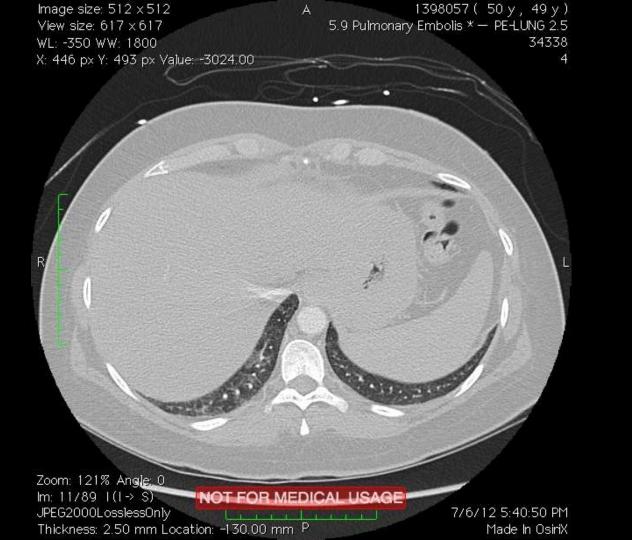


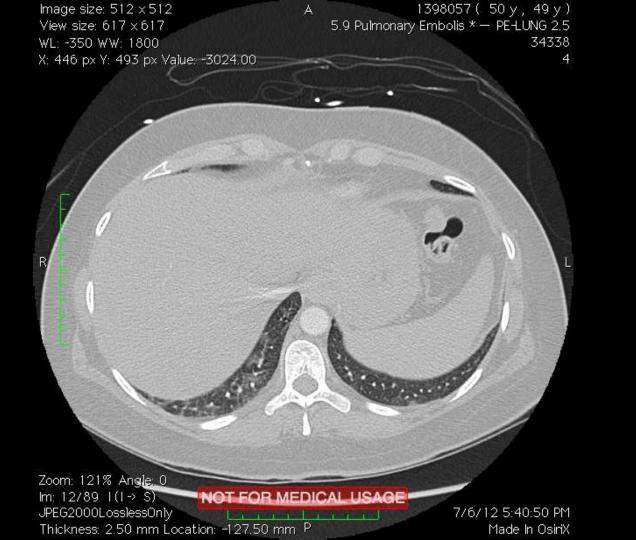


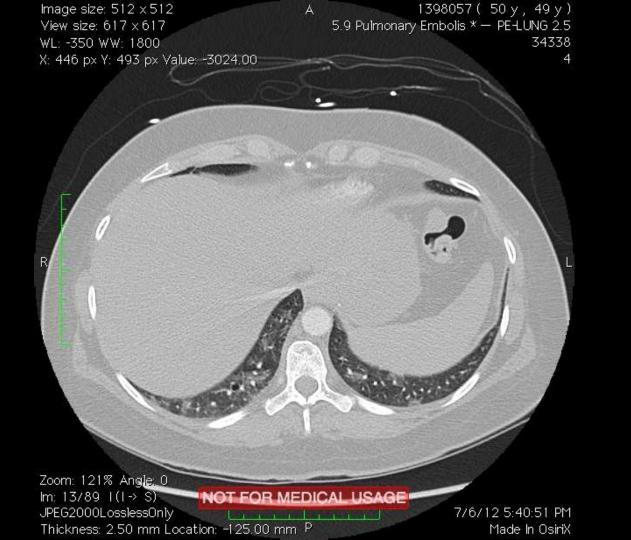


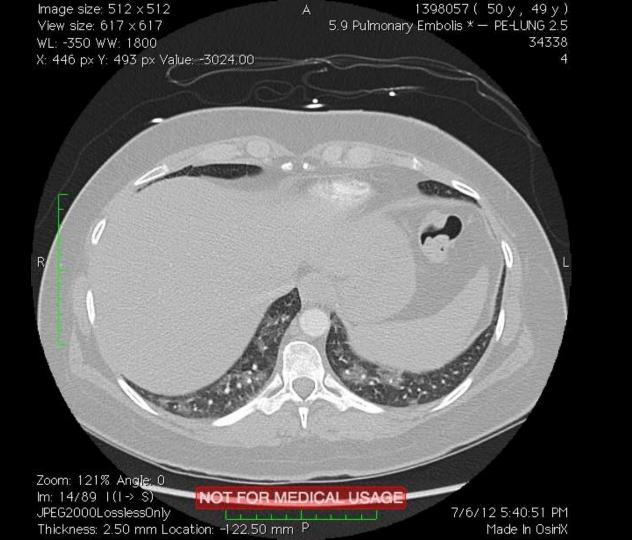


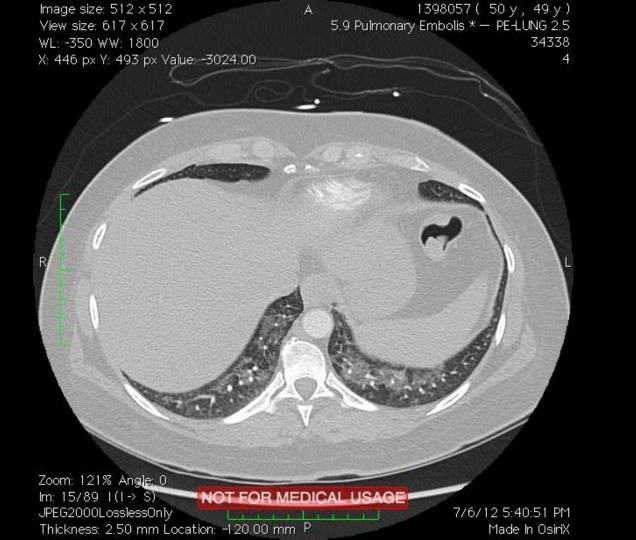


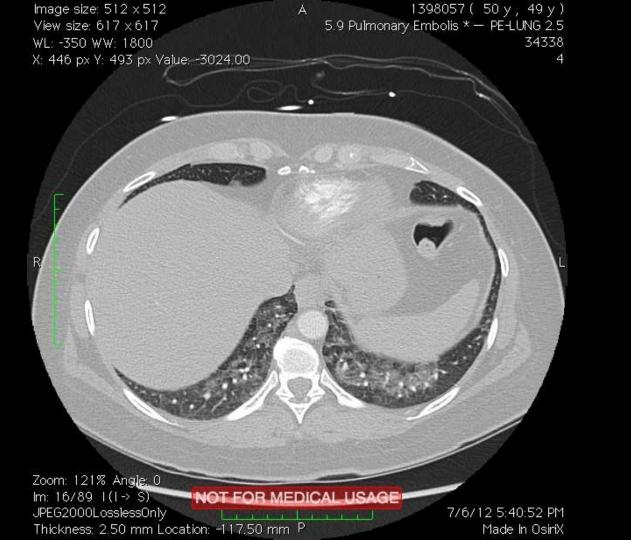


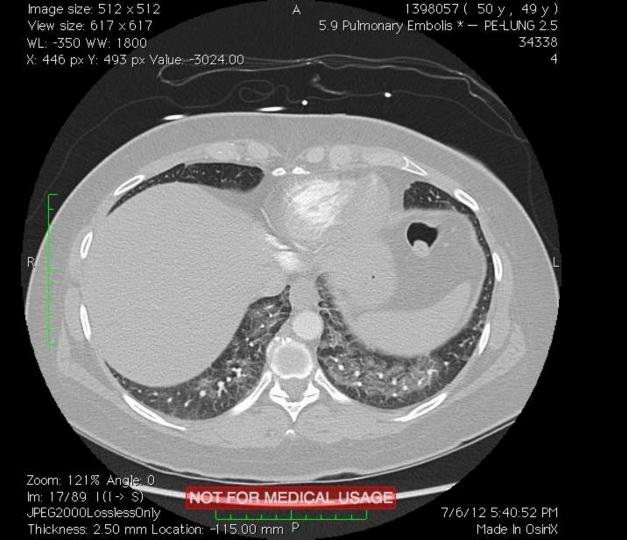


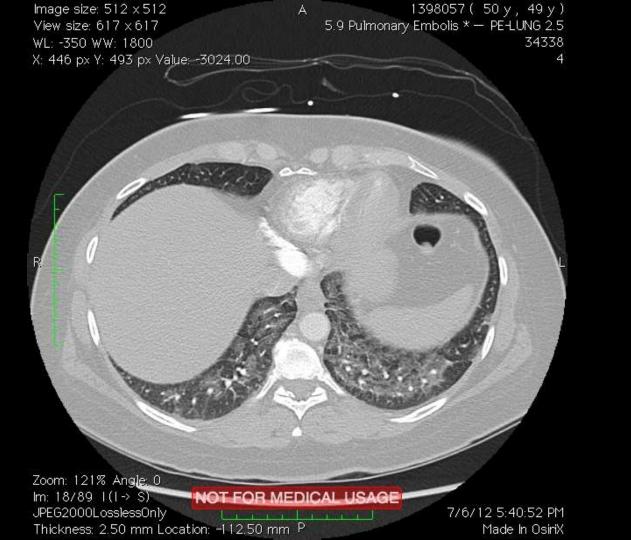


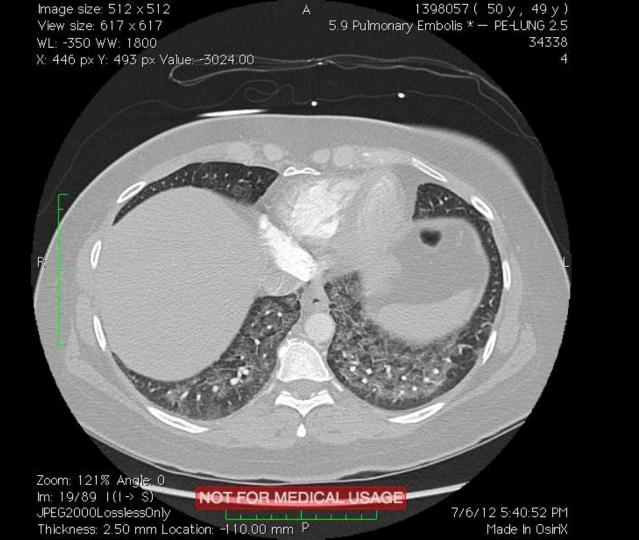


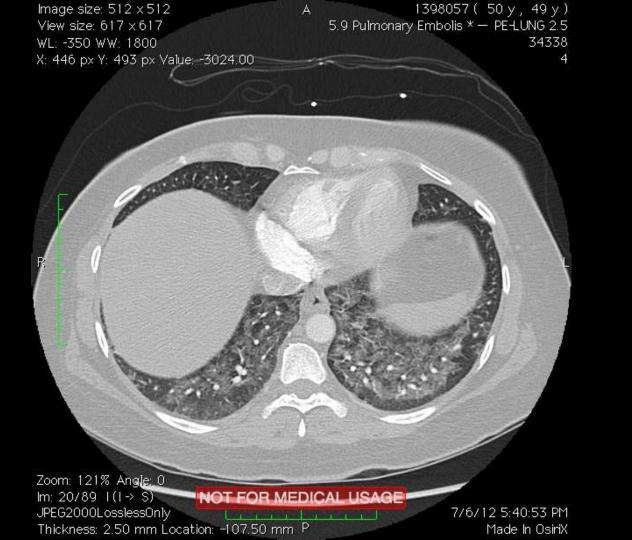


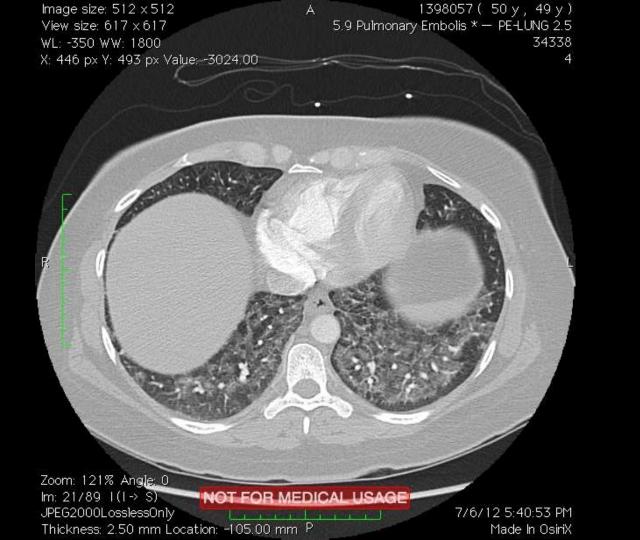


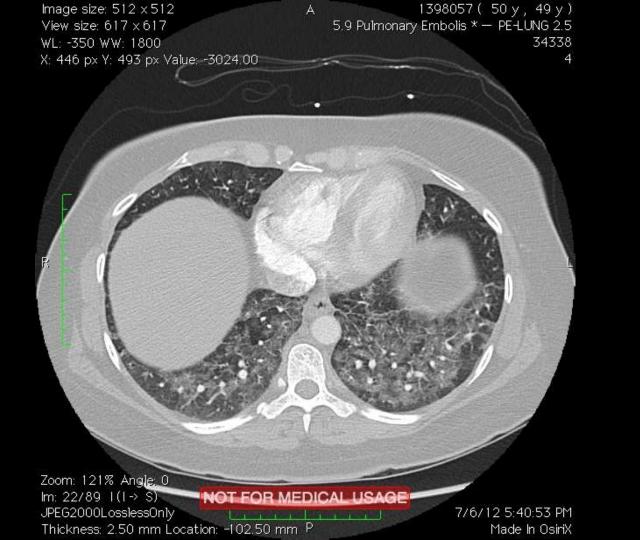


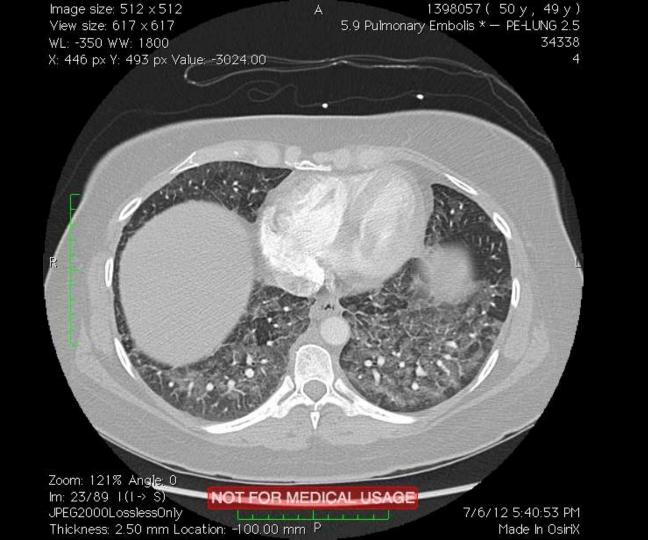


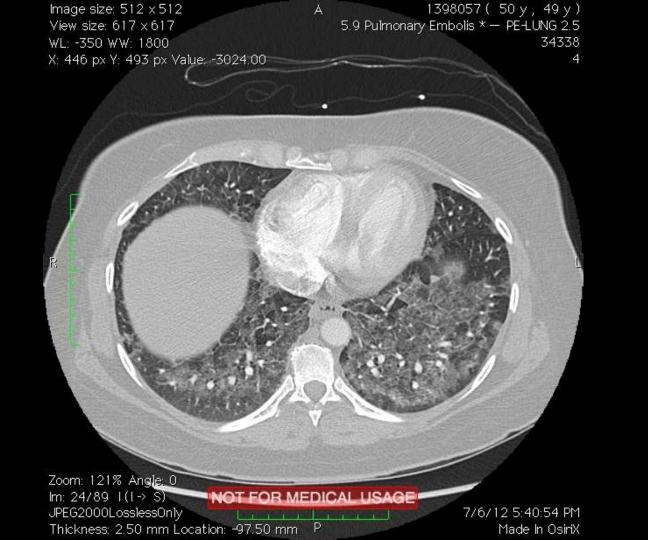


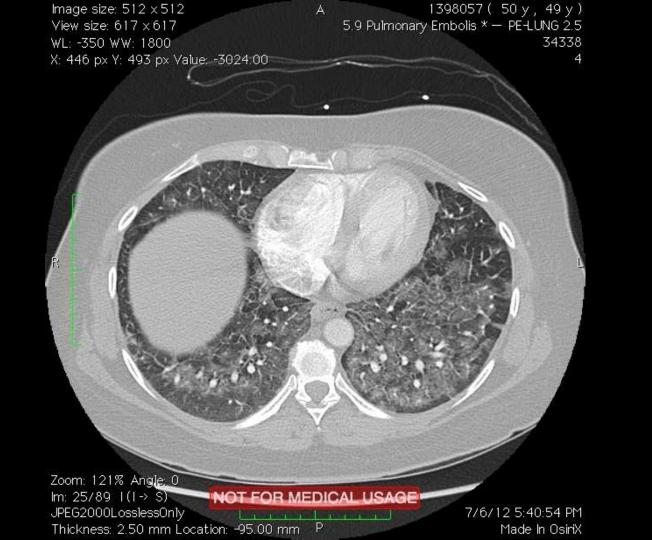


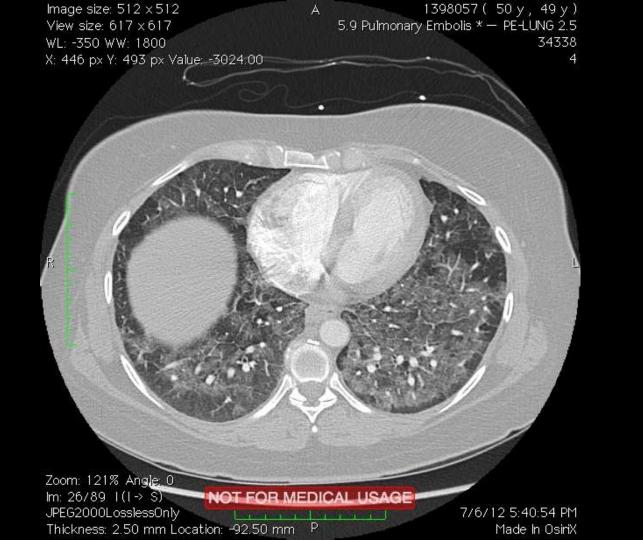


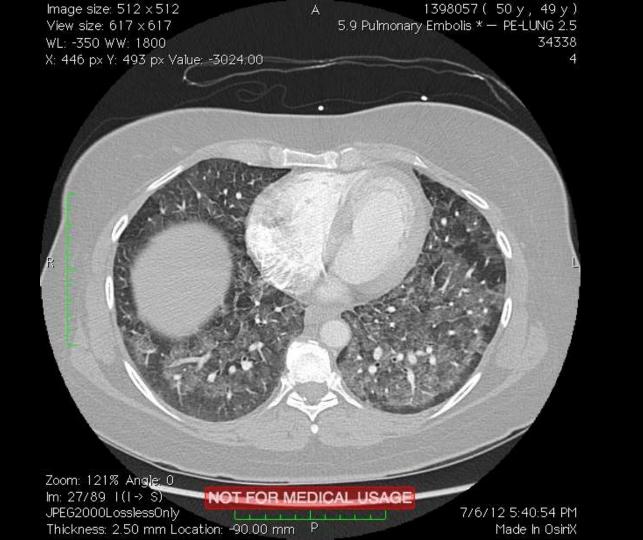


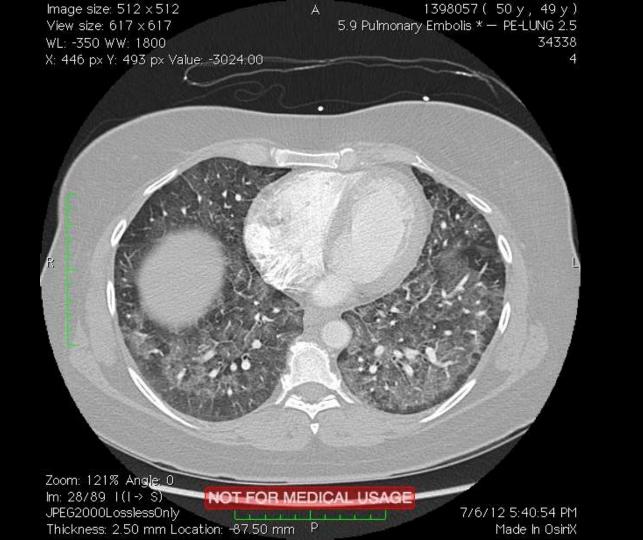


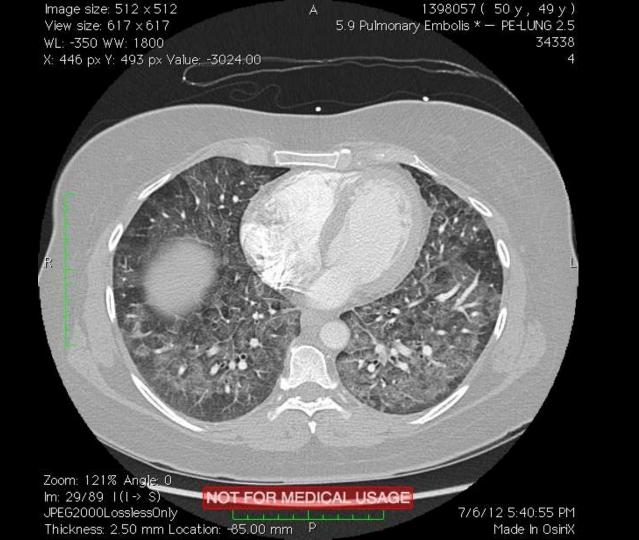


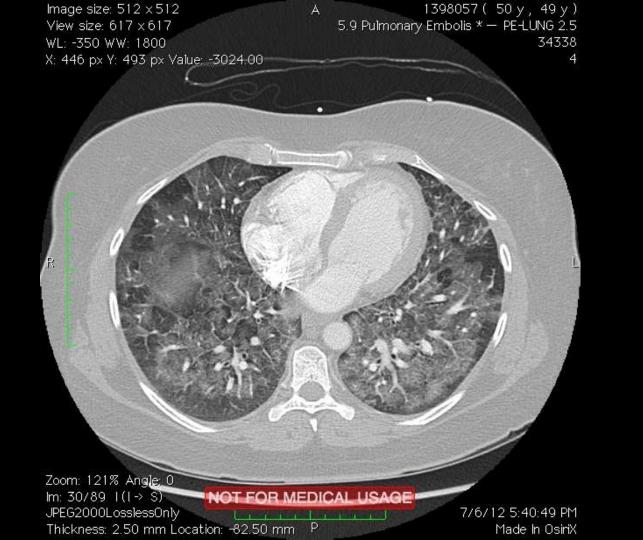


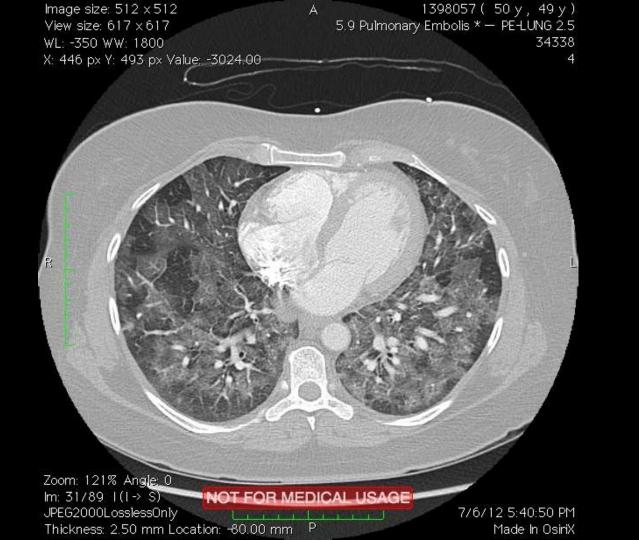


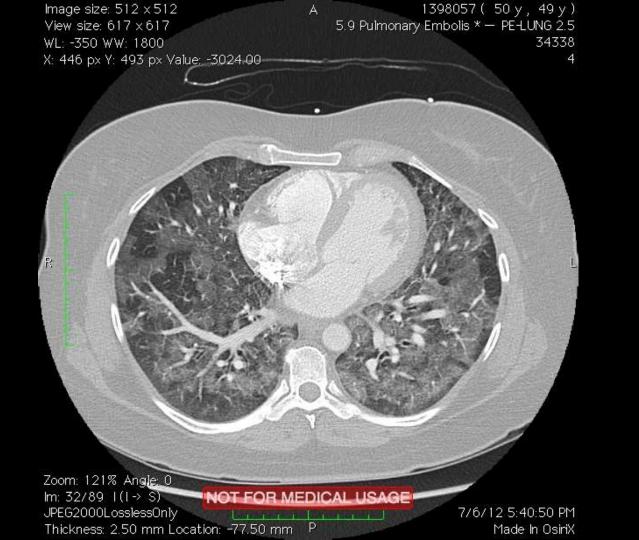


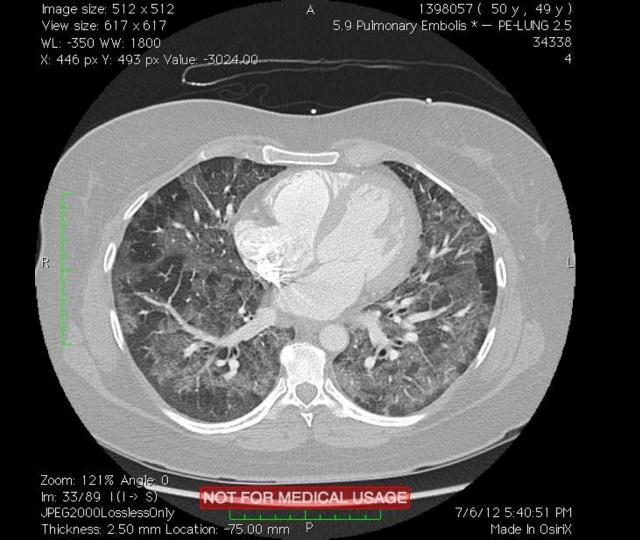


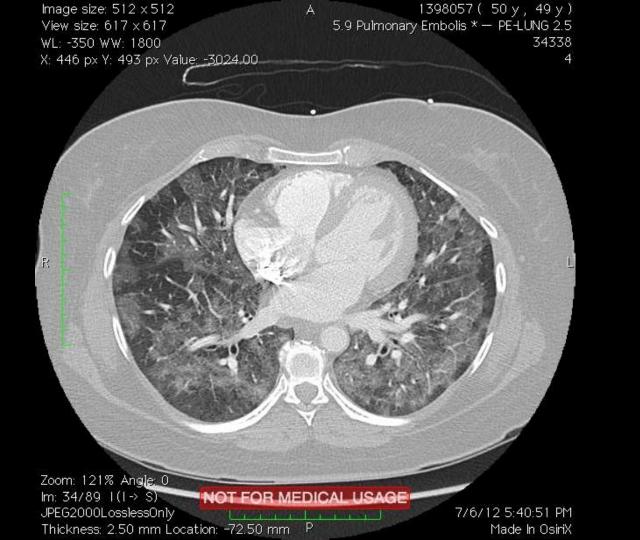


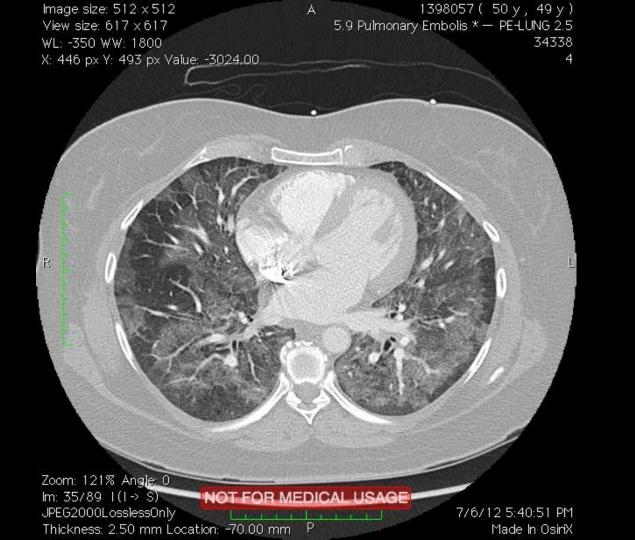


