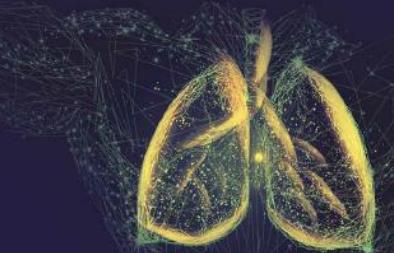




ΟΡ-ΒΟΟΡ COP

ΟΡΓΑΝΟΥΜΕΝΗ ΠΝΕΥΜΟΝΙΑ

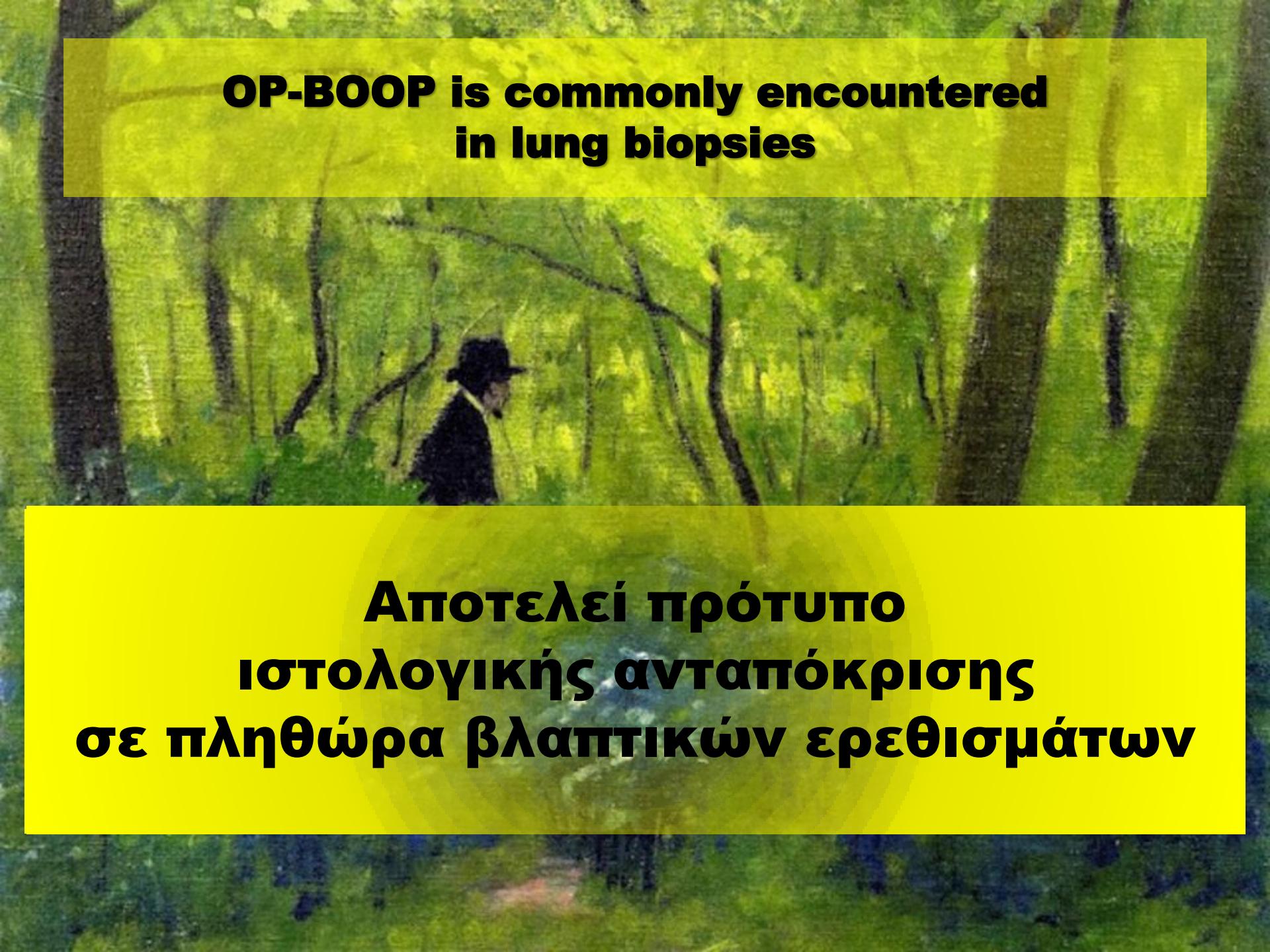
