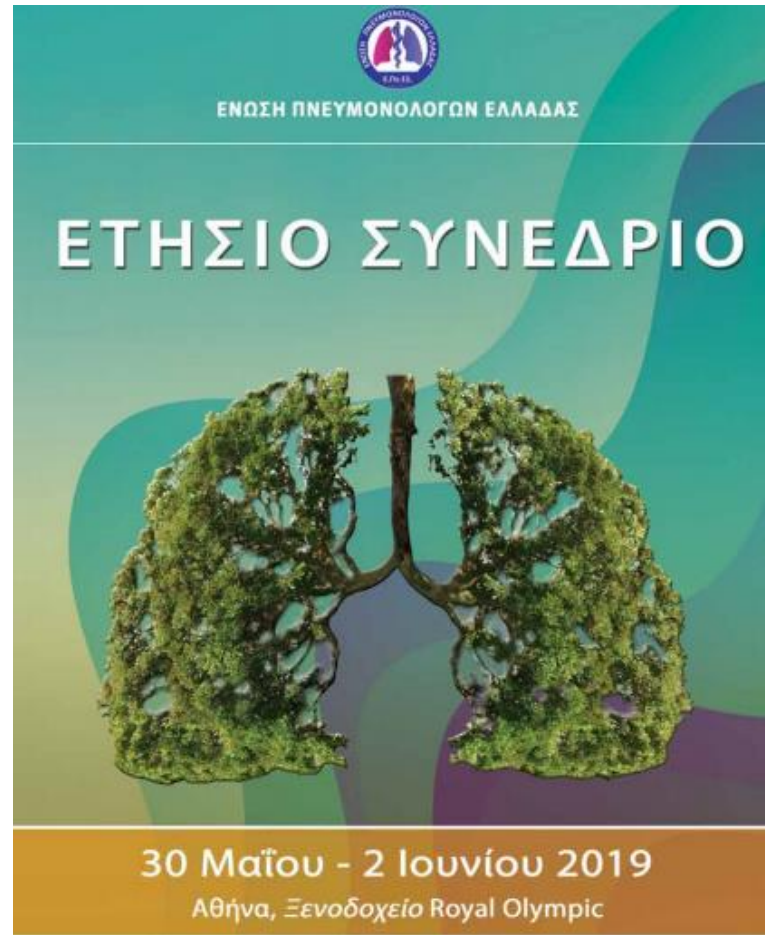
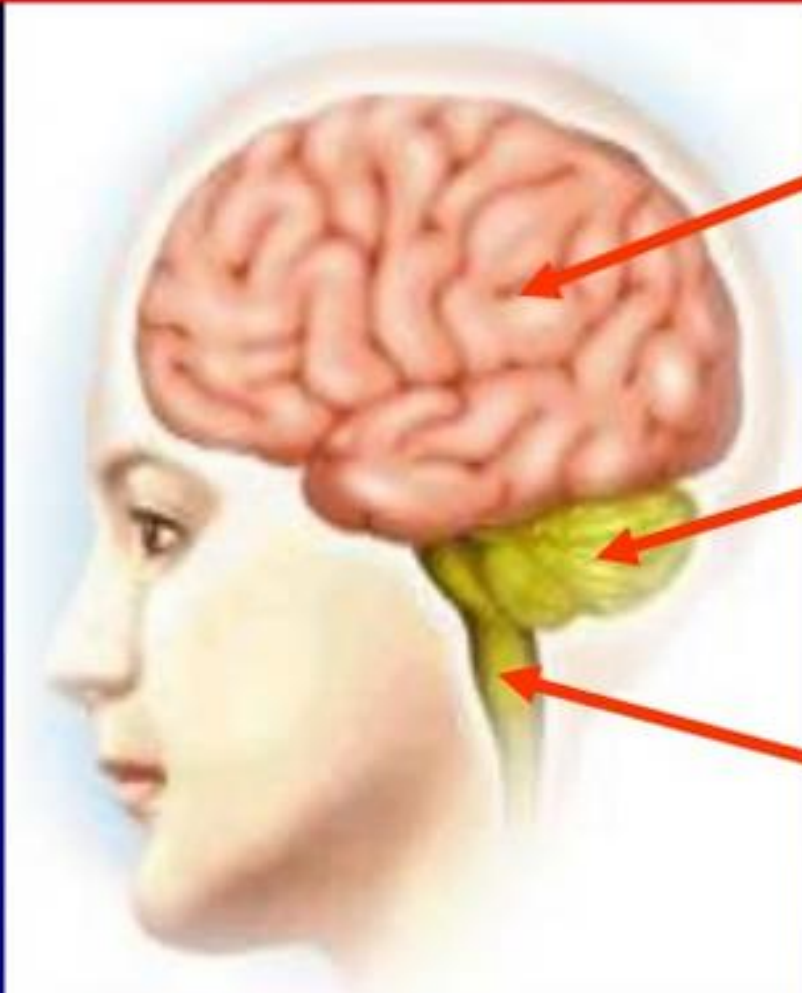