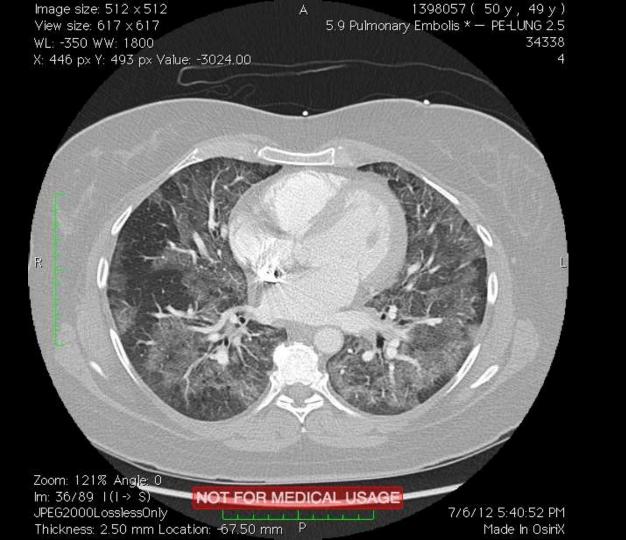


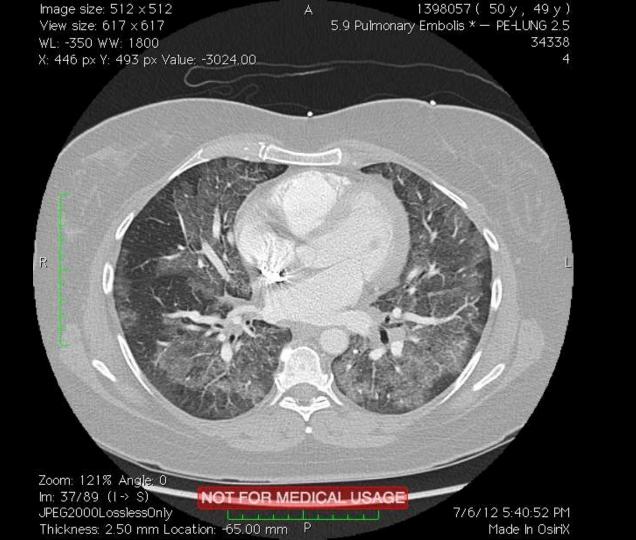


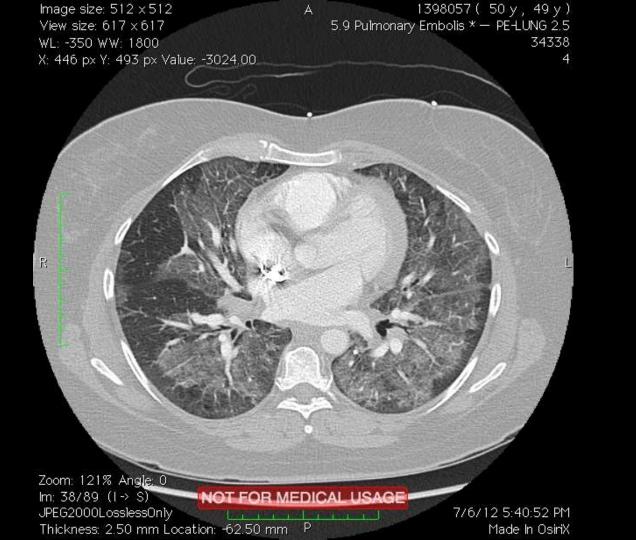


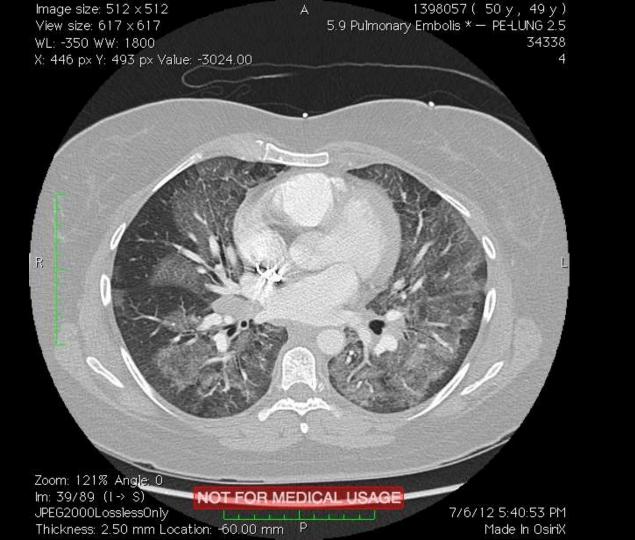


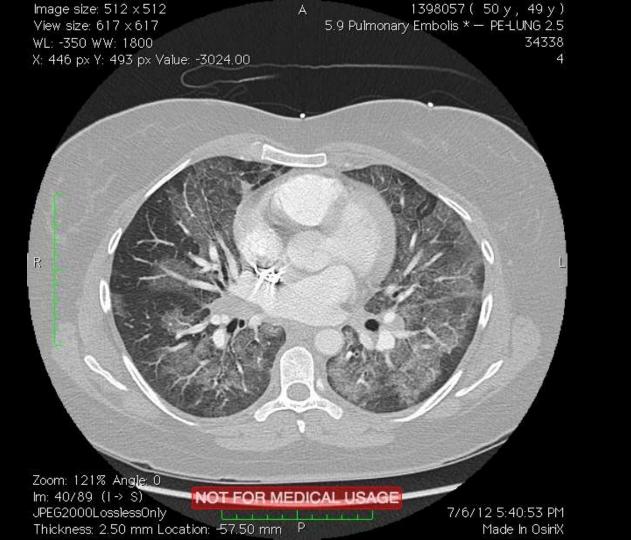


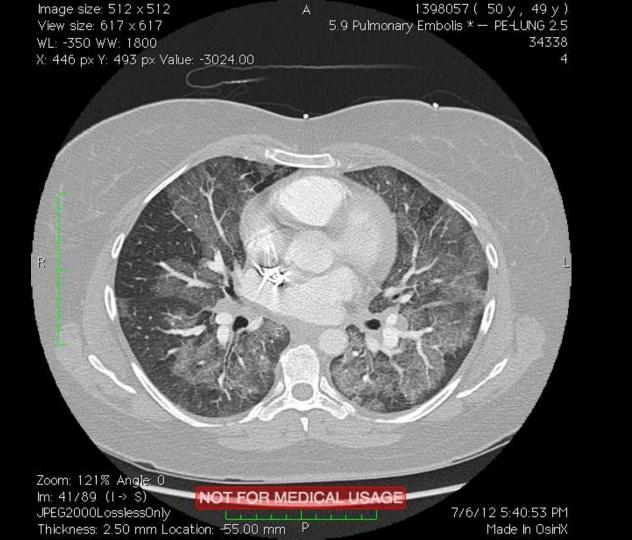


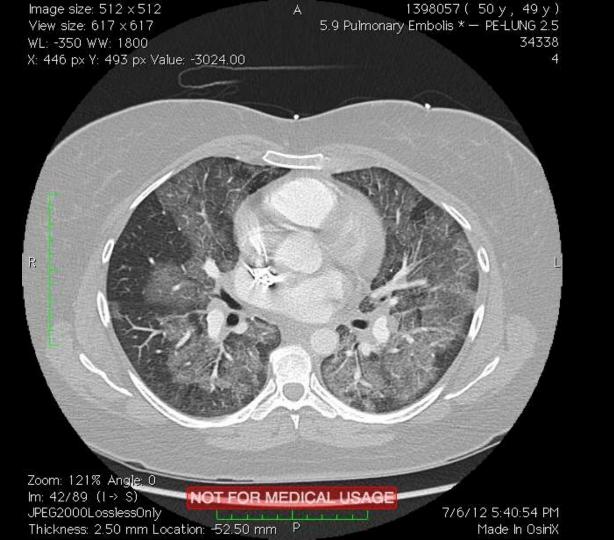


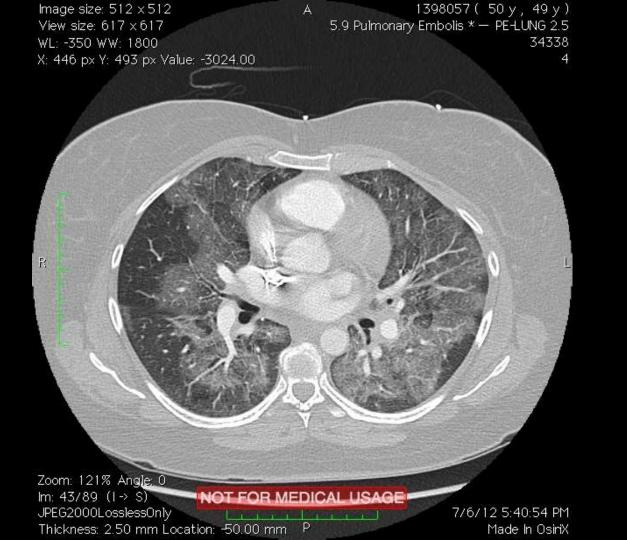


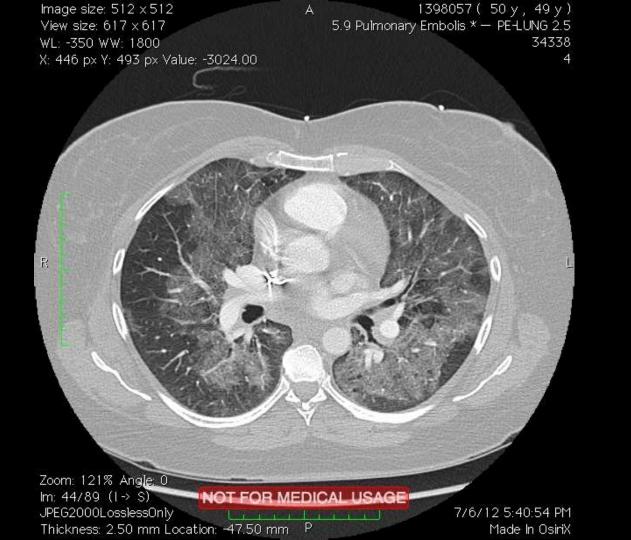












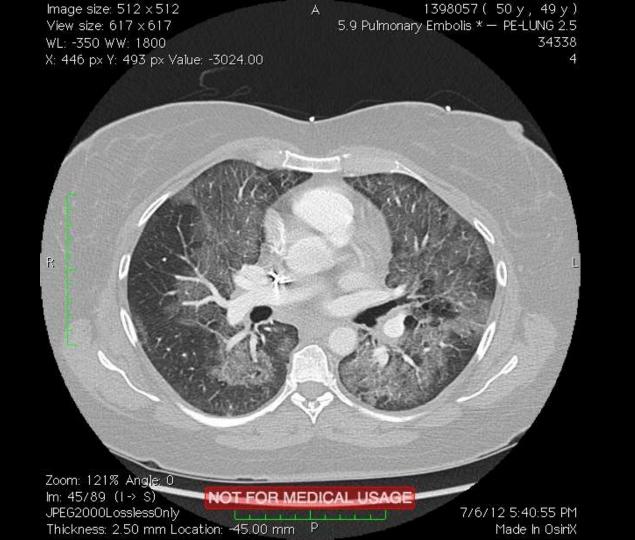
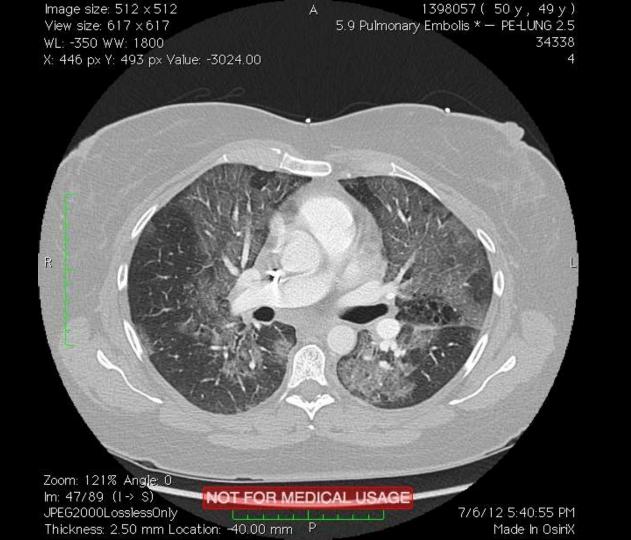
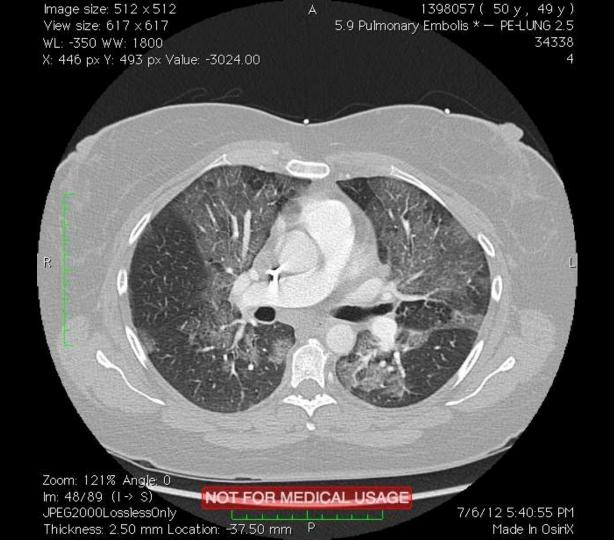


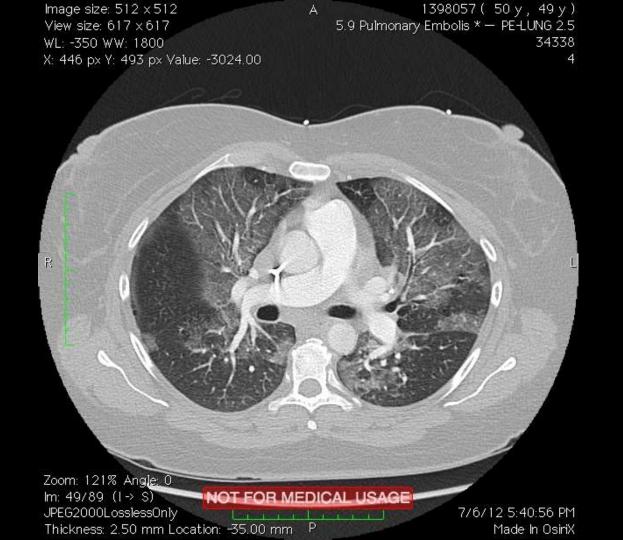
Image size: 512 x 512 1398057 (50 y, 49 y) View size: 617 x 617 5.9 Pulmonary Embolis \* — PE-LUNG 2.5 34338 WL: -350 WW: 1800 X: 446 px Y: 493 px Value: -3024.00 R Zoom: 121% Angle: 0 lm: 46/89 (1→ S) OT FOR MEDICAL USAGE JPEG2000LosslessOnly 7/6/12 5:40:55 PM Thickness: 2.50 mm Location: -42.50 mm P

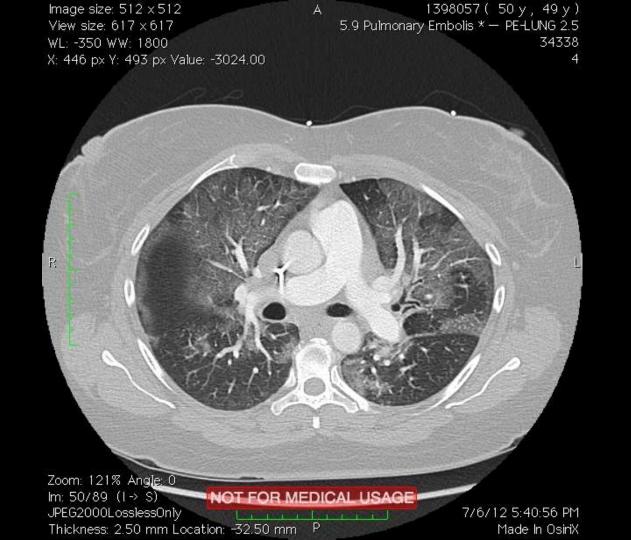


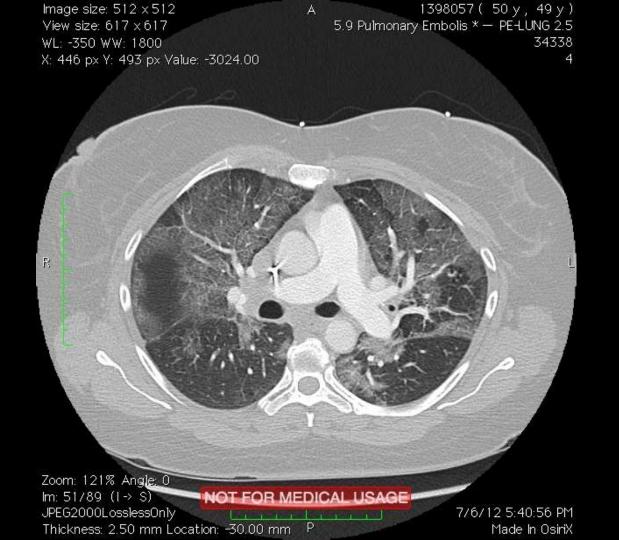
Made In OsiriX

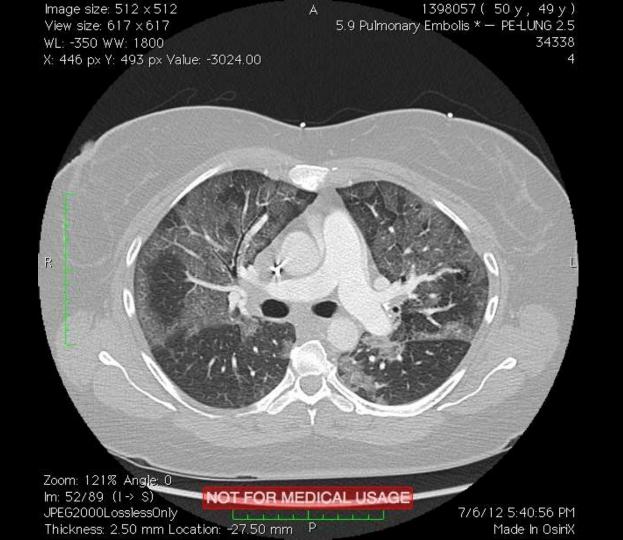


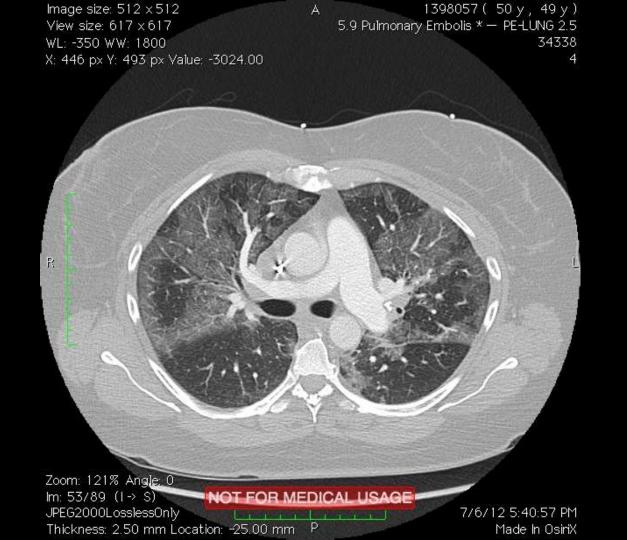












