

# 7. Bölüm

## İTERSTİSYEL AKCİĞER HASTALIKLARININ PATOLOJİSİ

İbrahim ARAS<sup>1</sup>

### GİRİŞ

İnterstisyel akciğer hastalıkları, etiyolojisi bilinen veya bilinmeyen birçok hastalıktan oluşan ve akciğerde değişken derecede inflamasyon ve fibrozis yapan birçok hastalığı içerir.<sup>1</sup> Bu hastalıklar klinik, radyolojik ve histolojik olarak ayrılabilirse bile ilerlemiş vakalarda ayırım zorlaşır ve hepsinde bal peteği görünümü oluşur.<sup>2</sup> Bu hastalıkların tanısı için, klinik bulguların, radyolojik görünümün ve histopatolojik özelliklerin göz önüne alınarak multidisipliner yaklaşımın yapılması gereklidir.<sup>1</sup> İnterstisyel akciğer hastalıkları, etiyolojilerine ve karakteristik histopatolojik özelliklerine göre sınıflandırılır. (Tablo 1)

<sup>1</sup> Dr. Öğr. Üyesi, Van Yüzüncü Yıl Üniversitesi Tıp Fakültesi Patoloji AD., brahmaras@hotmail.com

**KAYNAKÇA**

1. Oliveira DS, Filho JAA, Paiva AFL, et al. Idiopathic interstitial pneumonias: review of the latest. American Thoracic Society/European Respiratory Society classification. *Radiol Bras*. 2018;51(5):321-327.
2. Kumar V, Abbas AK, Aster JC. (2021). *Robbins and Cotran Pathologic Basis of Disease* (Onuncu Baskı). Philadelphia:Elsevier.
3. Raghu G, Collard HR, Egan JJ, et al. An official ATS/ERS/JRS/ALAT statement: idiopathic pulmonary fibrosis: evidence-based guidelines for diagnosis and management. *Am J Respir Crit Care Med*. 2011;183(6):788-824.
4. Baddini-Martinez J, Baldi BG, Costa CH, et al. Update on diagnosis and treatment of idiopathic pulmonary fibrosis. *J Bras Pneumol*. 2015;41(5):454-466. Doi: 10.1590/S1806-37132015000000152
5. Torres PPTS, Rabahi MF, Moreira MAC, et al. Usual interstitial pneumonia: typical, possible, and “inconsistent” patterns. *J Bras Pneumol*. 2017;43(5):393-398.
6. Zhang Q, Wang, Y Qu D, et al. The Possible Pathogenesis of Idiopathic Pulmonary Fibrosis considering MUC5B. *BioMed Research International*. 2019;2019:12.
7. Barratt SL, Creamer A, Hayton C, et al. Idiopathic Pulmonary Fibrosis (IPF): An Overview. *J Clin Med*. 2018;7(8):201.
8. White ES, Lazar MH, Thannical VJ. Pathogenetic mechanisms in usual interstitial pneumonia/idiopathic pulmonary fibrosis. *J Pathol*. 2003;201(3):343-354.
9. Diken ÖE, Şengül A Beyan AC, et al. Desquamative interstitial pneumonia: Risk factors, laboratory and bronchoalveolar lavage findings, radiological and histopathological examination, clinical features, treatment and prognosis. *Experimental and therapeutic medicine*. 2019;17(1):587-595.
10. Hellemons ME, Moor CC, Von Der Thüsen J. Desquamative interstitial pneumonia: a systematic review of its features and outcomes. *Eur Respir Rev*. 2020;29(156):190181.
11. Travis WD, Hunninghake G, King TE, et al. Idiopathic Nonspecific Interstitial Pneumonia Report of an American Thoracic Society Project. *Am J Respir Crit Care Med*. 2008;177(12):1338-1347.
12. Hashisako M, Fukuoka J. Pathology of Idiopathic Interstitial Pneumonias. *Clin Med Insights Circ Respir Pulm Med*. 2016;29(9)123-133.
13. Ronda VE, Munoz BS, Landeteb MAM, et al. Idiopathic Nonspecific Interstitial Pneumonia. A Case Series and Literature Review *Open Respir Arch*. 2020;2(3):192-193.
14. Kawabata Y, Takemura T, Hebisawa A, et al. Eosinophilia in bronchoalveolar lavage fluid and architectural destruction are features of desquamative interstitial pneumonia. *Histopathology*. 2008;52(2):194-202.
15. Shen L, Liu J, Huang L, et al. Cryptogenic Organizing Pneumonia Presenting as a Solitary Mass: Clinical, Imaging, and Pathologic Features. *Med Sci Monit*. 2019;16(25):466-474.
16. Bonaccorsi A, Cancellieri A, Chilosi M, et al. Acute interstitial pneumonia: report of a series. *Eur Respir J* 2003; 21: 187-191
17. Cha SI, Fessler MB, Cool CD, et al. Lymphoid interstitial pneumonia: clinical features, associations and prognosis. *European Respiratory Journal*. 2006;28(2):364-369.
18. Kokosi MA, Nicholson AG, Hansell DM, et al. Rare idiopathic interstitial pneumonias: LIP and PPFE and rare histologic patterns of interstitial pneumonias: AFOP and BPIP. *Respirology*. 2016;21:600-614.
19. Demirağ F. İnterstisyel Akciğer Hastalıklarında Güncel Gelişmeler. *J Curr Pathol*. 2019;3(3):117-128.
20. Jules-Elysee K, White DA. Bleomycin-induced pulmonary toxicity. *Clin Chest Med*. 1990;11(1):1-20.