Συνήθη διλήμματα στη διαγνωστική προσέγγιση της ιδιοπαθούς πνευμονικής ίνωσης



Τζίλας Βασίλειος. MD, PhD
Πνευμονολόγος

Ideal ILD doctor



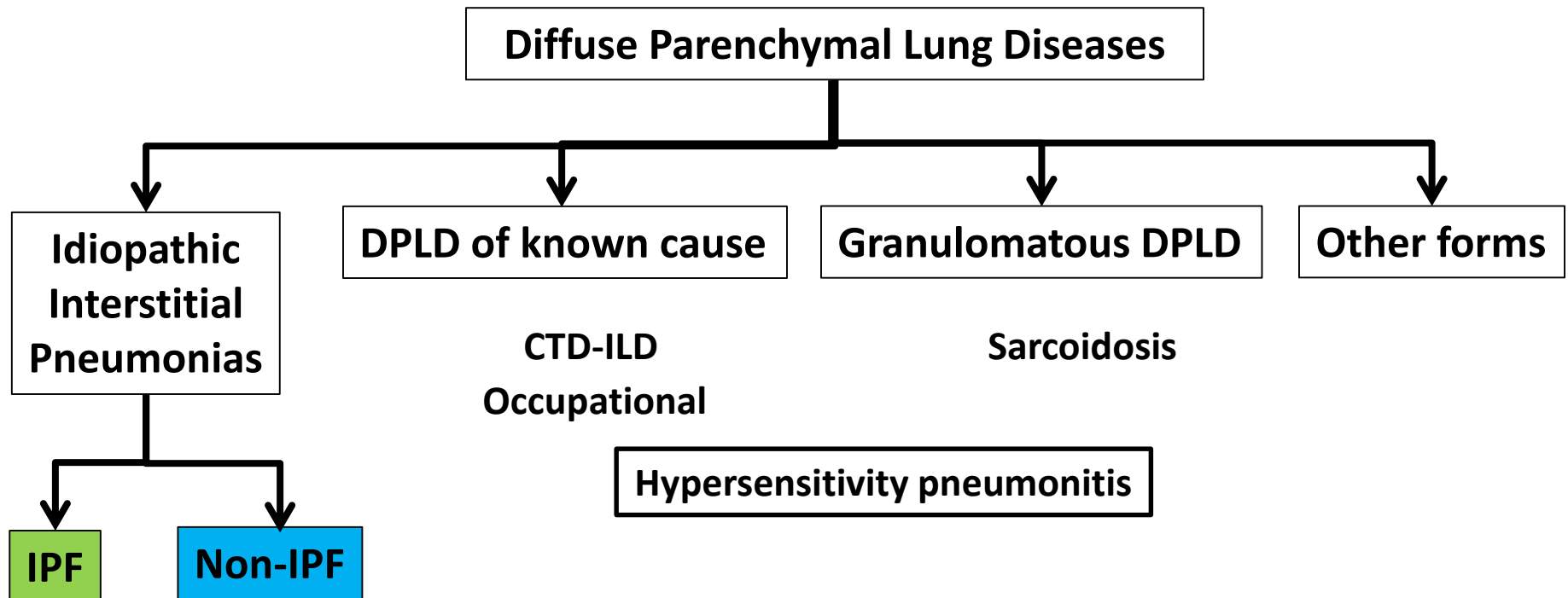
Pulmonologist

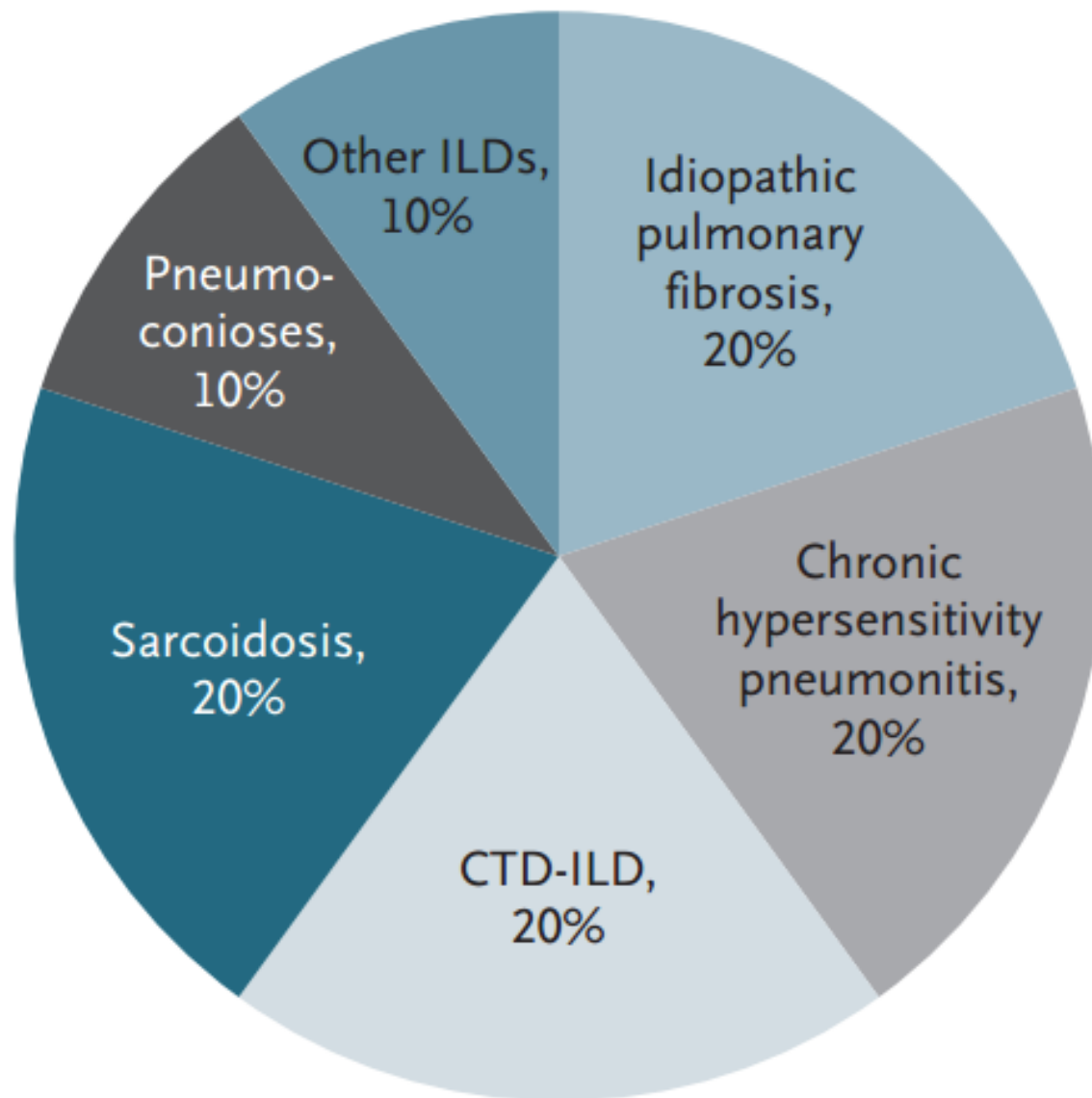
Radiologist

Pathologist



DPLD classification





Tissue is

the issue!

Tissue is (not always) the issue!

ALL IPFs are UIPs
ALL UIPs are NOT IPFs

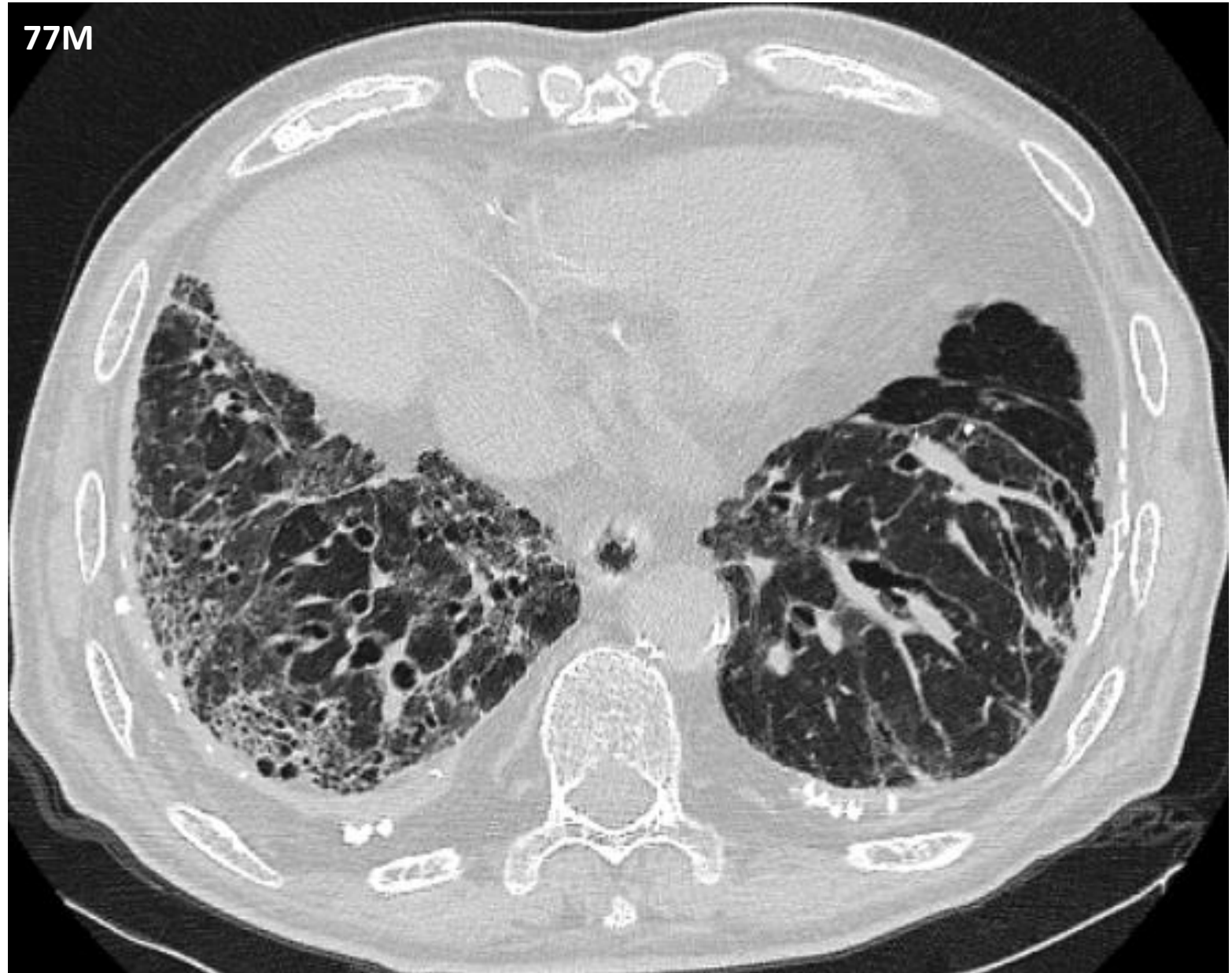
Fleishner Society White Paper on IPF

	Typical UIP	Probable UIP	Indeterminate	Pointing to other diagnoses
Distribution	<u>Basal</u> (occasionally diffuse), and <u>subpleural</u> predominant	The same as typical <u>without honeycombing</u>	Evidence of fibrosis but with <u>variable distribution</u>	Upper-mid lung Peribronchovascular Subpleural sparing
Features	Reticular pattern with peripheral traction bronchiectasis + <u>honeycombing</u>		Inconspicuous features suggestive of non-UIP pattern, mainly <u>mosaicism</u>	Consolidation GGO Air trapping Nodules Cysts