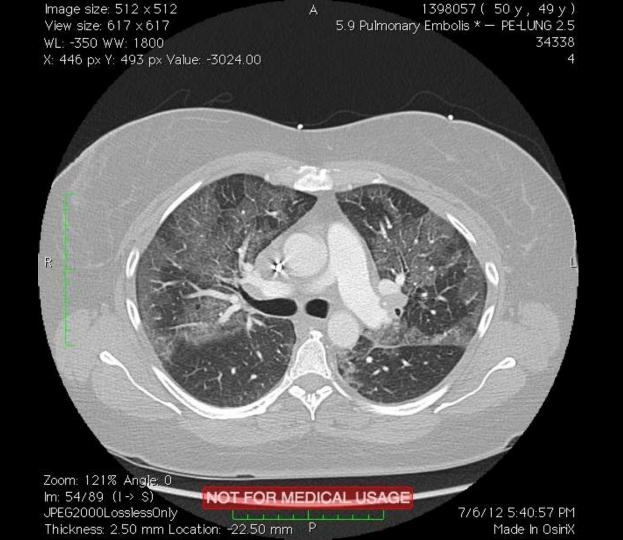


Image size: 512 x 512 1398057 (50 y, 49 y) 5.9 Pulmonary Embolis \* — PE-LUNG 2.5 View size: 617 x 617 34338 WL: -350 WW: 1800 X: 446 px Y: 493 px Value: -3024.00 Zoom: 121% Angle: 0 lm: 55/89 S(I→S) OT FOR MEDICAL USAGE JPEG2000LosslessOnly 7/6/12 5:40:57 PM Thickness: 2.50 mm Location: -20.00 mm P



Made In OsiriX

Image size: 512 x 512 1398057 (50 y, 49 y) View size: 617 x 617 5.9 Pulmonary Embolis \* — PE-LUNG 2.5 34338 WL: -350 WW: 1800 X: 446 px Y: 493 px Value: -3024.00 R Zoom: 121% Angle: 0 lm: 56/89 S(I→S) OT FOR MEDICAL USAGE JPEG2000LosslessOnly 7/6/12 5:40:57 PM Thickness: 2.50 mm Location: -17.50 mm P

OHSU

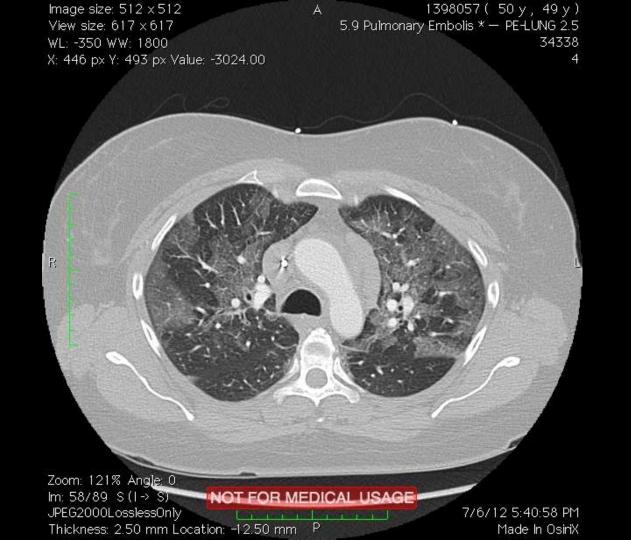
Made In OsiriX

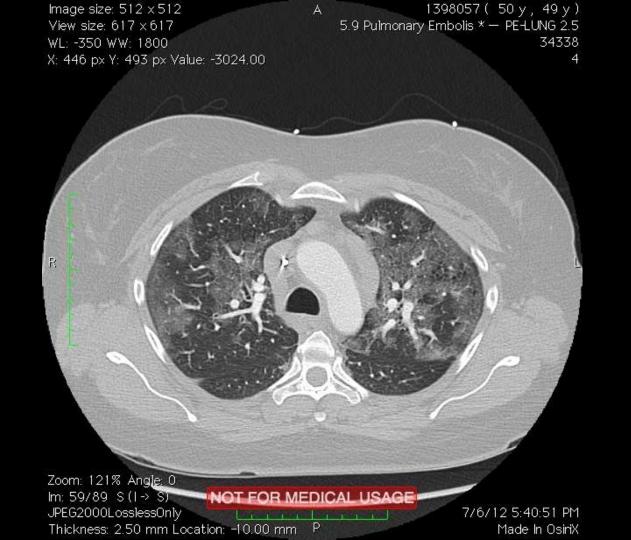
5.9 Pulmonary Embolis \* — PE-LUNG 2.5 View size: 617 x 617 34338 WL: -350 WW: 1800 X: 446 px Y: 493 px Value: -3024.00 Zoom: 121% Angle: 0 lm: 57/89 S(I→S) OT FOR MEDICAL USAGE JPEG2000LosslessOnly 7/6/12 5:40:58 PM Thickness: 2.50 mm Location: -15.00 mm P

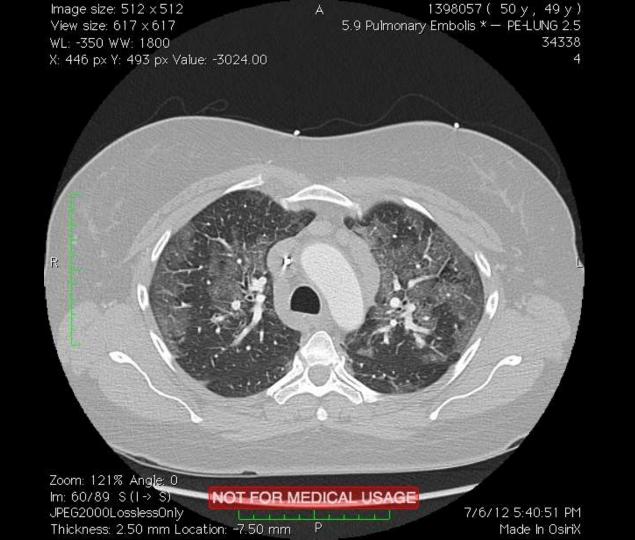
1398057 (50 y, 49 y)