www.28pneumonologiko2019.gr



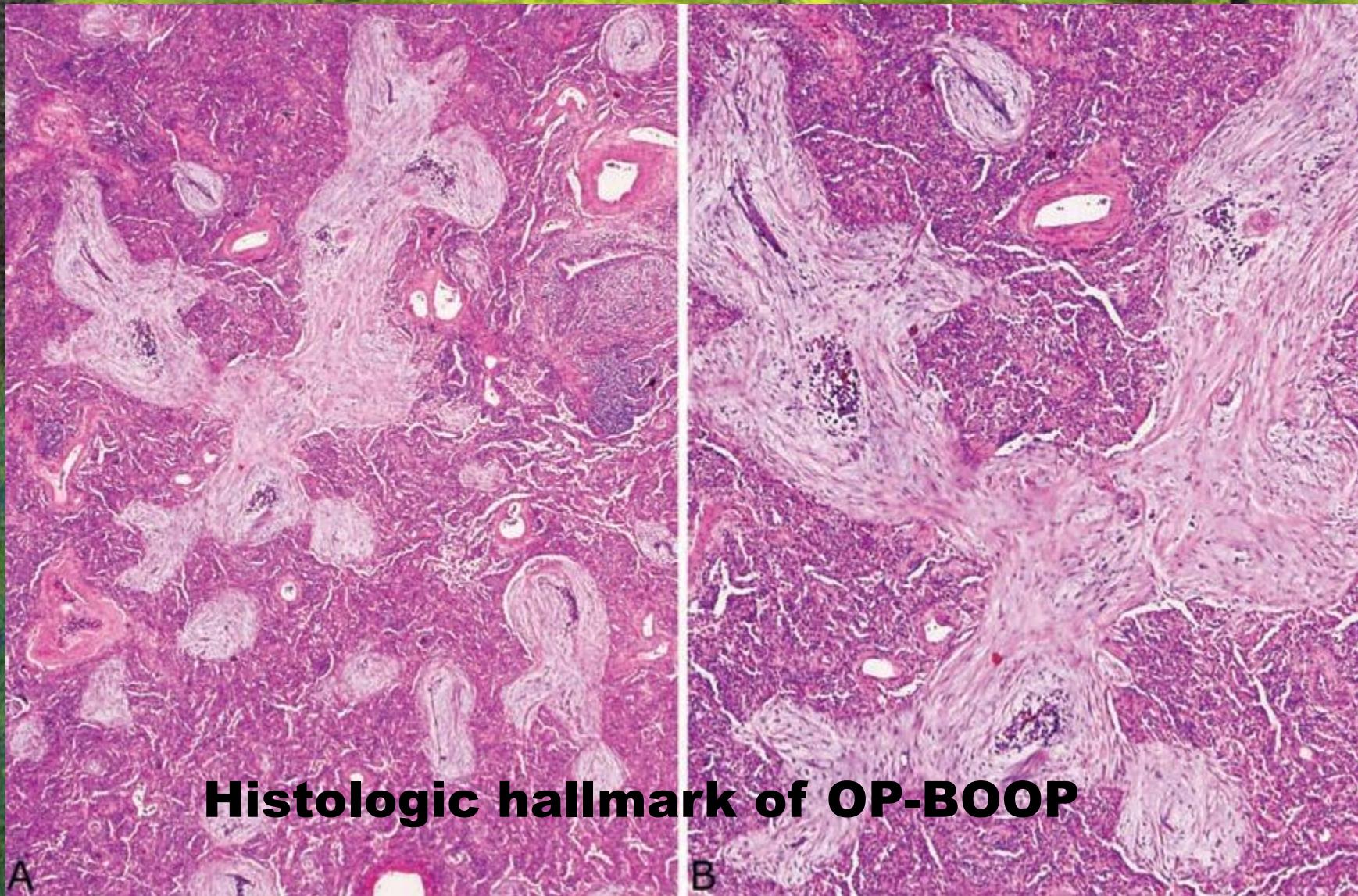
28ο Πανελλήνιο Πνευμονολογικό Συνέδριο
12-15 ΔΕΚΕΜΒΡΙΟΥ 2019 | ATHENS HILTON