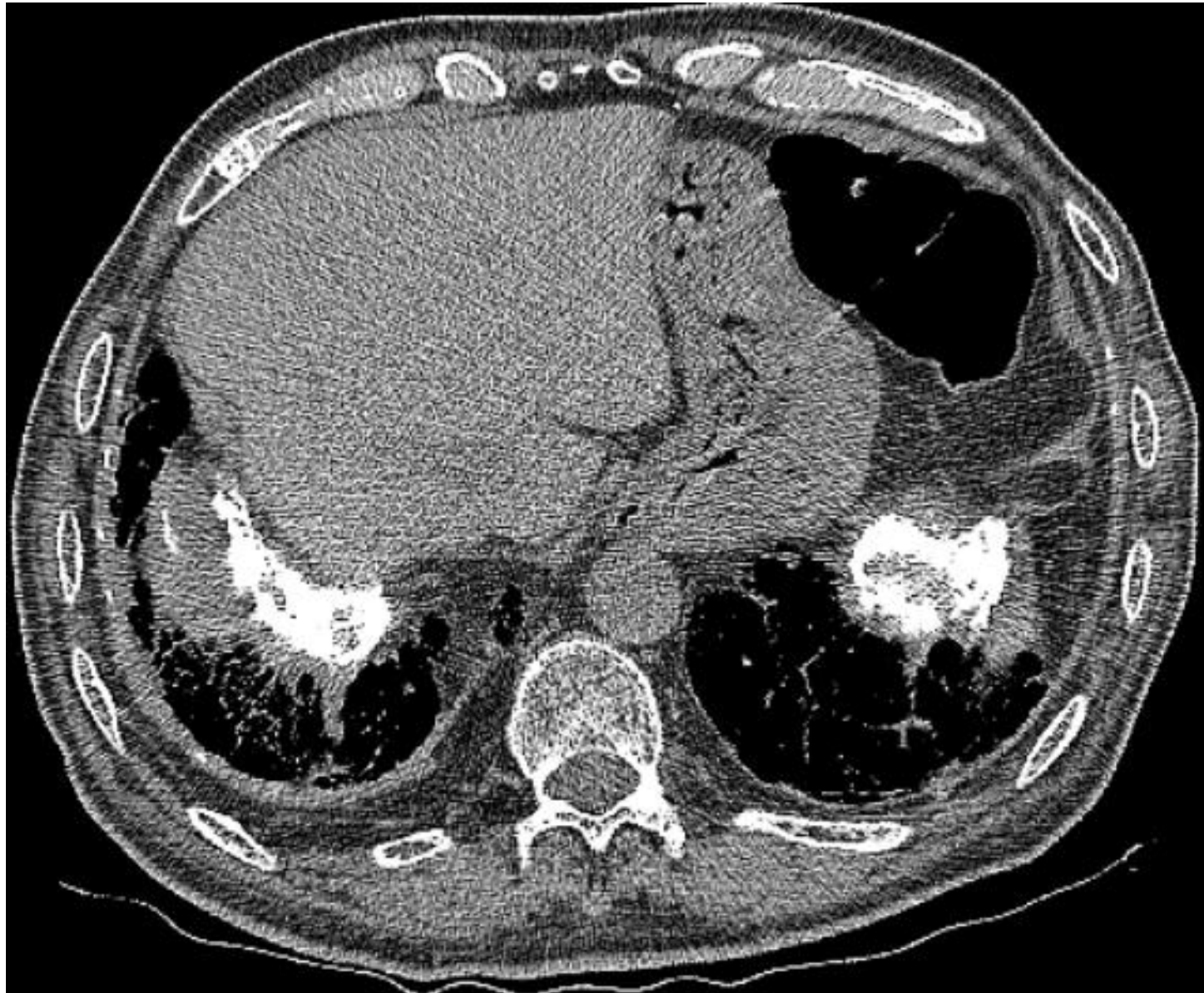
1st case

Seeing the whole picture...

77M



Seeing the whole picture...