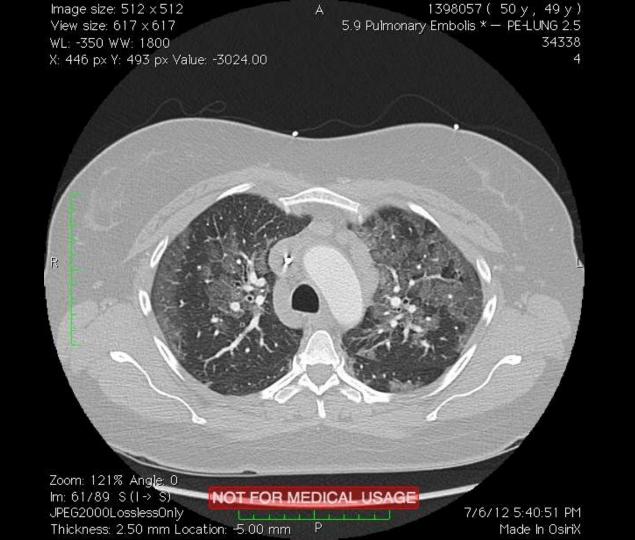
Made In OsiriX

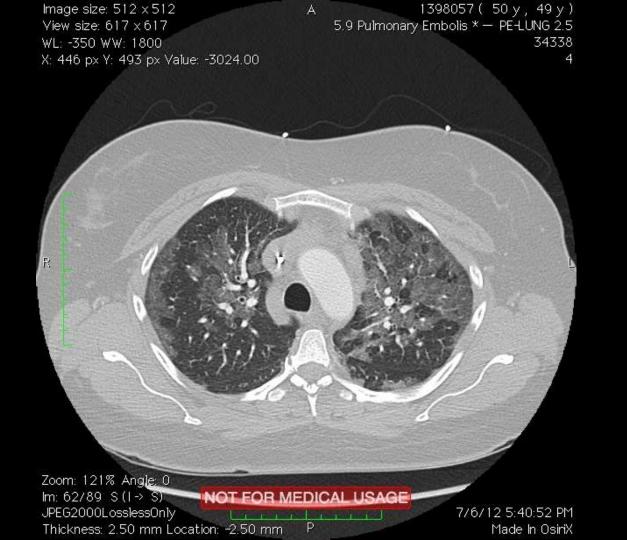
Image size: 512 x 512

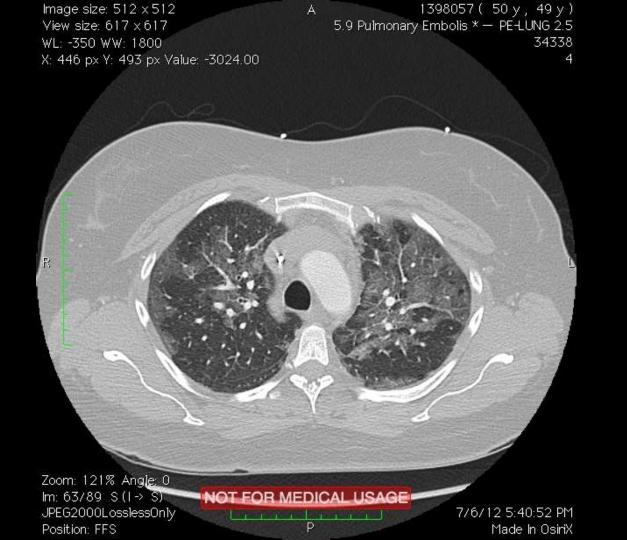


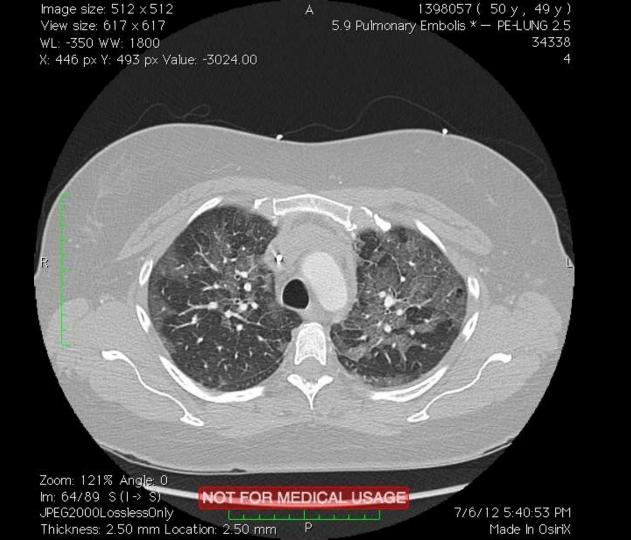


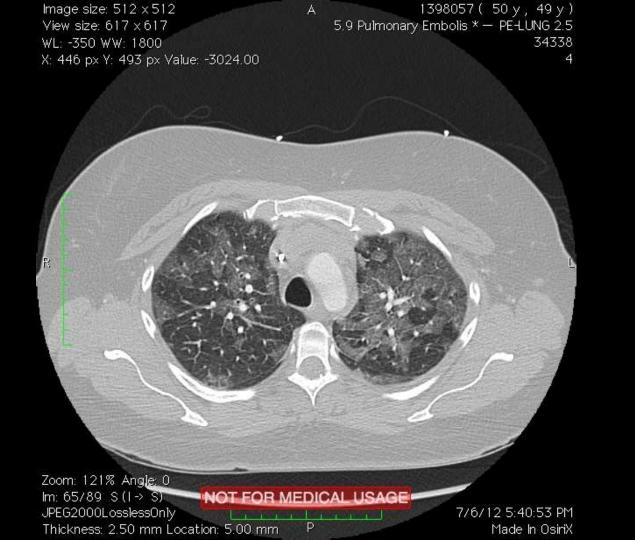


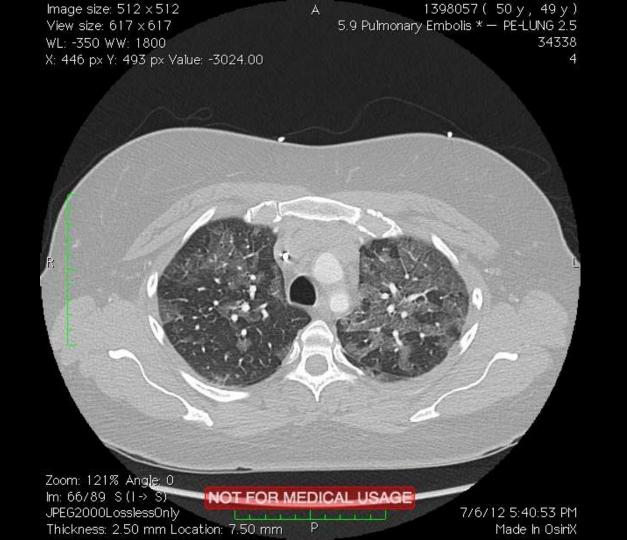


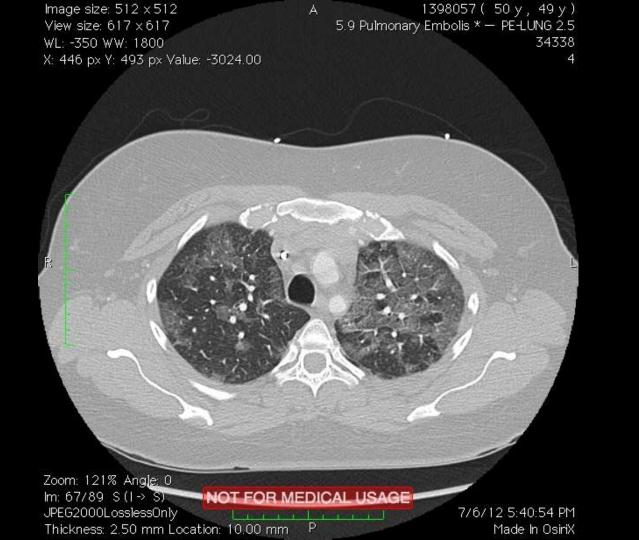


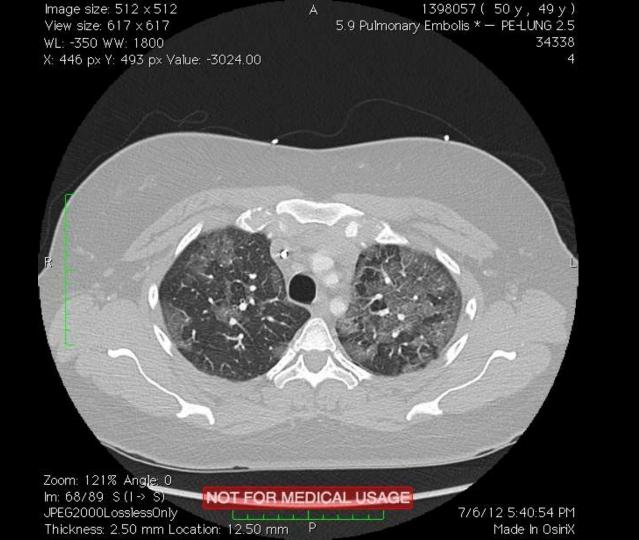


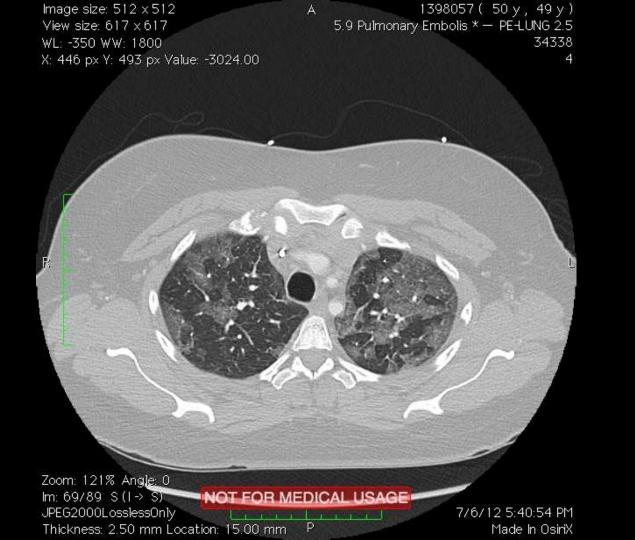


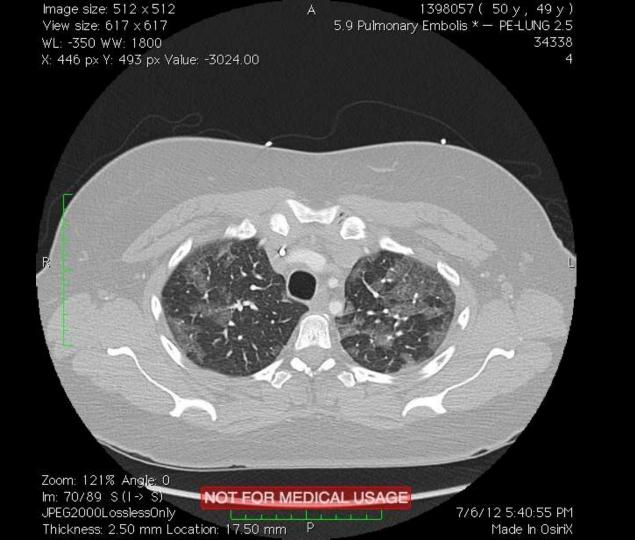


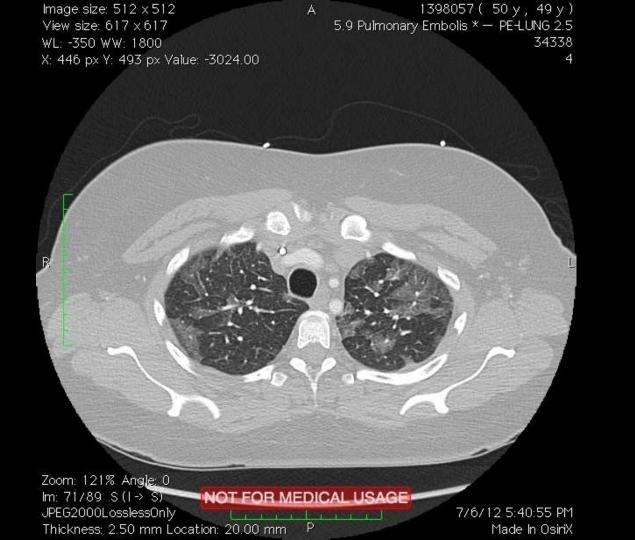


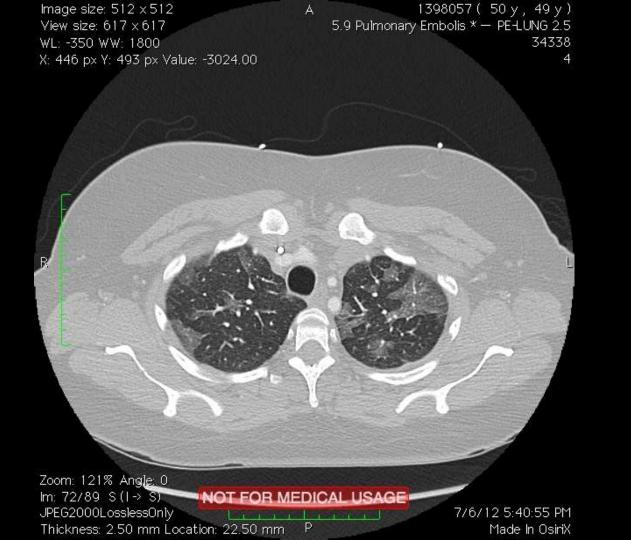


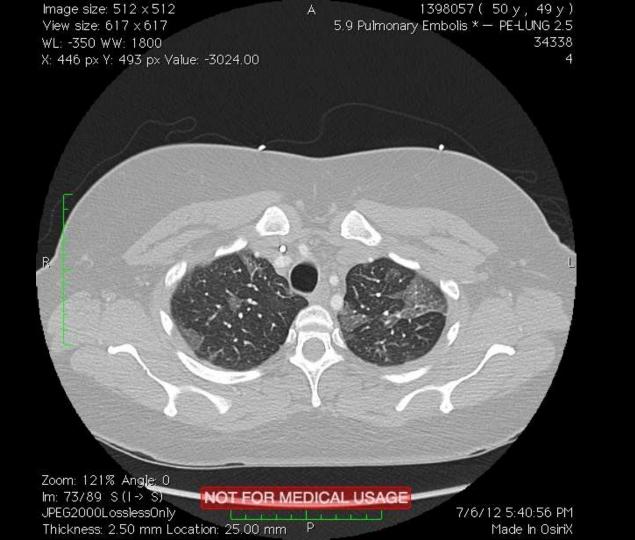


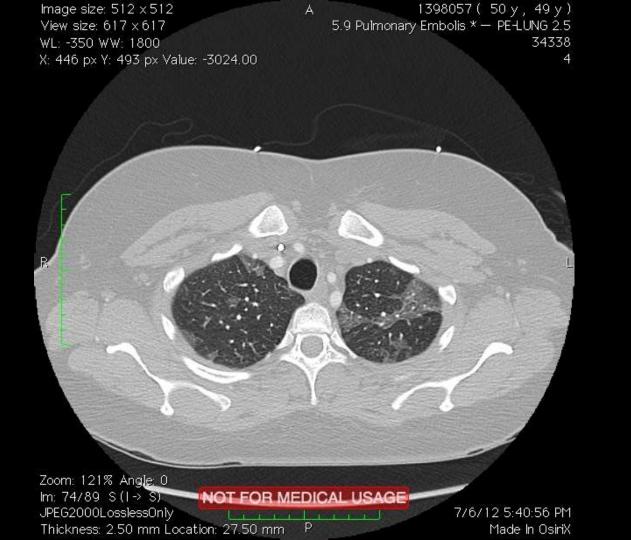


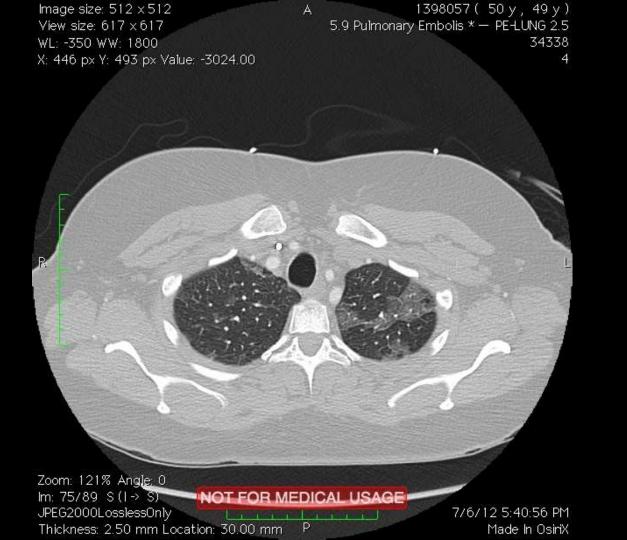


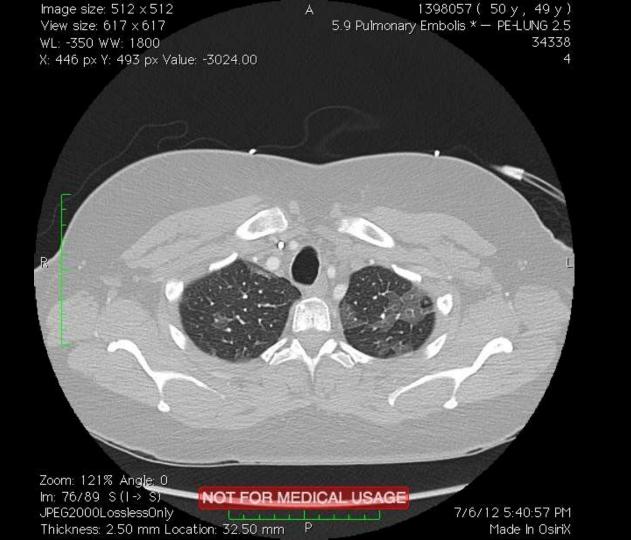












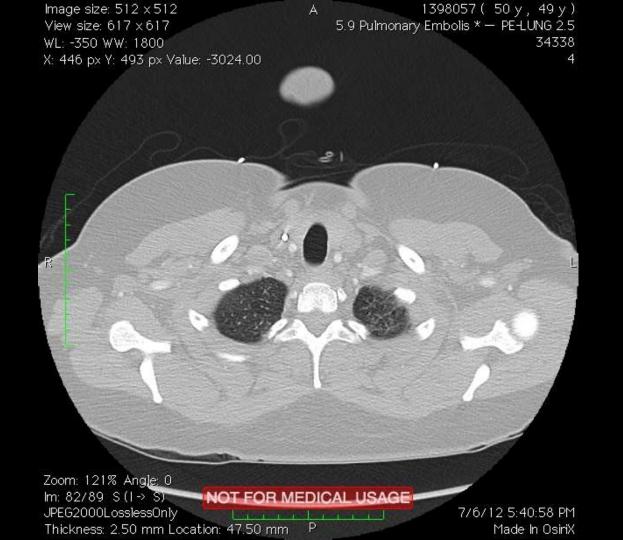












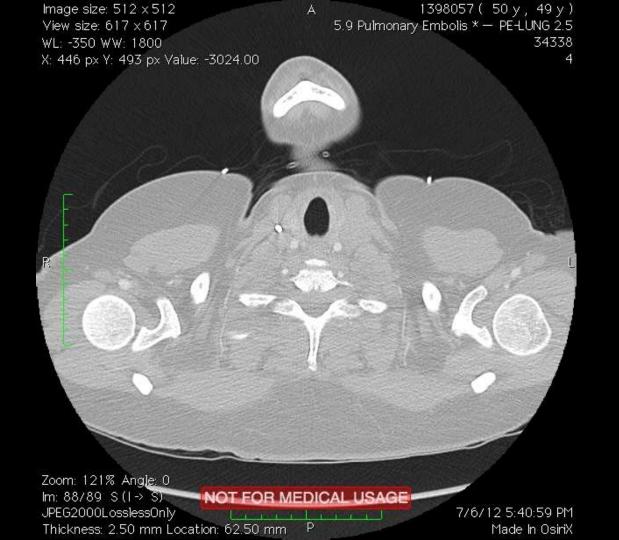


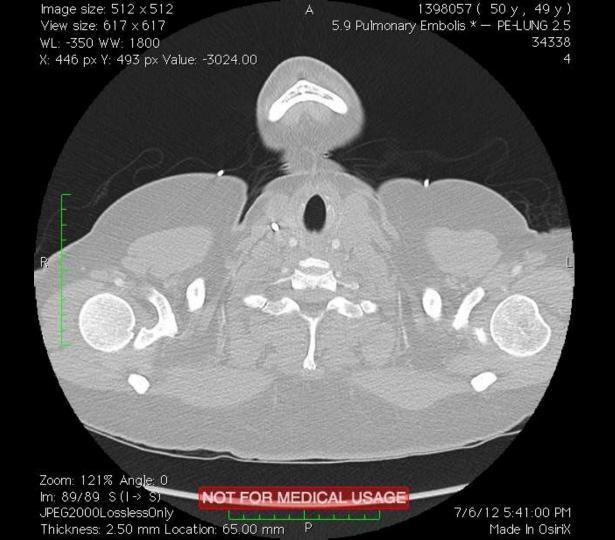














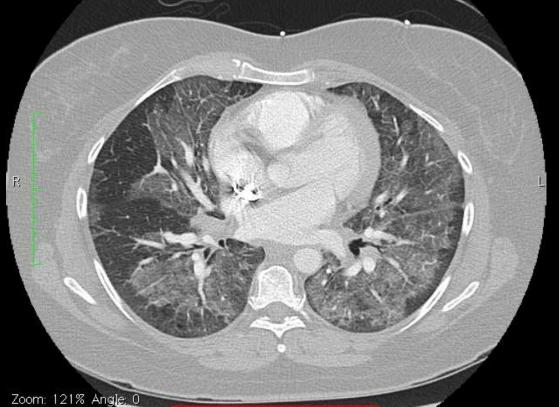
### Some Definitions...