Σπύρος Α Παπίρης MD, PhD, FCCP
Καθηγητής Ιατρικής
Εθνικό Καποδιστριακό Πανεπιστήμιο Αθηνών
Β' Πανεπιστημιακή Πνευμονολογική Κλινική
«Αττικόν» ΓΠ Νοσοκομείο

**OP-BOOP is commonly encountered
in lung biopsies**



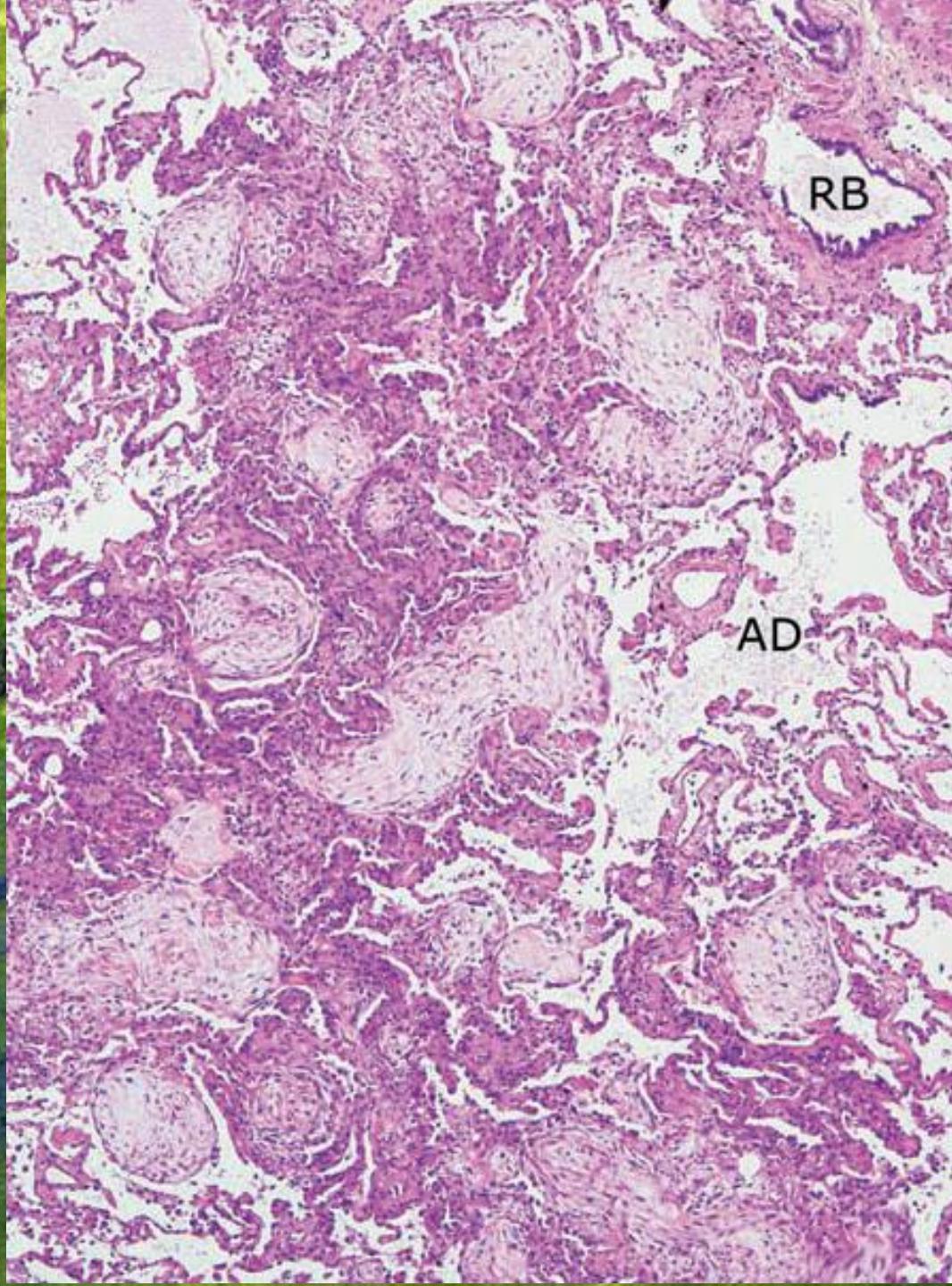
**Αποτελεί πρότυπο
ιστολογικής ανταπόκρισης
σε πληθώρα βλαπτικών ερεθισμάτων**