2nd case

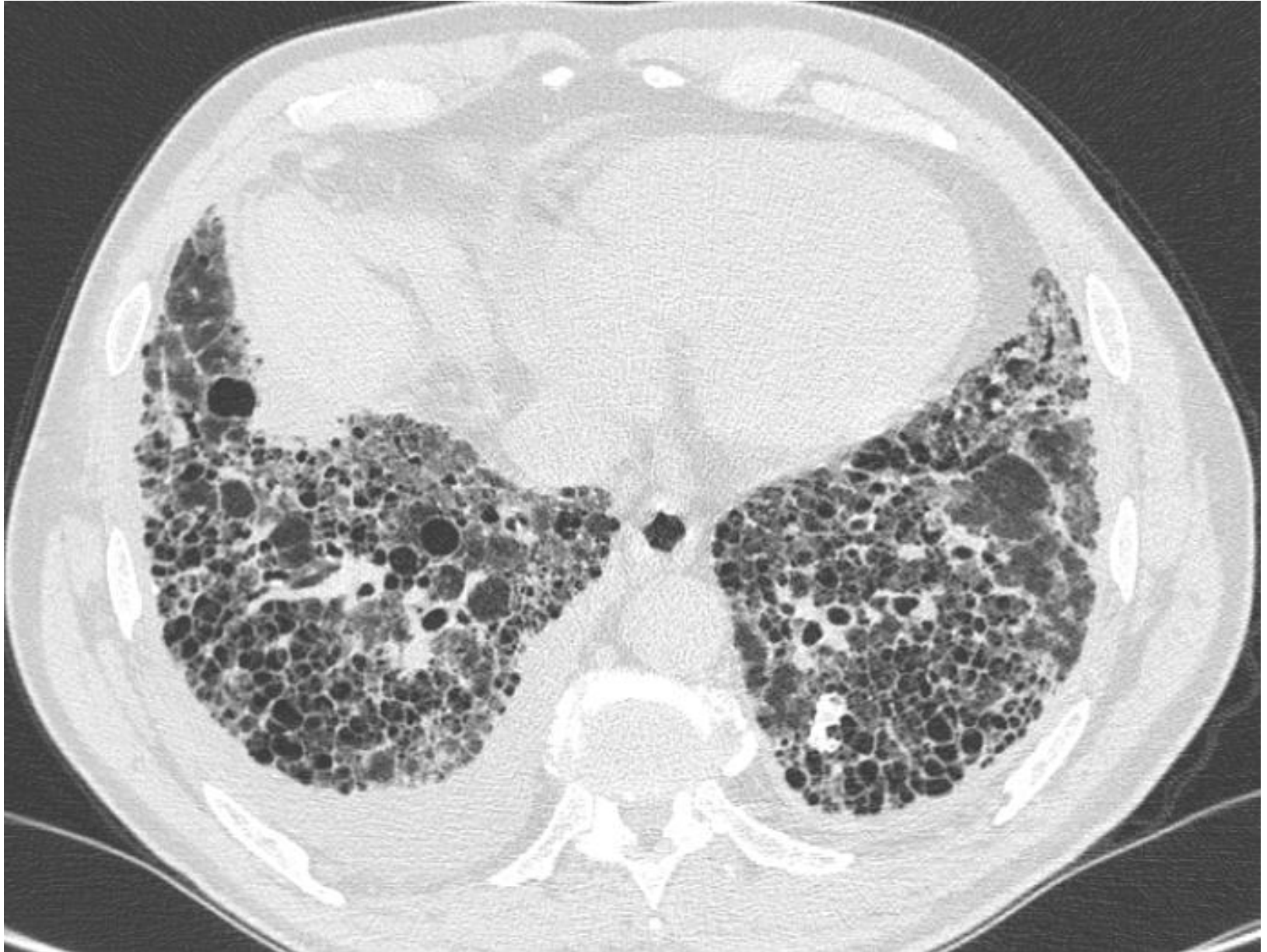


It's not what you know, it's what you
can prove.