 Ground-glass opacification: Descriptive term referring to an area of increased attenuation in the lung on CT with preserved bronchial and vascular markings.

- Nonspecific sign
  - Infections, chronic interstitial disease, and acute alveolar filling process



# Image size: 512 x 512 A 1398057 ( 50 y , 49 y ) View size: 617 x 617 View size: 617 x 617 A 5.9 Pulmonary Embolis \* — PE-LUNG 2.5 VX44 p. at px do 0.24 y 0 U think now 4.



lm: 38/89 (1→ S) JPEG2000LosslessOnly

Thickness: 2.50 mm Location: -62.50 mm P

7/6/12 5:40:52 PM Made In OsiriX



# Pattern Recognition

- Acute: Imaging less helpful overlapping and non-specific features
- Diffuse: ARDS, diffuse alveolar hemorrhage, pulmonary alveolar proteinosis, pulmonary edema
- Subpleural sparing: NSIP, diffuse alveolar hemorrhage, inhalational lung injury, PJP, pulmonary alveolar proteinosis



#### Clinical Course

- Intubated for worsening hypoxemia
- BAL was bland
- Cultures negative

Additional work history obtained from the family



# 9-D-9 exposure...

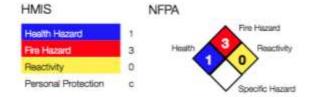




### MSDS...



Material Safety Data Sheet



#### . Chemical Product & Company Data

Product Name: OdorX 9-D-9 ™ Revision Date: February 8, 2012

#### 8. Exposure Controls & Personal Protection

351	Personal Protective Equipment	
Gloves Natural Rubber	Respirator NIOSH TC-23C organic vapor respira- tor or equivalent	Eye Goggles or full face respirator
Footwear n. ap.	Clothing Coveralls or equivalent	Other n. ap.



# Also known as...





# Toxicity of Octoxynols...

TOXICOLOGY AND APPLIED PHARMACOLOGY 63, 53-61 (1982)

Acute Toxicity of Polyethylene Glycol *p*-Isooctylphenol Ether in Syrian Hamsters Exposed by Inhalation or Bronchopulmonary Lavage<sup>1</sup>

E. G. DAMON, W. H. HALLIWELL, T. R. HENDERSON, B. V. MOKLER, AND R. K. JONES



- Hamsters died within 24 hours post-exposure
- Alveolar septa necrosed
- Disruption of the capillaries with alveolar hemorrhage







# Case 2: Chief Complaint

62-year-old woman with 3 weeks of dyspnea and cough



### History of Present Illness

- Three weeks ago, the patient developed a nonproductive cough.
- Accompanied by progressive dyspnea, previously with exercise, now at rest
- She has noted intermittent fevers, chills, and myalgias.
- Has noted overwhelming fatigue and malaise.



# Past Medical History

### <u>PMH</u>

Hypothyroidism

#### PSH

None

### Medications

Levothyroxine 100mcg PO Daily



# **Social History**

SH: Resides in Breckenridge, Colorado. Retired veterinary pathologist, now teaches high school biology. In the last month did a long cycling trip through the Rockies, complained of dry lips and nose throughout the trip.

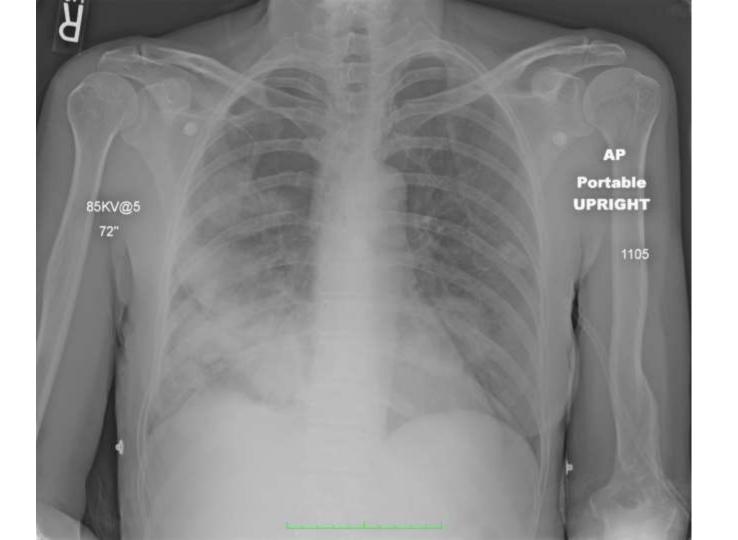




## Physical Exam

- VS: T = 98.6, BP = 105/58, P = 70, RR = 16, 95% on 2L
- Gen: No acute distress.
- HEENT: Bilateral scleral injection. No LAD.
- CVS: S1, S2, RRR. No murmurs.
- Lungs: Bilateral inspiratory crackles. Percussion is normal with no egophony.
- Abd: Soft, non-tender, non-distended.
- Ext: No edema.
- Skin: No rashes.





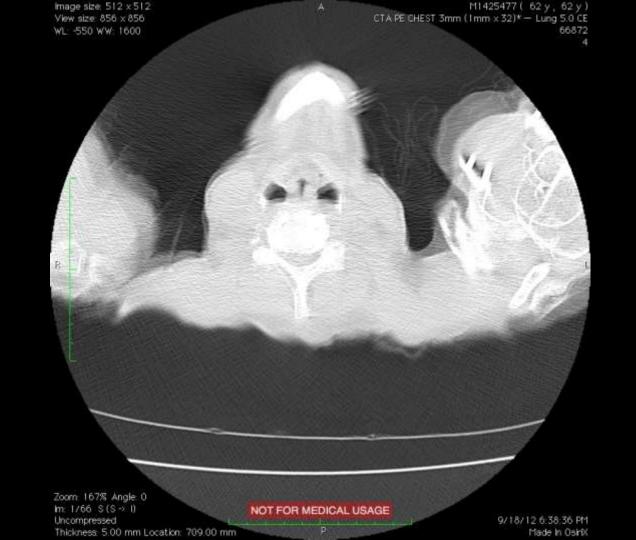


## History of Present Illness

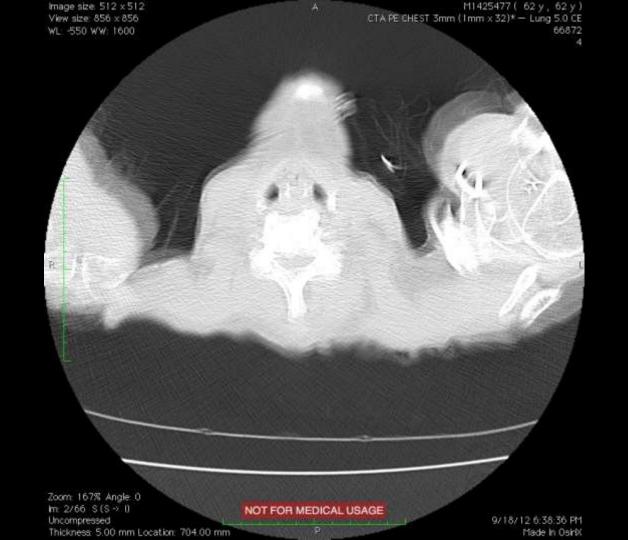
- She was seen by her PCP, who performed that CXR demonstrating bilateral infiltrates.
- Treated with course of levofloxacin with no improvement.

 She continues to feel dyspnea and fatigue, presenting to the emergency department. A CT is done.





