

A Clinical and Radiological Profile of Interstitial Lung Diseases

¹Dr K Venkata Ramana, ²Dr Kvv Vijaya Kumar, ³Dr G Sambasiva Rao,
⁴Dr A Prem Kumar

Assistant Professor Department of Tb Cd Andhra Medical College

Professor Department of Tb Cd Andhra Medical College

Professor And Hod Department of Tb Cd Andhra Medical College

Professor Department of Tb Cd Andhra Medical College

I. Introduction

The Interstitial Lung Diseases Are A Clinically Challenging And Diverse Groups Of Over A 150 Disorders Characterized By Varying Degrees Of Fibrosis And Inflammation Of The Lung Parenchyma Of Interstitium. The Interstitial Lung Diseases Represent Many Features In Common Such As Similarities Of Symptoms, omparable Appearance Of Chest Imaging Studies, Consistent Alteratios In Pulmonary Physiology And Typical Histological Features. One Useful Approach Is To Separate Ilds Into Two Groups, Those With Known And Those With Unknown Causes. For Each Ild There May Be An Acute Phase Followed By A Phase Of Chronicity With Acute Exacerbation. Among Ilds Of Known Cause, The Largest Group Includes Diseases Due To Inhalation Of Inorganic Dusts, Organic Dust, And Various Irritants, And Noxious Gases. The Major Ones Of Unknown Cause Is Ipf.

Aim Of The Study: To See The Patterns Of Clinical And Radiological Findings In Ild Patients Attending Ghccd, Visakhapatnam.

II. Material And Methods

In Current Study Patients Between Age Group From 21 To 80 Year Included Over A Period Of 2 Years And 3 Months I.E. September 2012 To November 2014. 50 Participants, Already Diagnosed With Ild On The Basis Of Their Clinical History, Chest X-Ray, Hrct Chest, Bronchoscopy And Relevant Blood Investigations, Were Included.

II. Results

Out Of 50 Patients Studied, It Was Observed That Female Patients Were 26 [52%] Out Numbered Male Patients With 24 [48%] . Majority Of Patients Were In Age Group Of 31-50 15(Fifteen) [30%] In Females, 41-70 18(Eighteen) [36%] In Males.Common Symptoms Were Sob(Shortness Of Breath)-In 50 Patients [100%], Cough-In 46 Patients[92%].Common Chest X-Ray Zonal Distributions Were Mid And Lower Zones -In 20 Patients[40%], And Lower Zones Only-In 18 Patients[36%].Aetiology Wise :Ilds In 24 Patients[48%] Was More Common,Then Ipf In 14 Patients [28%], Others Were Uip -In 3 Patients[6%],And One Patient Each In Nsip,Occupational Lung Disease,Pap, Bronchiolitis, Sarcoidosis,Abpa, Miliary Pattern,And Hp. Hrct Profile Wise: Common Patterns Were- Honey Combing In 19 Patients [38%], And Reticular Pattern In 15 Patients[30%].Spirometry Wise: Common Pattern Was Restrictive Pattern In 25 Patients[50%].Smoking Was Common Risk Factor.

III. Conclusion

To Conclude, Ilds Showed A Female Predominance, Presenting Mostly In 31-50 Year Age Group With Shortness Of Breath And Cough As The Predominant Complaints.Radiologically, Reticulonodular Pattern Was The Most Common Presentation On A Chest X-Ray And Honeycombing Opacities On Hrct. Most Common Pattern Was Ild Pattern With Basal Predominance.Majority Of The Patients Showed Exercise OxygenDesaturation And A Restrictive Abnormality In Spirometric Evaluation.

Tables:

1. Gender Wise

Males
24
48%
Females
26
52

2. Common Age

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3. Age Wise

Male
Female
21-30 Year
3
21-30 Year
2
31-40 Year
2
31-40 Year
8
41-50 Year
6
41-50 Year
7
51-60 Year
6
51-60 Year
5
61-70year
6
61-70 Year
4
71-80year
1
71-80year
-
Total
24
26

4. Aetiology Wise

Ild
24
M-15 F-9
48%
Ipf
14
M-5 F-9
28%
Uip
3
M-0 F-3
6%
S.Sclerosis
1
M-0 F-1
2%
Nsip
1
M-1 F-0
2%
Occupational
1
M-1 F-0
2%
P A P
1
M-0 F-1
2%
Bronchiolitis
1
M-1 F-0
2%

5. According To Smoking

Smokers
19
38%
Non-Smokers
31
62%

6. Sex Ratio In Smokers

Males
13
26%
Females

6
12%

7. Symptoms Profile

Cough
46
92%
Sob
50
100%
Arthritis
7
14%
Skin Lesions
6
12%
Dysphagia
4
8%

8. HRCT Profile In ILD

Honey Combing
19
38%
Reticular Pattern
15
30%
Ground Glass Pattern
10
20%
Nodular Pattern
5
10%
Reticulonodular Pattern
1
2%

9. Spirometry

Restrictive Pattern
25
50%
Mixed Pattern
12
24%
Normal
7
14%