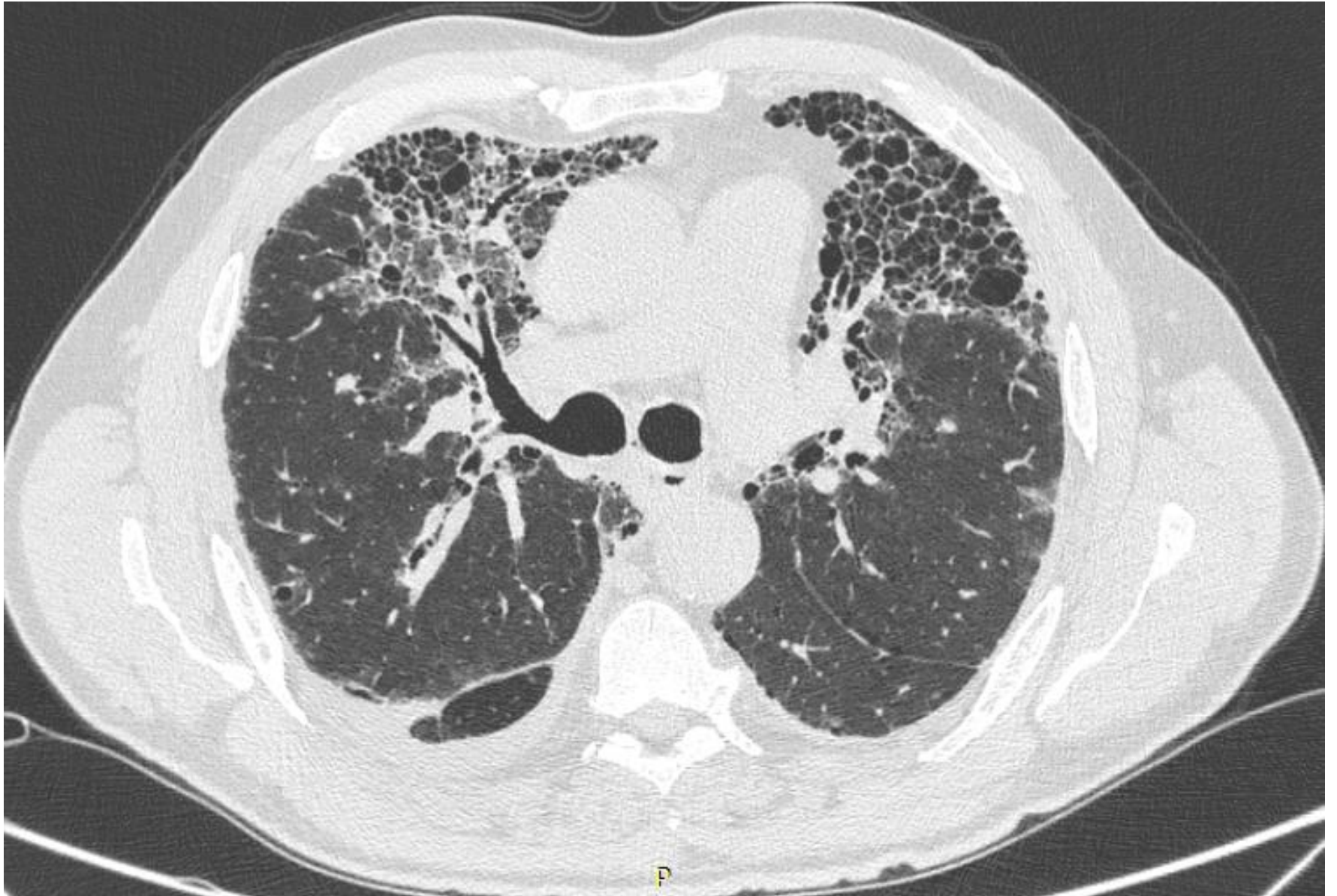
— *Denzel Washington* —

AZ QUOTES

61M, progressive dyspnea on exertion



It's not what to see, it's where you see it...