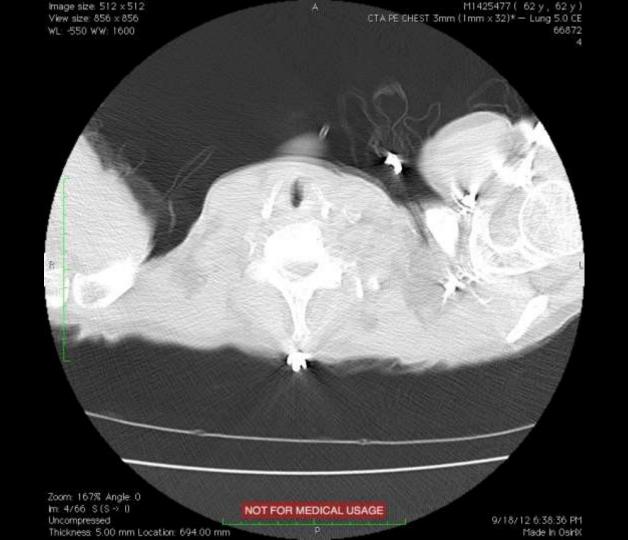








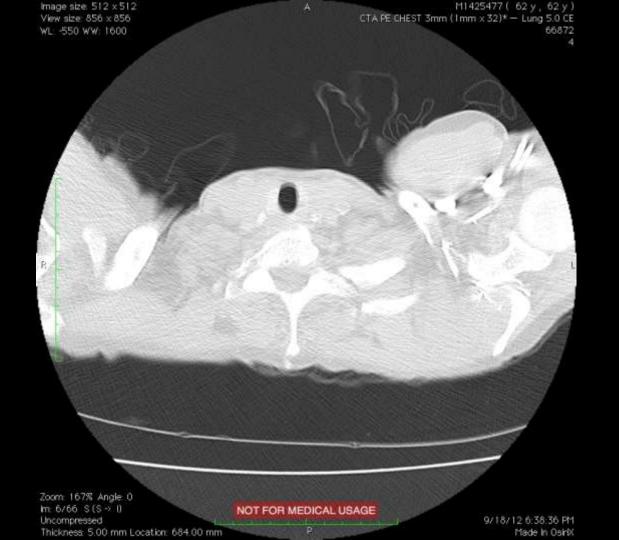






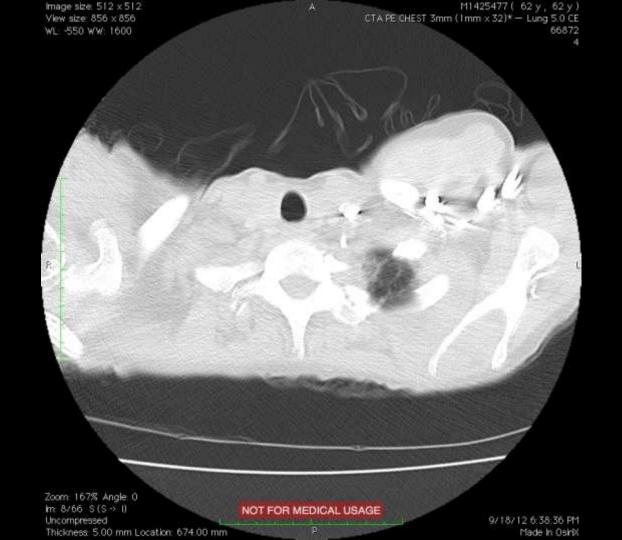




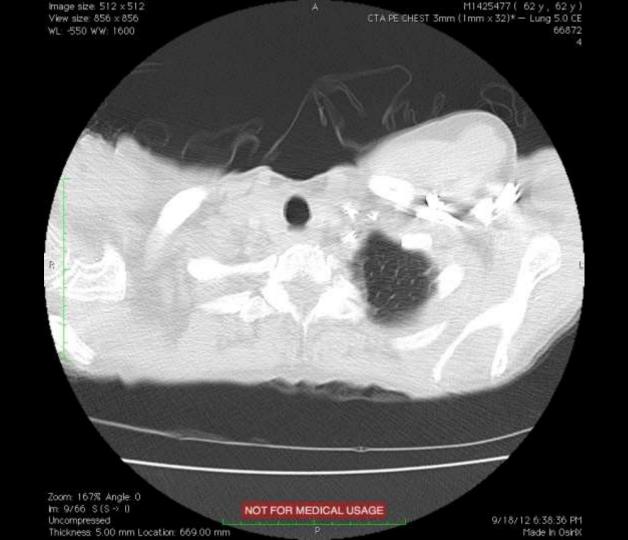




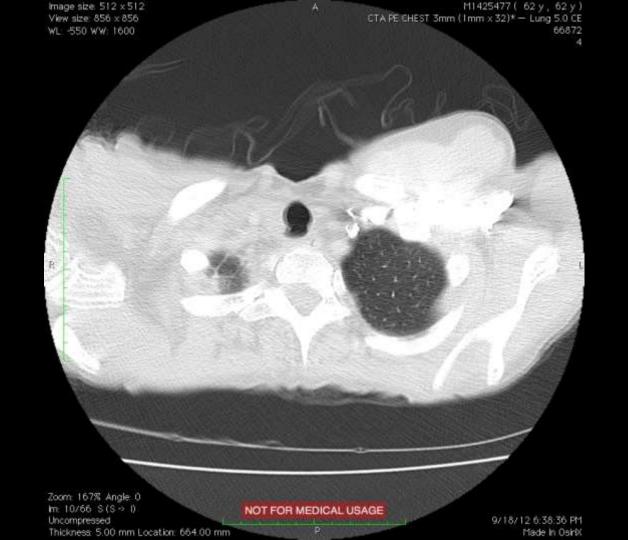




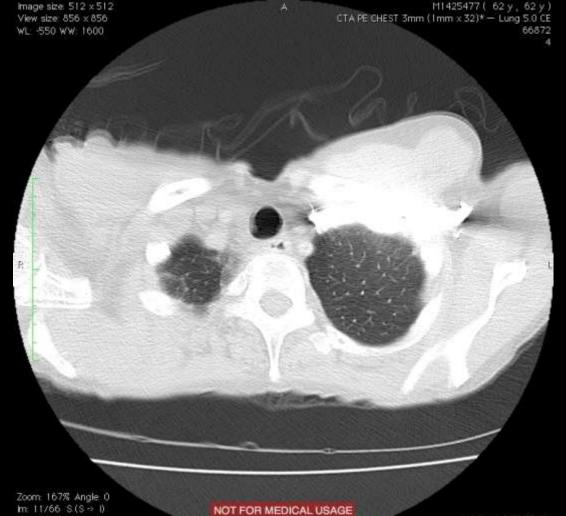




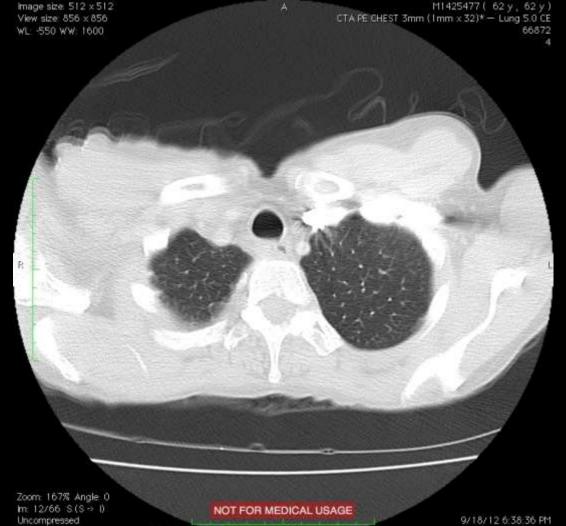






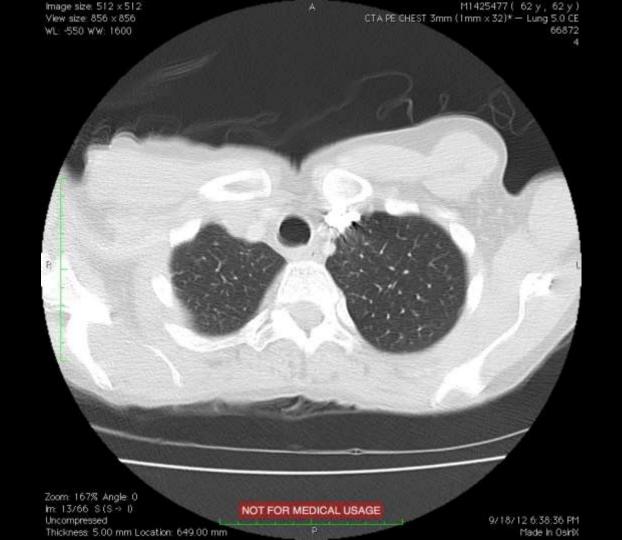




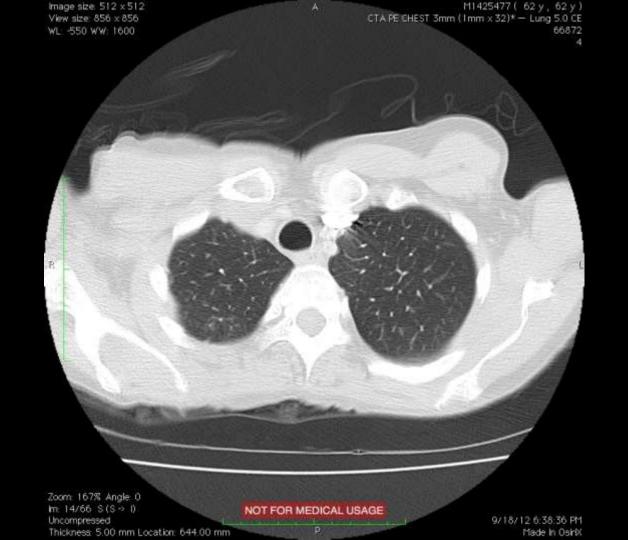




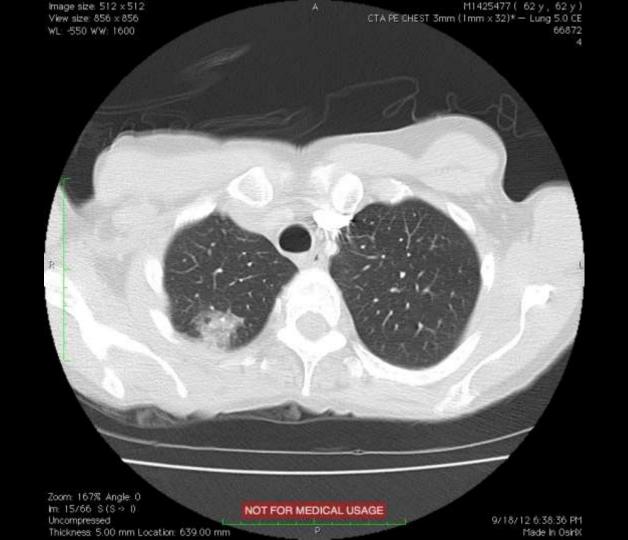
Made In OsiriX



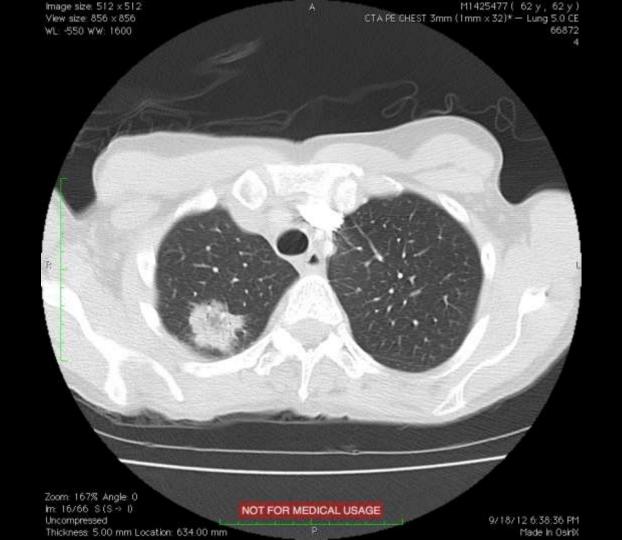




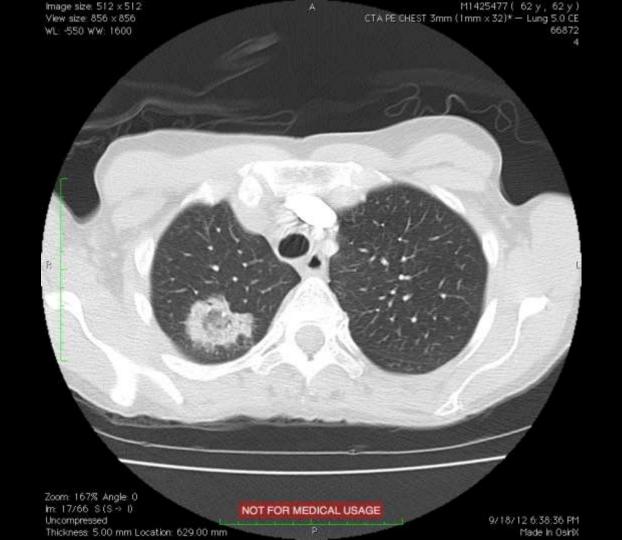


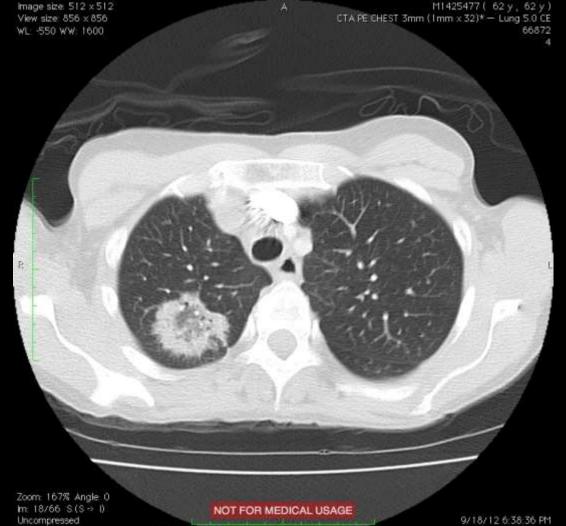




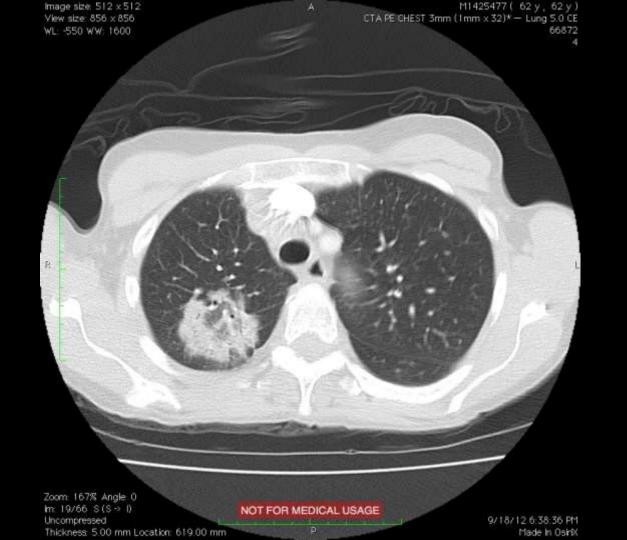




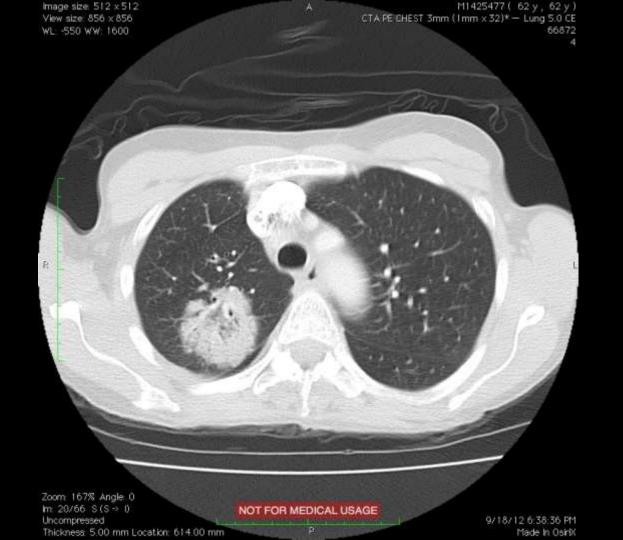


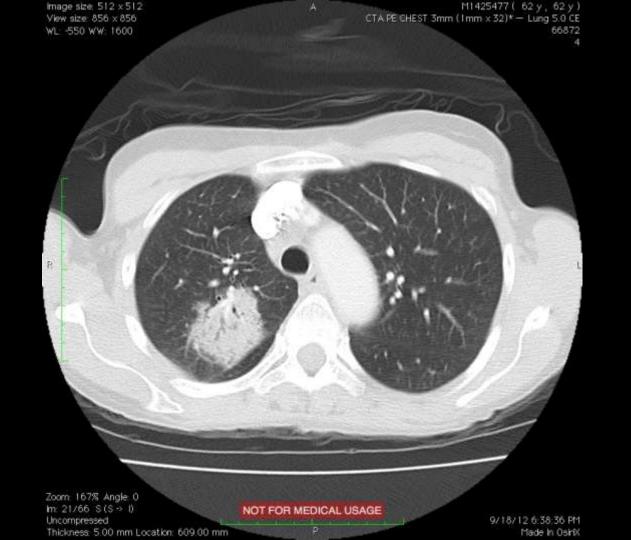


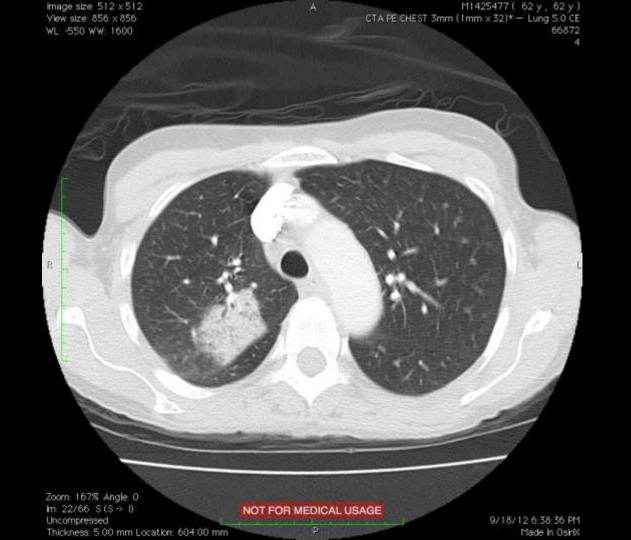


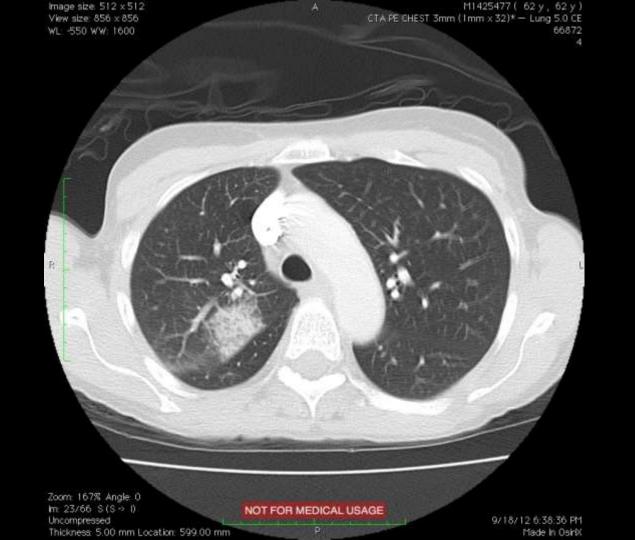




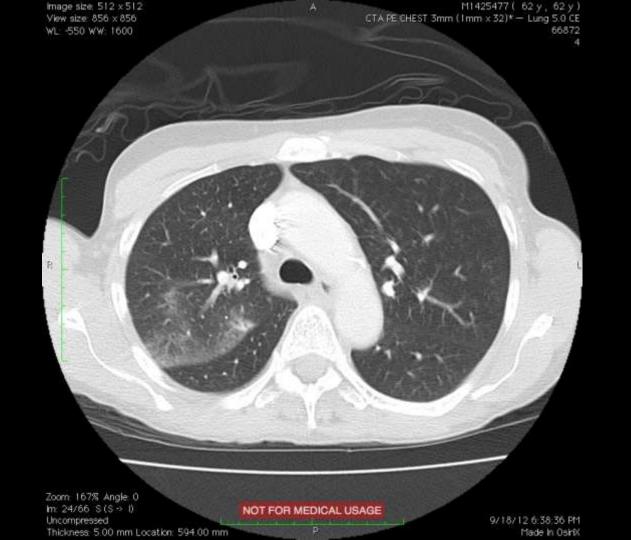


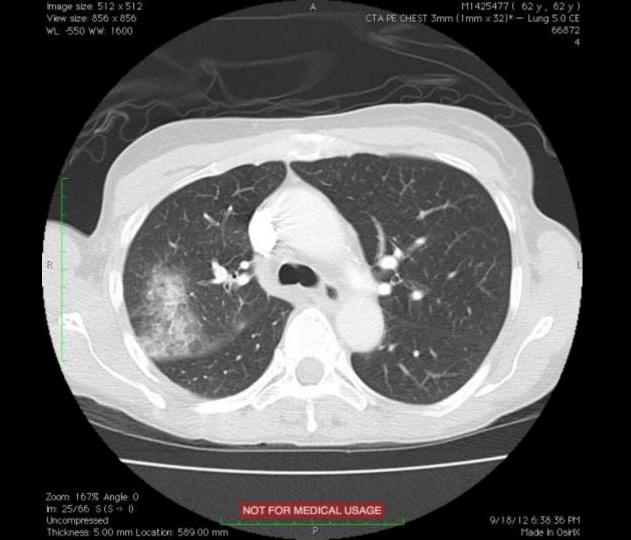


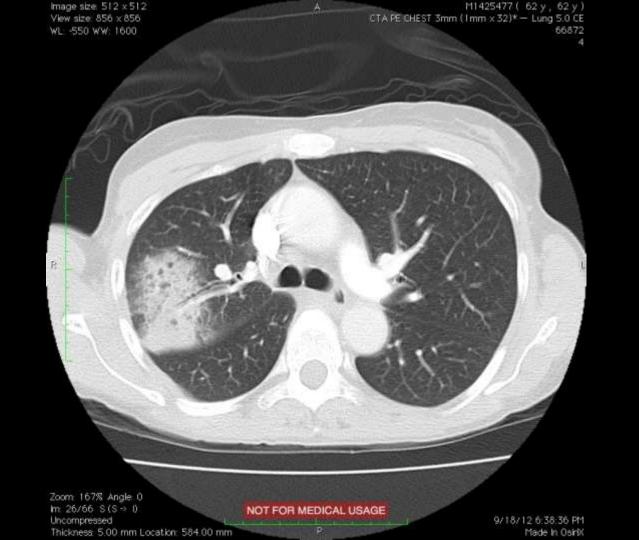


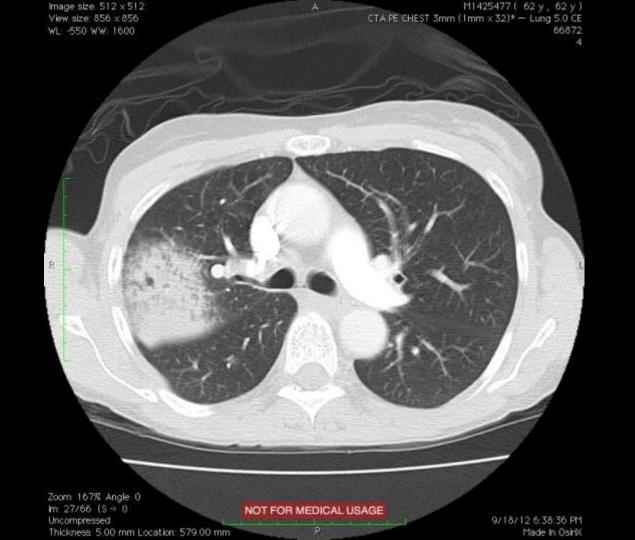




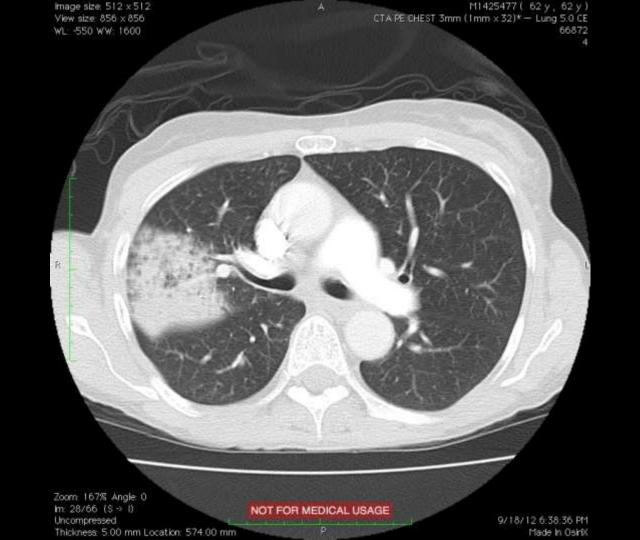




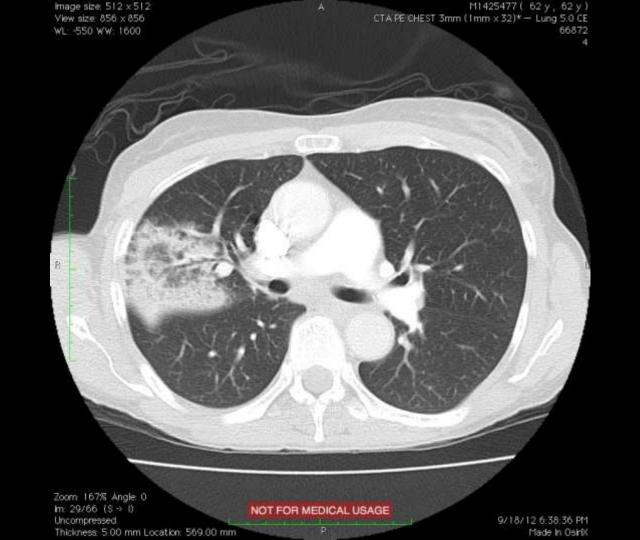




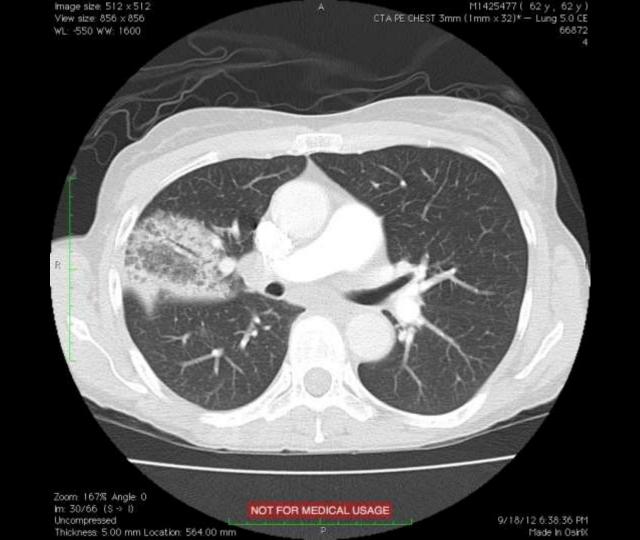




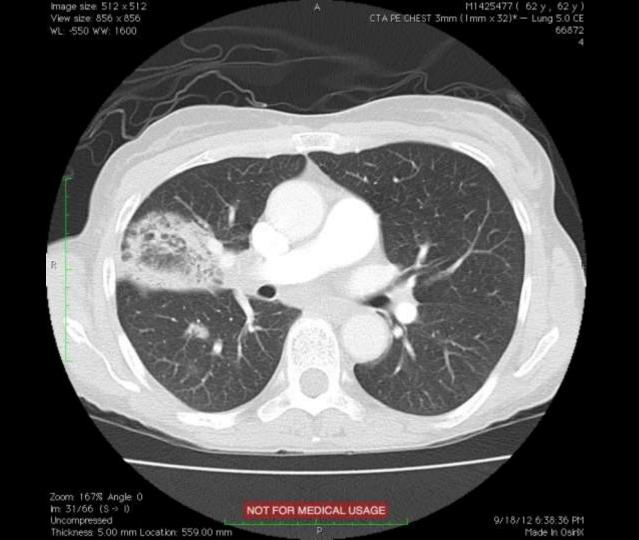


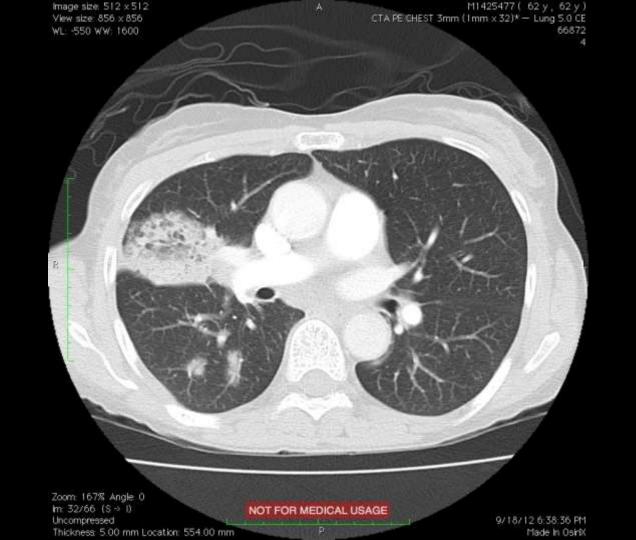




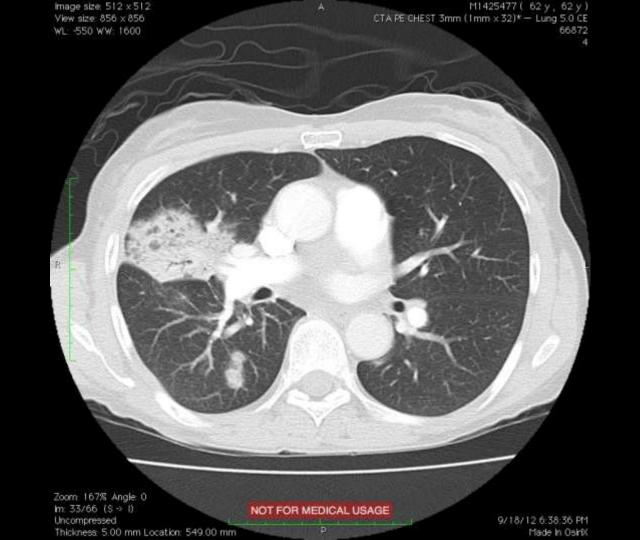




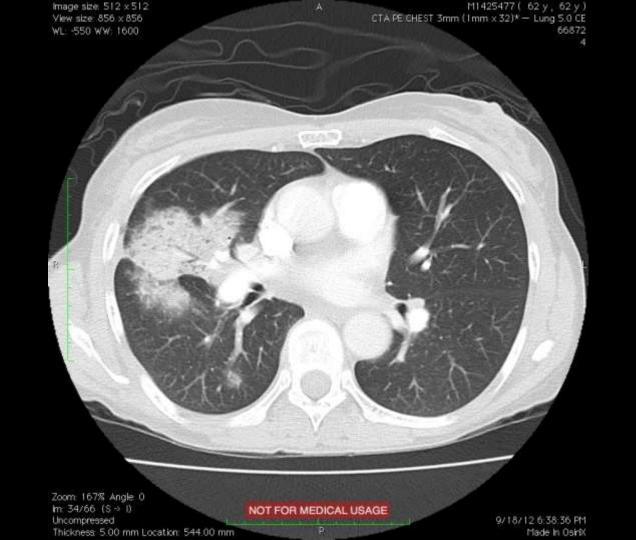




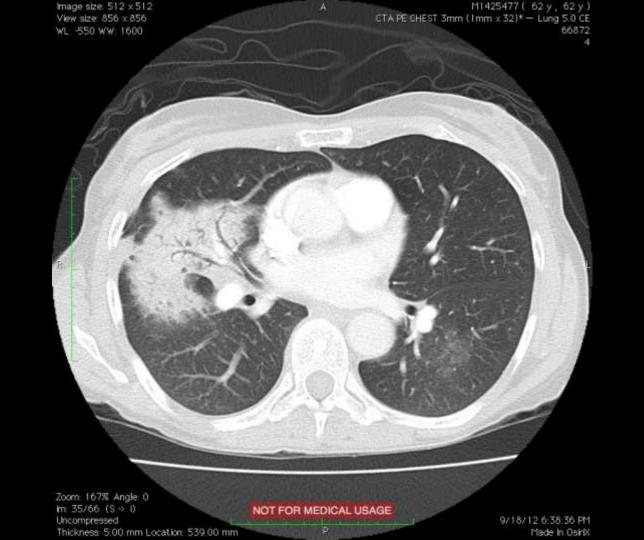




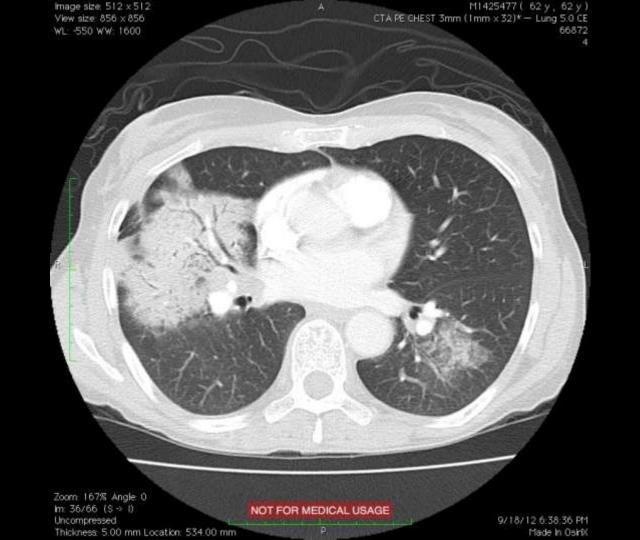




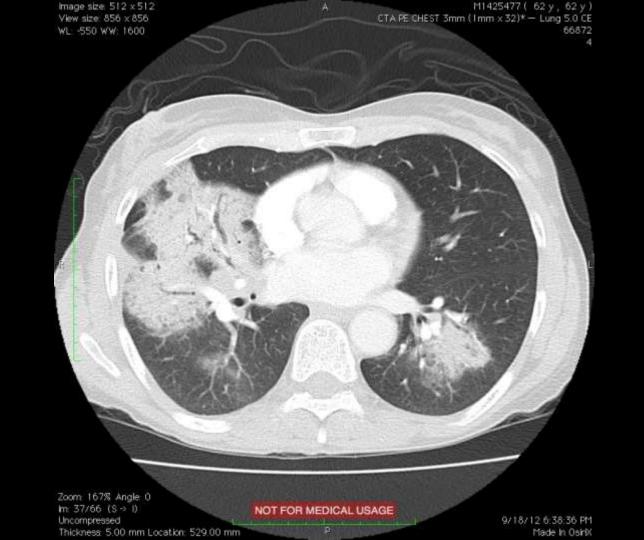




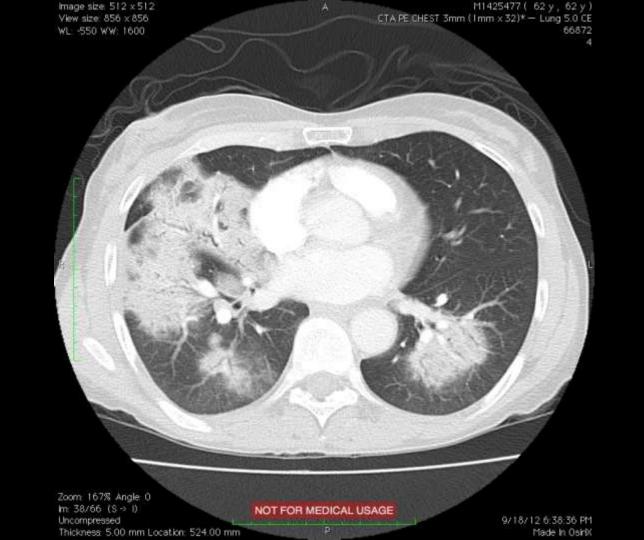




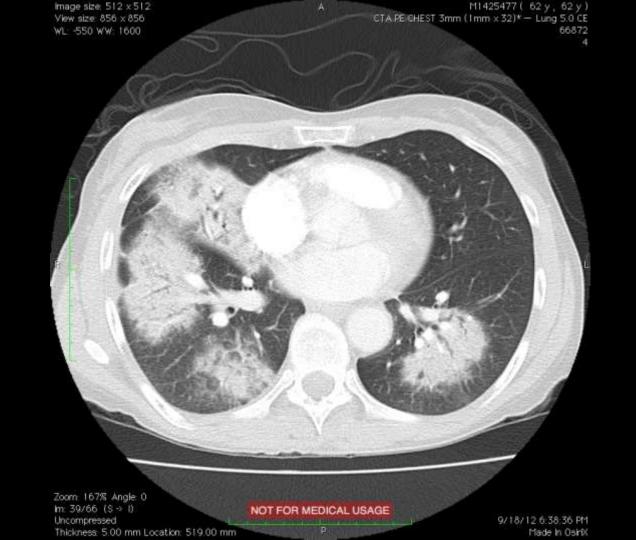


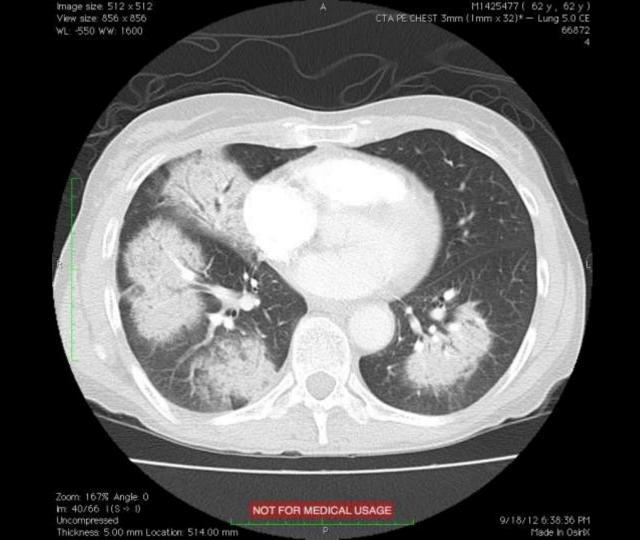




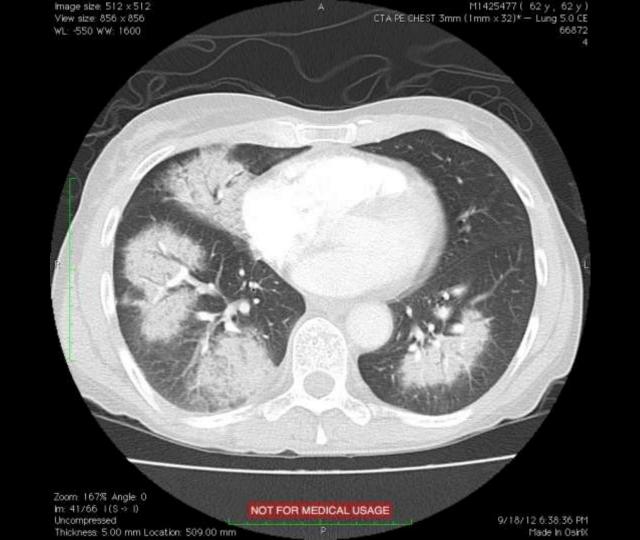




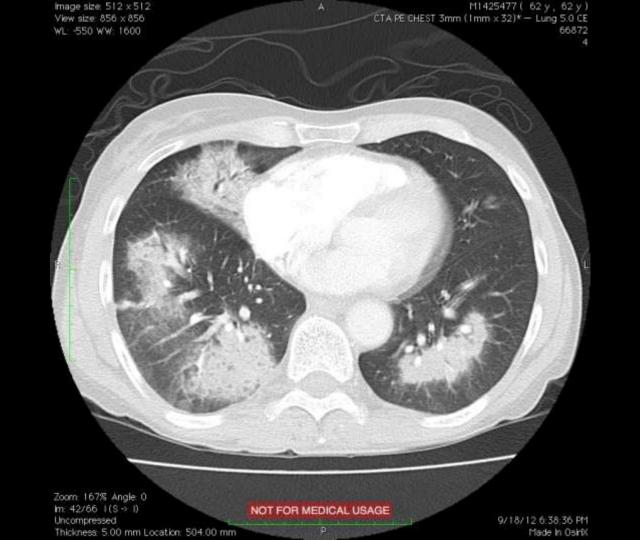




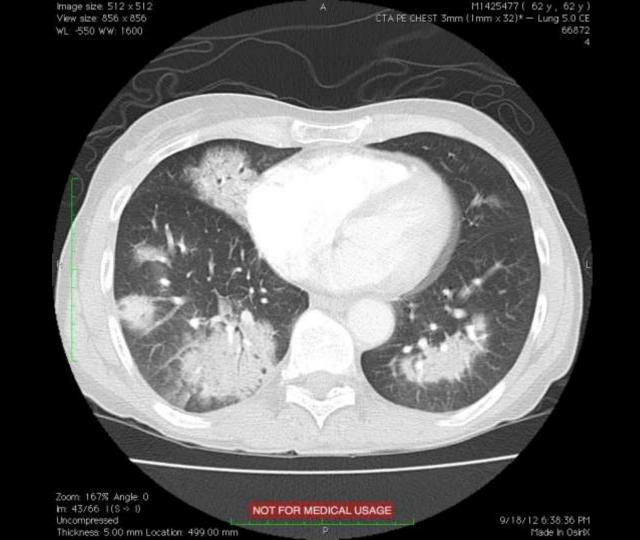




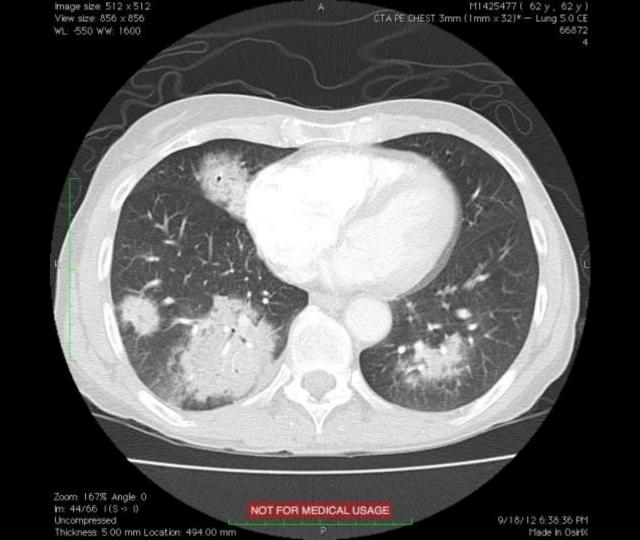




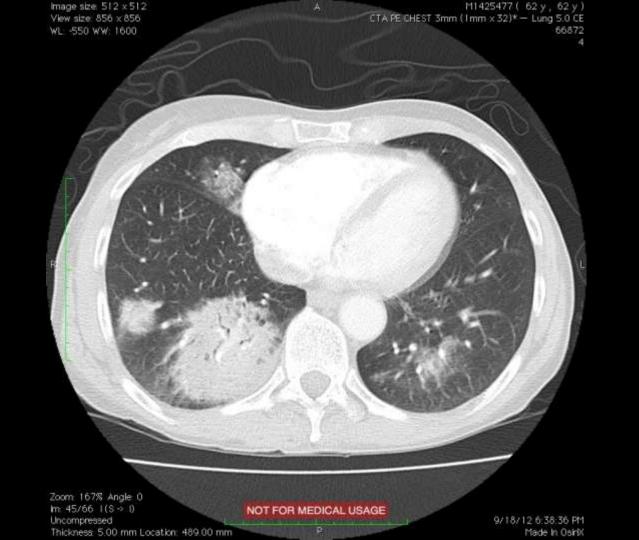




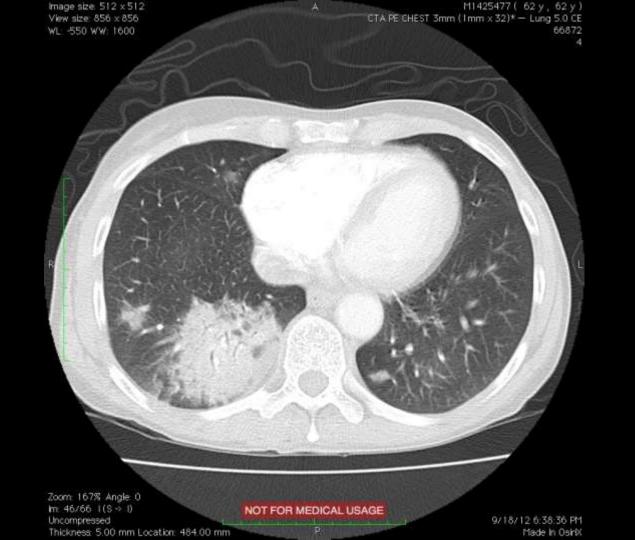




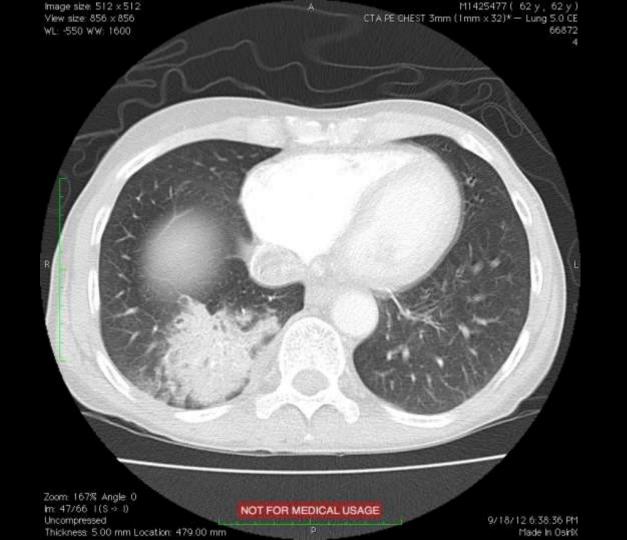




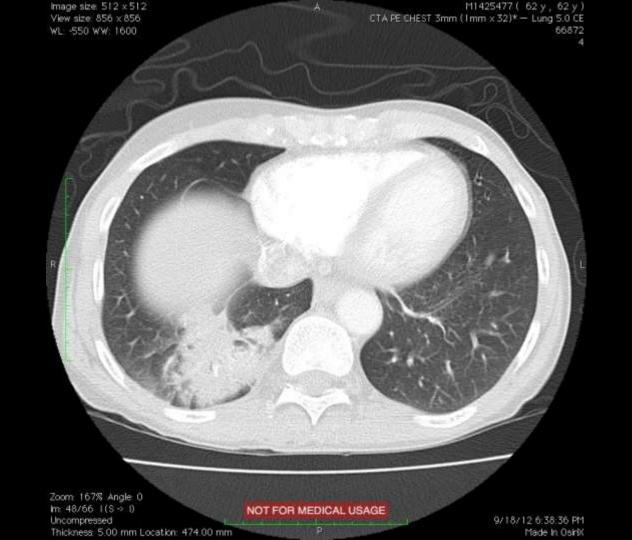




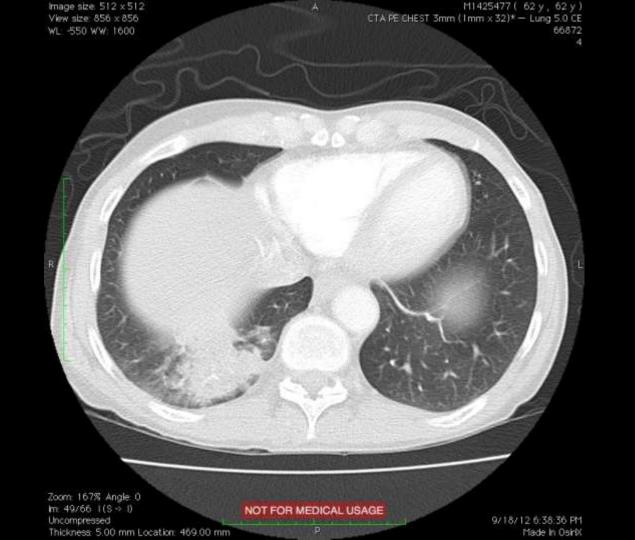


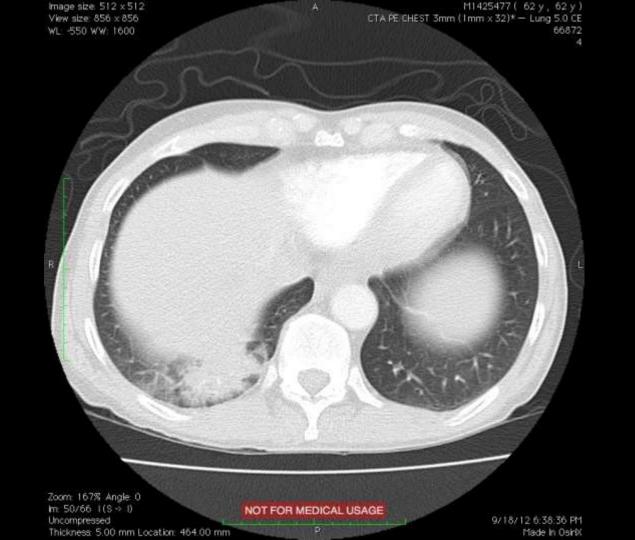


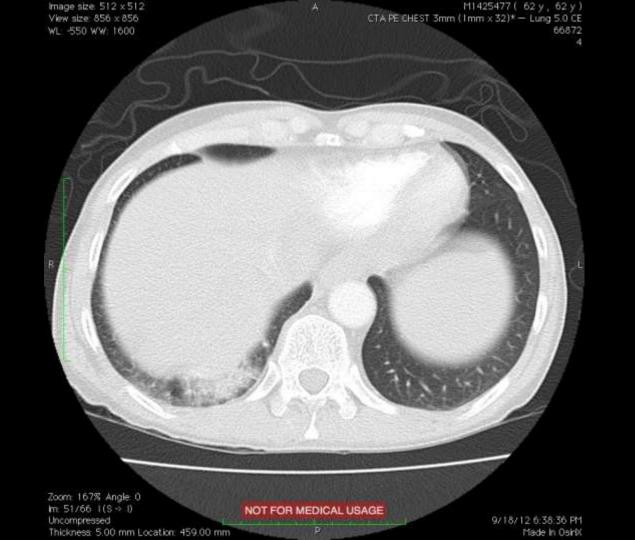


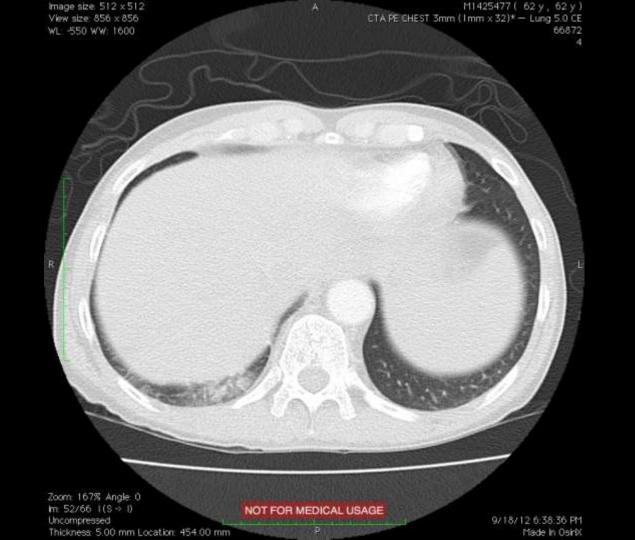




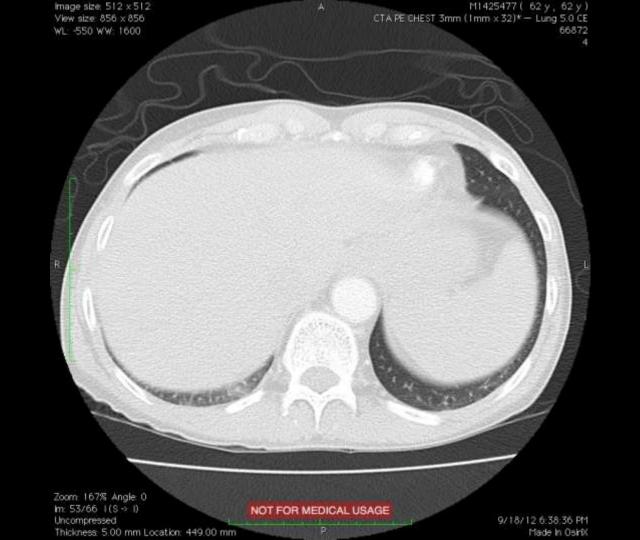














## Pattern Recognition

 Consolidation: Homogeneous increase in pulmonary parenchymal opacity that obscures the margins of the vessels and the airway walls

- Nonspecific sign
  - Blood, cells, fat, gastric contents, protein, pus, transudate, water...



## Spatial distribution

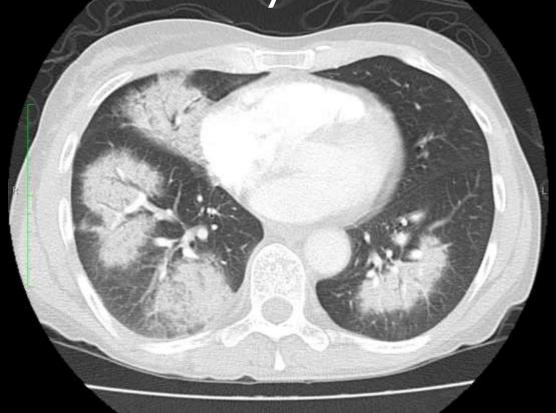