21. Isabela C, Silva S, Müller NL, et al. Drug-induced lung diseases: most common reaction patterns and corresponding CT manifestations. *Seminars in Ultrasound, CT and MRI*. 2006;27(2):111-116.
22. Sleijfer S. Bleomycin-induced pneumonitis. *Chest*. 2001;120(2):617-624.
23. O'Sullivan JM, Huddart RA, Norman AR, et al. Predicting the risk of bleomycin lung toxicity in patients with germ-cell tumours. *Ann Oncol* 2003;14(1):91-96.
24. Madabhavi I, Modi G, Patel A, et al. Pulmonary toxicity following bleomycin use: A single-center experience. *J Can Res Ther* 2017;13(3):466-470.
25. Wolkow N, Baltzan M. Amiodarone pulmonary toxicity. *Can respir J* 2009;16(2):43-48.
26. Arslan D, Aslan N, Yıldızdaş D, et al. Amiodaron Kullanımına İkincil Akciğer Toksikitesi. *J Pediatr Emerg Intensive Care Med*. 2019;6:51-53.
27. Argüder E, Yıldırım BA, Hasanoğlu HC. Pulmonary Toxicities and Treatment of Radiation Therapy. *Eurasian J Pulmonol*. 2014;16(3):150-158.
28. Käsman L, Dietrich A, Staab-Weijnitz CA, et al. Radiation-induced lung toxicity – cellular and molecular mechanisms of pathogenesis, management, and literature review. *Radiat Oncol*. 2020;15:214.
29. Chong S, Lee KS, Chung MJ, et al. Pneumoconiosis: Comparison of Imaging and Pathologic Findings. 2006;26(1):59-77.
30. Cohen RA, Petsonk EL, Rose C, et al. Lung Pathology in U.S. Coal Workers with Rapidly Progressive Pneumoconiosis Implicates Silica and Silicates. *Am J Respir Crit Care Med*. 2016;193(6):673-680.
31. Fujimura N. Pathology and pathophysiology of pneumoconiosis. *Curr Opin Pulm Med*. 2000;6:140-144.
32. Vathesatogkit P, Harkin TJ, Addrizzo-Harris DJ, et al. Clinical correlation of asbestos bodies in BAL fluid. *Chest*. 2004;126:966-971.
33. Feder IS, Theile A, Tannapfel A. Histological findings and lung dust analysis as the basis for occupational disease compensation in asbestos-related lung cancer in Germany. *International Journal of Occupational Medicine and Environmental Health*. 2018;31(3):293-305.
34. Ma Y, Gal A, Koss MN. The pathology of pulmonary sarcoidosis: update. *Semin Diagn Pathol*. 2007;24(3):150-161.
35. Mukhopadhyay S, Wilcox BE, Myers JL, et al. Pulmonary necrotizing granulomas of unknown cause: clinical and pathologic analysis of 131 patients with completely resected nodules. *Chest* 2013;144(3):813-824.
36. Bonifazi M, Gasparini S, Alfieri V, et al. Pulmonary Sarcoidosis. *Semin Respir Crit Care Med*. 2017;38(4):437-449.
37. Churg A, Bilawich A, Wright JL. Pathology of Chronic Hypersensitivity Pneumonitis What Is It? What Are the Diagnostic Criteria? Why Do We Care?. *Arch Pathol Lab Med*. 2018;142(1):109-119
38. Grunes D, Beasley MB. Hypersensitivity pneumonitis: a review and update of histologic findings. *J Clin Pathol*. 2013;66(10):888-895.
39. Singh S, Collins BF, Sharma BB, et al. Hypersensitivity pneumonitis: Clinical manifestations – Prospective data from the interstitial lung disease- India registry. *Lung India*. 2019;36(6):476-482.
40. Erdenen F, Müderrisoğlu AC. Erişkinlerde Eozinofilik Akciğer Hastalıkları. *İstanbul Med J*. 2018;19(3):189-193.
41. Crowe M, Robinson D, Sagar M, et al. Chronic eosinophilic pneumonia: clinical perspectives. *Therapeutics and Clinical Risk Management*. 2019;15:397-403.
42. Allen CE, Merad M, McClain KL. Langerhans-Cell Histiocytosis. *N Engl J Med*. 2018;379(9):856-868.

43. Jezińska M, Stefanowicz J, Romanowicz G, et al. Langerhans cell histiocytosis in children – a disease with many faces. Recent advances in pathogenesis, diagnostic examinations and treatment. *Postepy Dermatol Alergol.* 2018; 35(1): 6-17.
44. Ariel BM, Dvorakovskaya IV, Novikova LN, et al. Pulmonary Alveolar Proteinosis: Own Experience of Diagnosis and Treatment. *Own Experience of Diagnosis and Treatment. J Rare Dis Res Treat.* 2019;4(2): 1-6.