Sagittal reconstruction

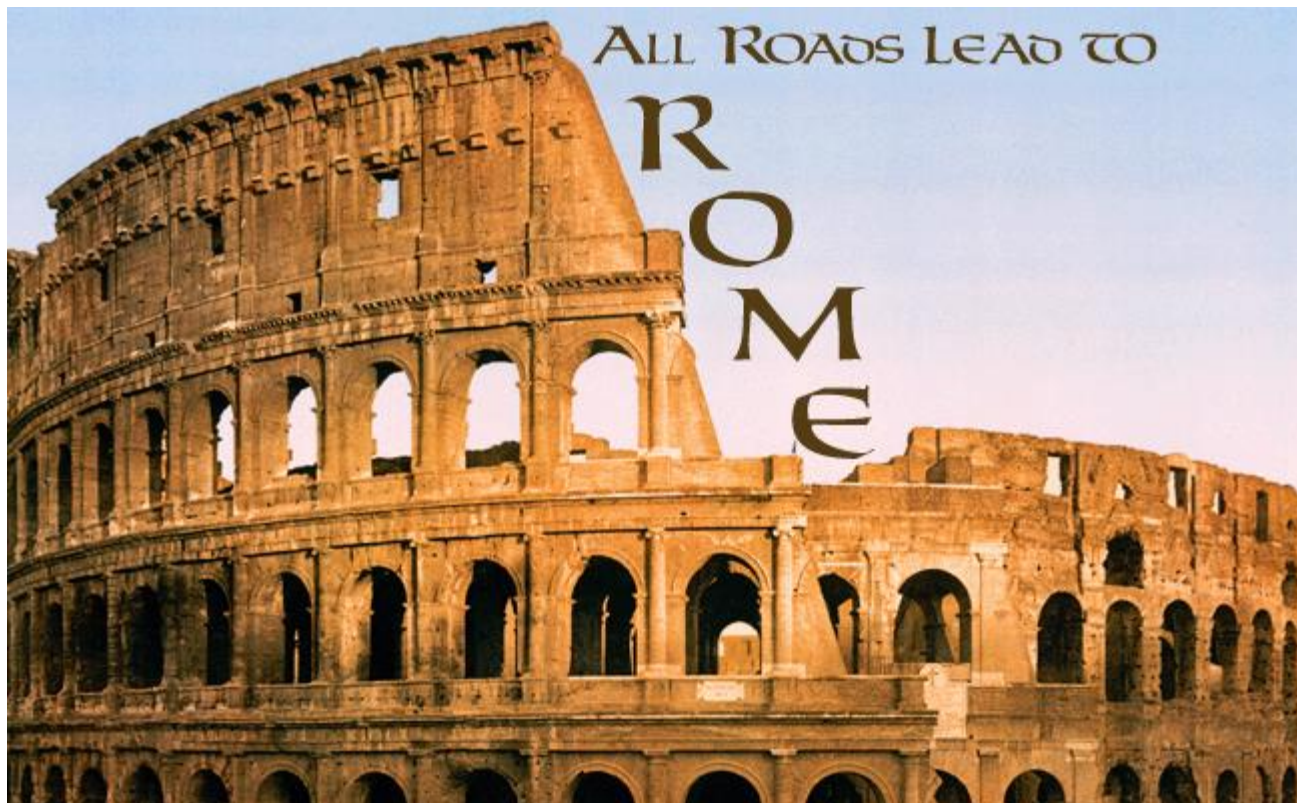
4 corner's sign

Exuberant honeycombing

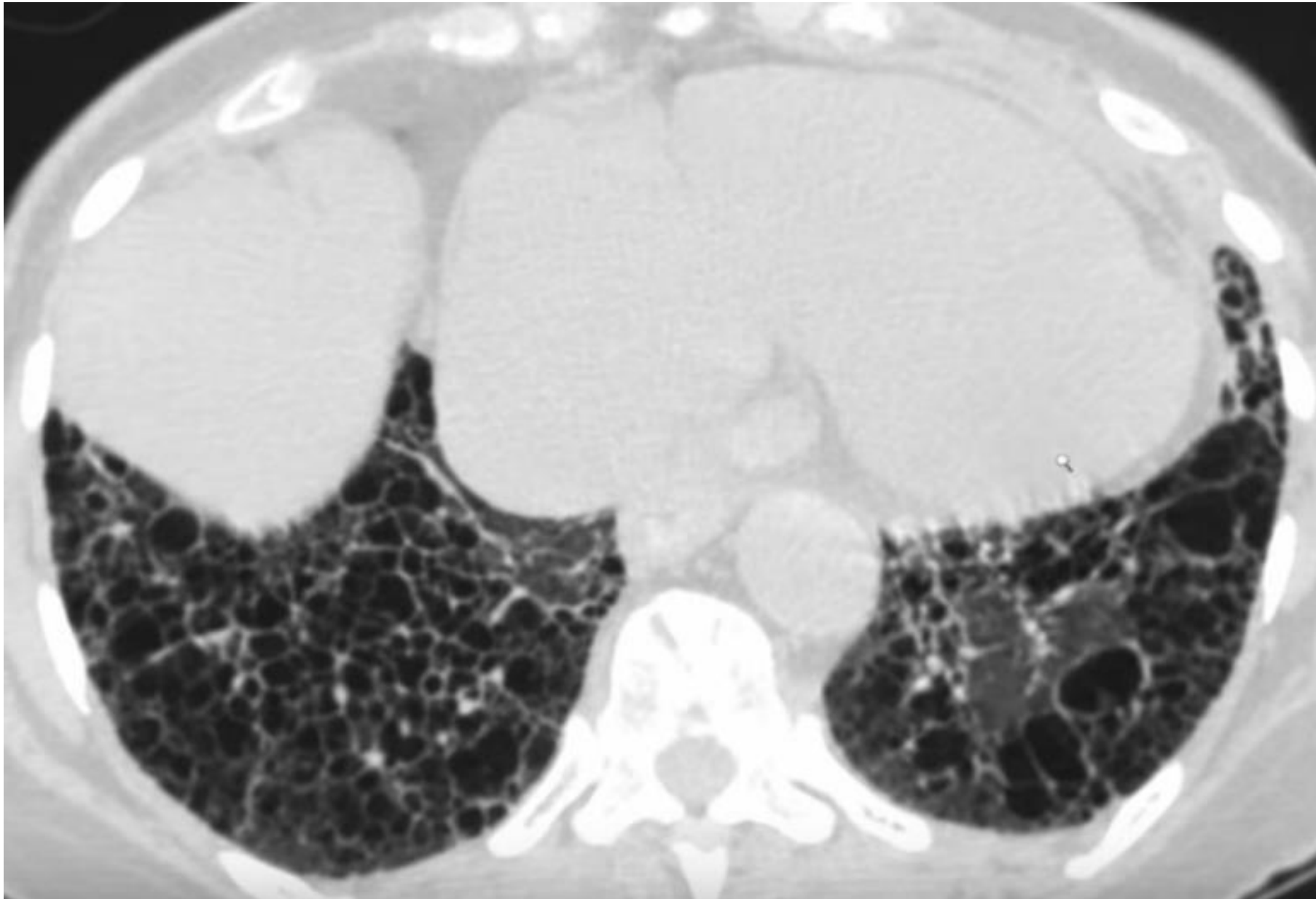
Positive anti-CCPs



3rd case



69F, 20/7/18



14-9-2001

MCTD



4th case

50M, Progressive dyspnea on exertion



50M, Progressive dyspnea on exertion



After 3 years



5th case

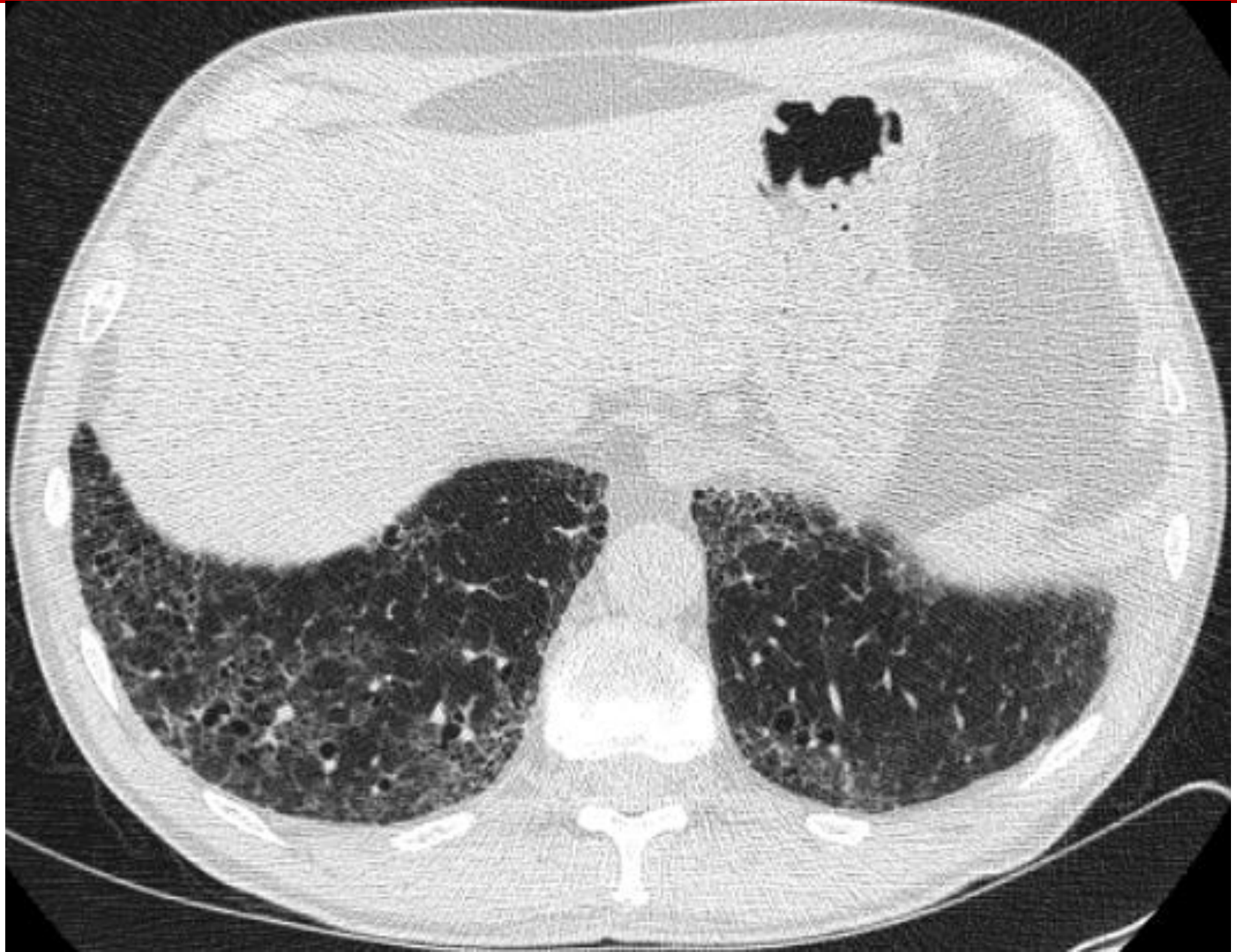
55M, dyspnea on exertion. UIP-honeycombing