- Upper Zone: Hypersensitivity pneumonitis, sarcoidosis
- Mid and Lower Zone: Aspiration, pulmonary edema, NSIP, DIP, Atelectasis
- Peripheral: Organizing pneumonia, eosinophilic pneumonia, NSIP, DIP
- Central Zone: Hypersensitivity pneumonitis, diffuse alveolar hemorrhage, Pulmonary alveolar proteinosis, pulmonary edema, aspiration



WL 550 WW 1600 What do you think?

M1425477 ( 62 y , 62 y )

CTA PE CHEST 3mm (1mm x 32)\* - Lung 5.0 CE
66872
4



Zoom: 167% Angle 0 lm: 41/66 I(S > I) Uncompressed Thickness: 5.00 mm Location: 509.00 mm

NOT FOR MEDICAL USAGE





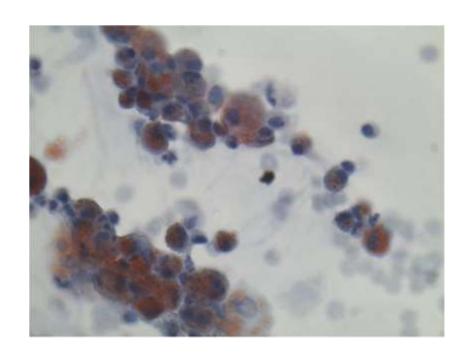
### On further interview...

• She revealed that she had extremely dry lips after her biking trip, using ¼ container of Vaseline daily on her lips.





# Bronchoalveolar lavage...





### Diagnosis...

### **Exogenous Lipoid Pneumonia**

 Lipid aspiration fails to trigger cough reflex.

- Subsequent ciliary dysfunction.
- Animal fat → hydrolyzed to free fatty acids triggering more severe local inflammatory response relative to vegetable oils.



## History is key...

Advance Access publication on 23 March 2010 doi:10.1001/

#### CASE REPORT

#### Exogenous lipoid pneumonia caused by parafi an amateur fire breather

Paraffin is a high molecular weight alkane hydrocarbon.

Cases described among 'fire eaters'...

#### An Unexpected Consequence of Electronic Cigarette Use

Lindsey McCauley, DO; Catherine Markin, MD, FCCP; and Danielle Honner, MD

Vegetable glycerin is often added to the liquid nicotine solutions in e-cigarettes to make the visual smoke when vaporized.

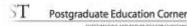
#### Squalene-induced exogenous lipoid pneumonia in an infant

Eun Soo Kim, Kyung Won Kim, Tae Won Song, Sang Ho Cho, Myung-Joon Kim, Kyu-Earn Kim and Myung Hyun Sohn

Squalene is type of oil derived from shark liver.

Ingested widely in Asia as a folk remedy.

Also used extensively in cosmetics.



Or Lungs, Lipids, and Lollipops

Same, K. Mathat, MD, Arei N. Baldamotts, MD, Bobert J. Hower, MD, PhD, Frank Detechook, MD, FDCP, and Erlon L. Netting, MD, PhD

Magnesium stearate used in fentanyl lollipops



## Case 3: Chief Complaint

68-year-old woman referred for 3 years of progressive dyspnea on exertion



## History of Present Illness

In 2021 noted subtle but gradually progressive DOE

Occasional dry cough

Also prominent fatigue



## Past Medical History

### **PMH**

- HTN
- Hypothyroidism
- Chronic back pain
- GERD

### <u>Medications</u>

 HCTZ, amlodipine, lisinopril, morphine ER,

### **PSH**

- Nissen fundoplication
- Multiple back surgeries
- Appendectomy



## Family and Social History

SH: FH: Non-contributory

- 13 pack-year tobacco history. No EtOH or other drugs.
- 3 cats, no other animals, swamp coolers, or hot tubs.
- Worked until 2005 as a hairdresser



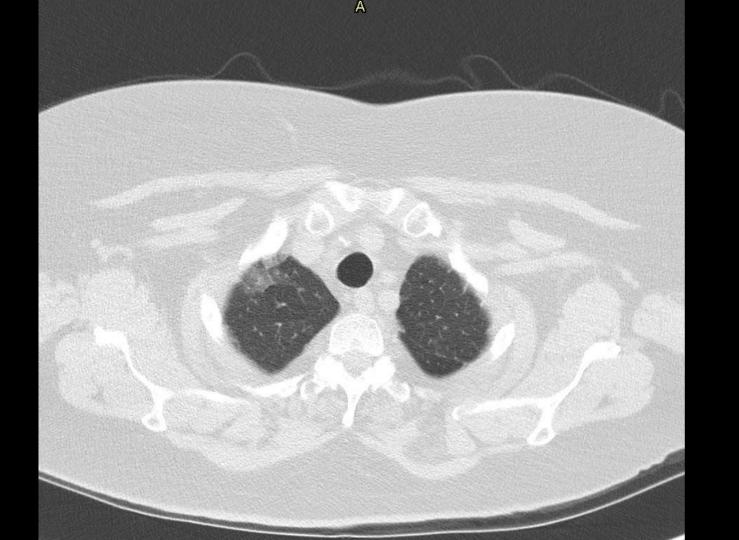
## **Physical Exam**

- VS: T 36.2° BP 163/101, P 84, R 18, SpO2
   97% on 3 LPM
- Gen: Speaking full sentences, NAD.
- HEENT: No elevated JVP.
- CVS: RRR with no M/R/G. PMI not displaced.
- Lungs: Faint bilateral late inspiratory rales at the mid lung fields.
- Abd: BS+, non-tender, no masses.
- Ext: No edema, normal distal pulses.

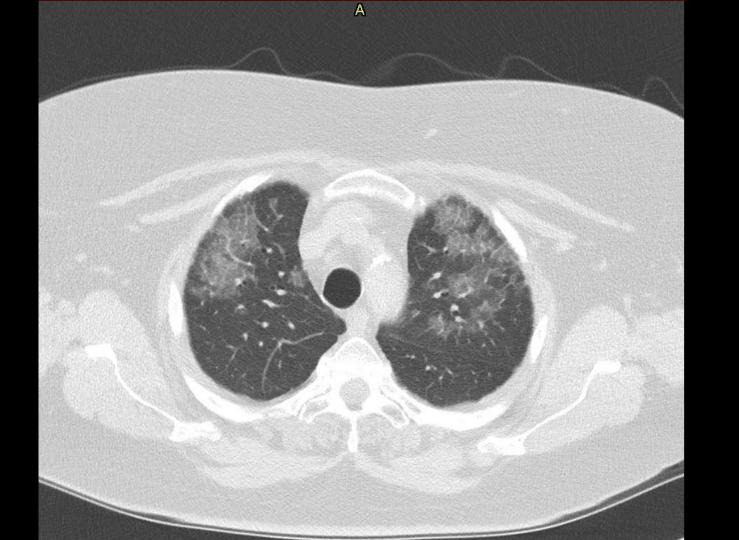


# A restrictive pattern was found on PFTs, prompting a CT scan...

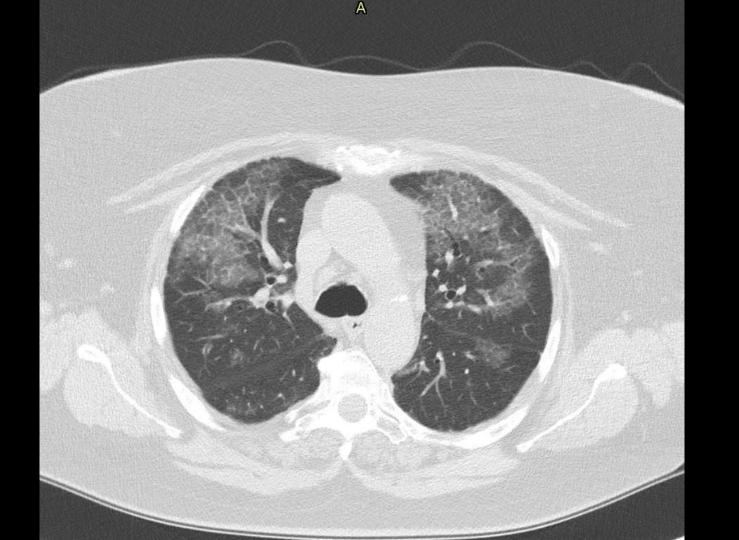




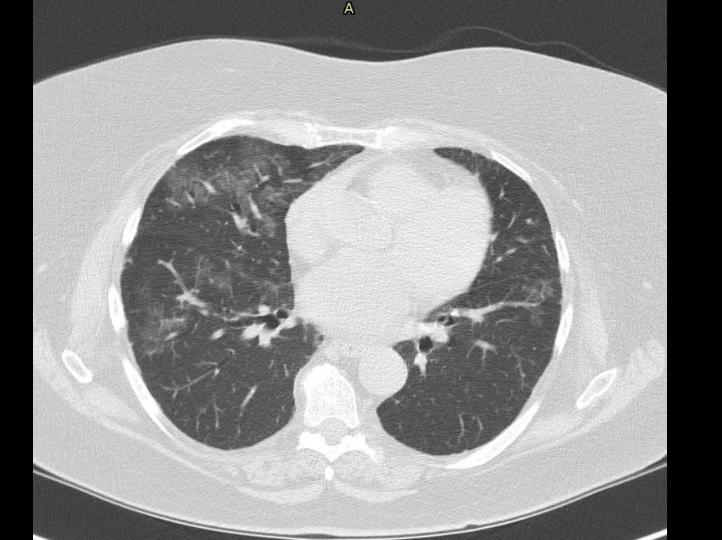




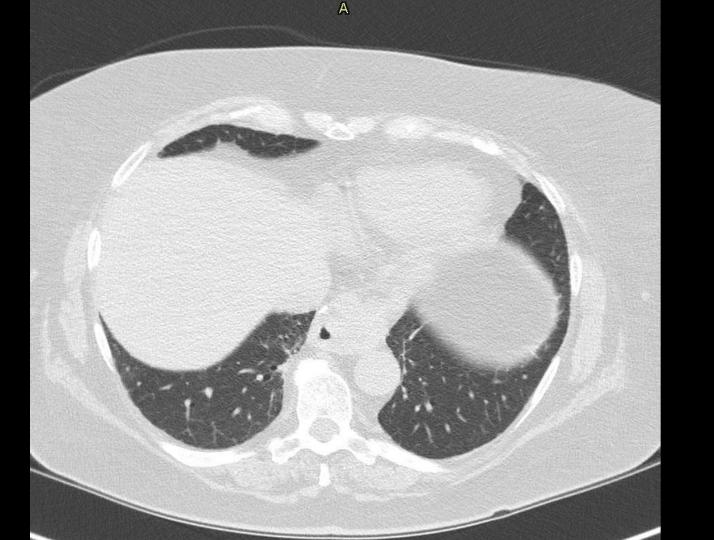
















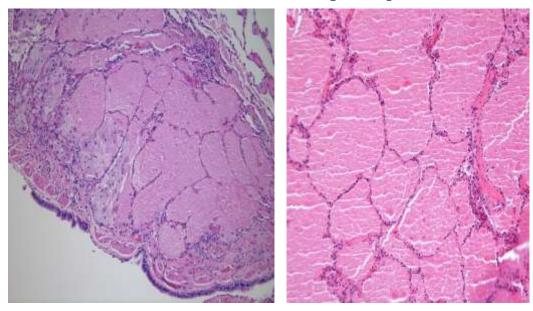


#### Spatial distribution

- Upper Zone: Hypersensitivity pneumonitis, sarcoidosis
- Mid and Lower Zone: Aspiration, pulmonary edema, NSIP, DIP, Atelectasis
- Peripheral: Organizing pneumonia, eosinophilic pneumonia, NSIP, DIP
- Central Zone: Hypersensitivity pneumonitis, diffuse alveolar hemorrhage, Pulmonary alveolar proteinosis, pulmonary edema, aspiration



## **VATS** Biopsy



- Alveolar parenchyma showing **features of lipoid pneumonia with accompanying focal alveolar surfactant congestion**
- Negative for malignancy

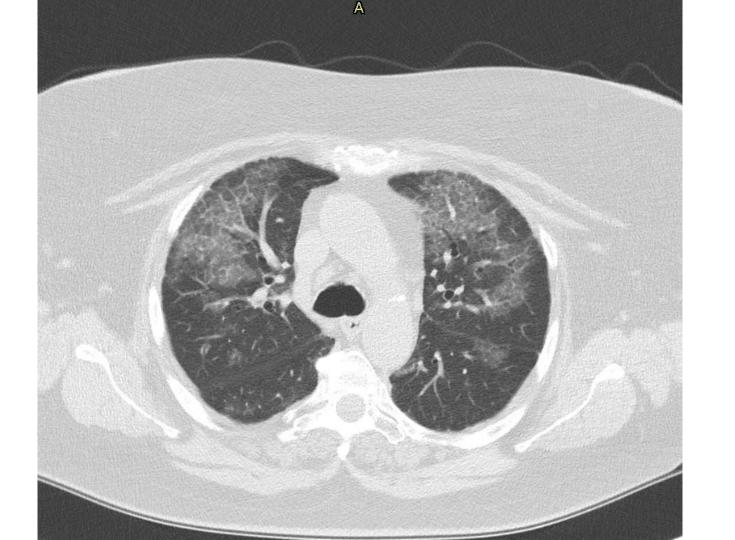


#### Clinical Course

Extensive GI evaluation for lipid aspiration initiated

This is when we met...







#### Spatial distribution

- Upper Zone: Hypersensitivity pneumonitis, sarcoidosis
- Mid and Lower Zone: Aspiration, pulmonary edema, NSIP, DIP, Atelectasis
- Peripheral: Organizing pneumonia, eosinophilic pneumonia, NSIP, DIP
- Central Zone: Hypersensitivity pneumonitis, diffuse alveolar hemorrhage, Pulmonary alveolar proteinosis, pulmonary edema, aspiration



# The diagnosis



- Auto antib
- The r good





arance





### Take aways

- History is usually the key take the time for thorough exposure and occupational histories
- Accurately determining the acuity and the distribution of radiologic infiltrates will help narrow your differential
- Talk with your radiologist to meld the clinical history with the radiological findings



# Thank You

robinjef@ohsu.edu