Subpleural sparing



Subpleural sparing (Ra: 10.200, anti-CCP: 291)



6th case

70M



7th case

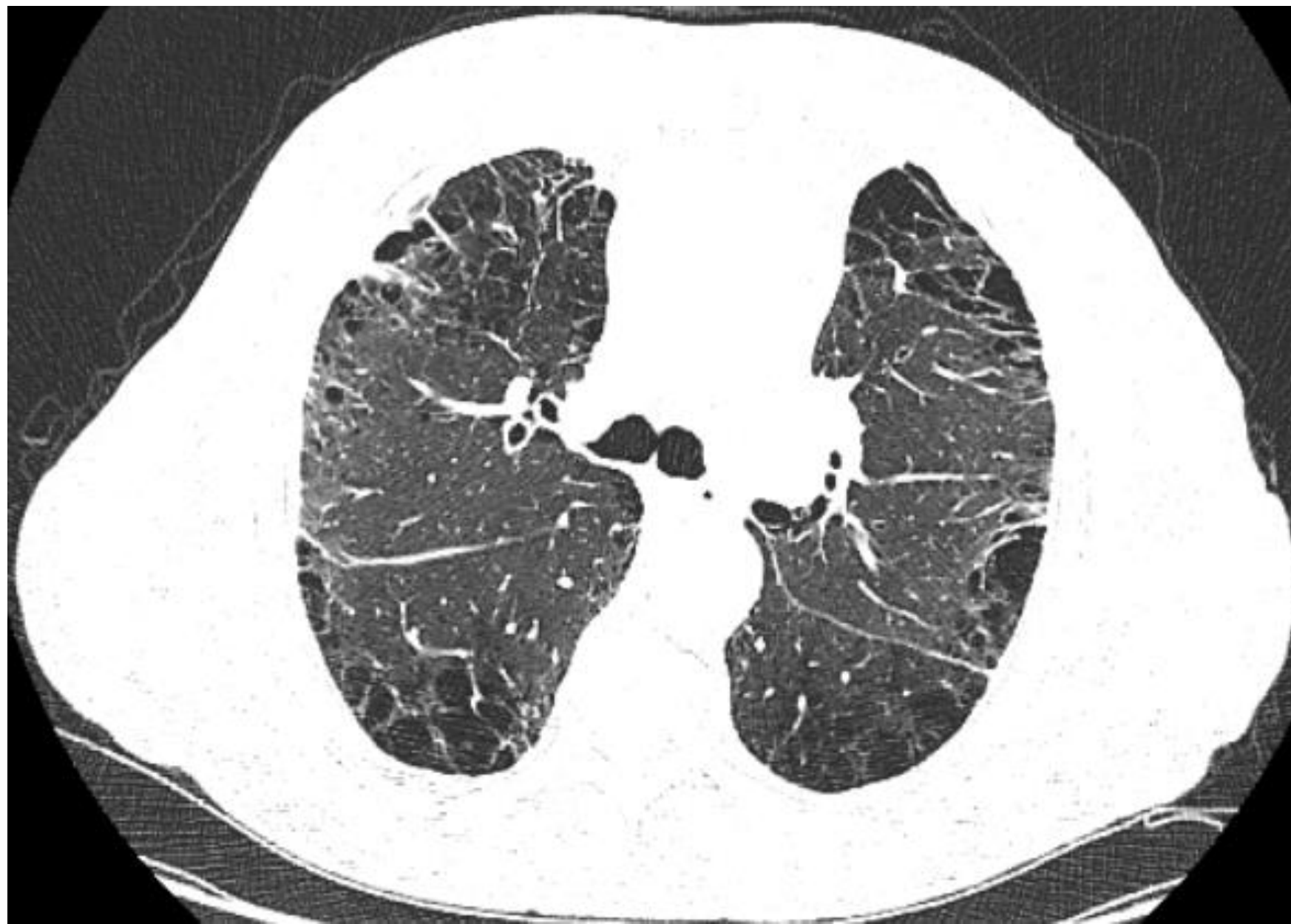
85M



85M



85M



- **Ευχαριστώ...**