Diagnostic Atlas of
NON-NEOPLASTIC
LUNG DISEASE

A PRACTICAL GUIDE
FOR SURGICAL PATHOLOGISTS

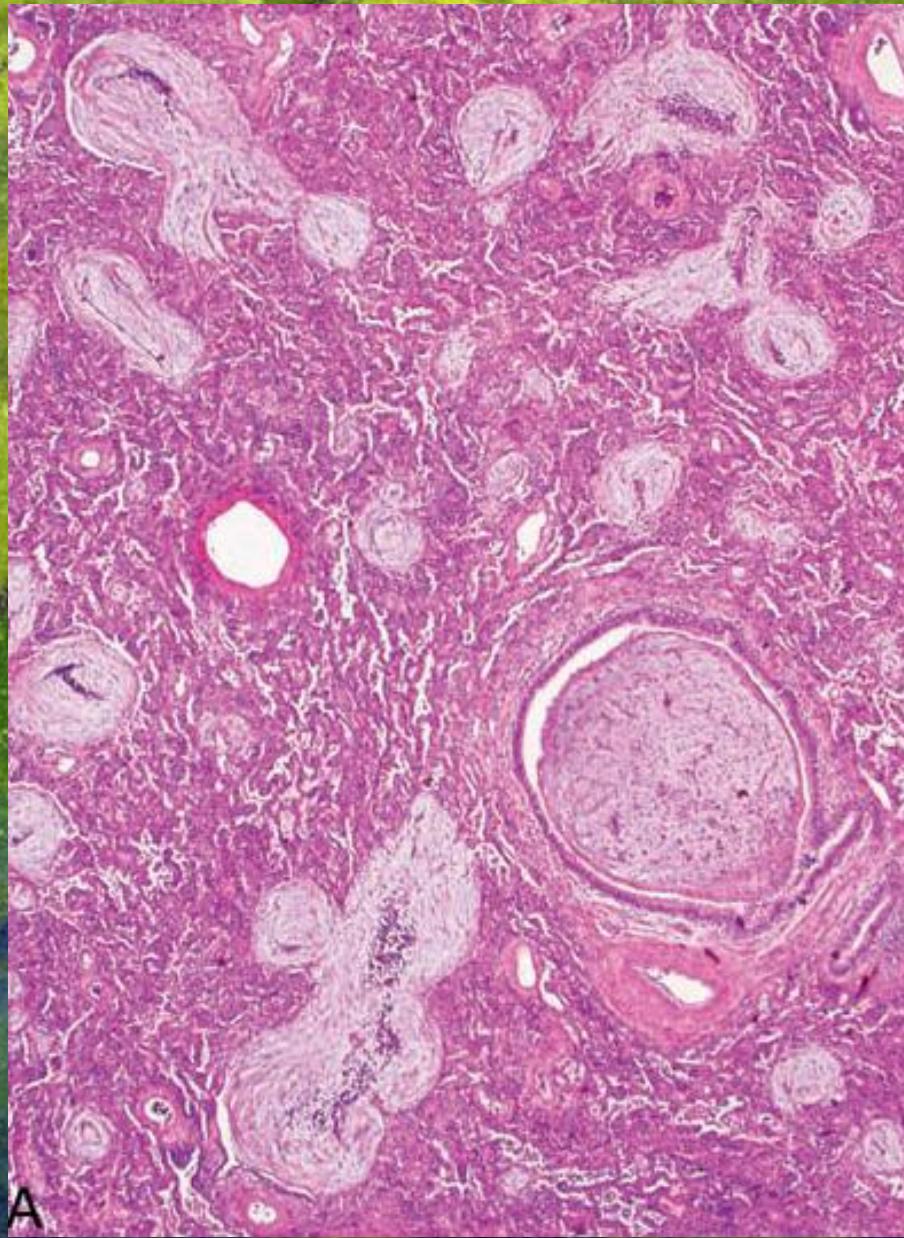
ANNA-LUISE A. KATZENSTEIN



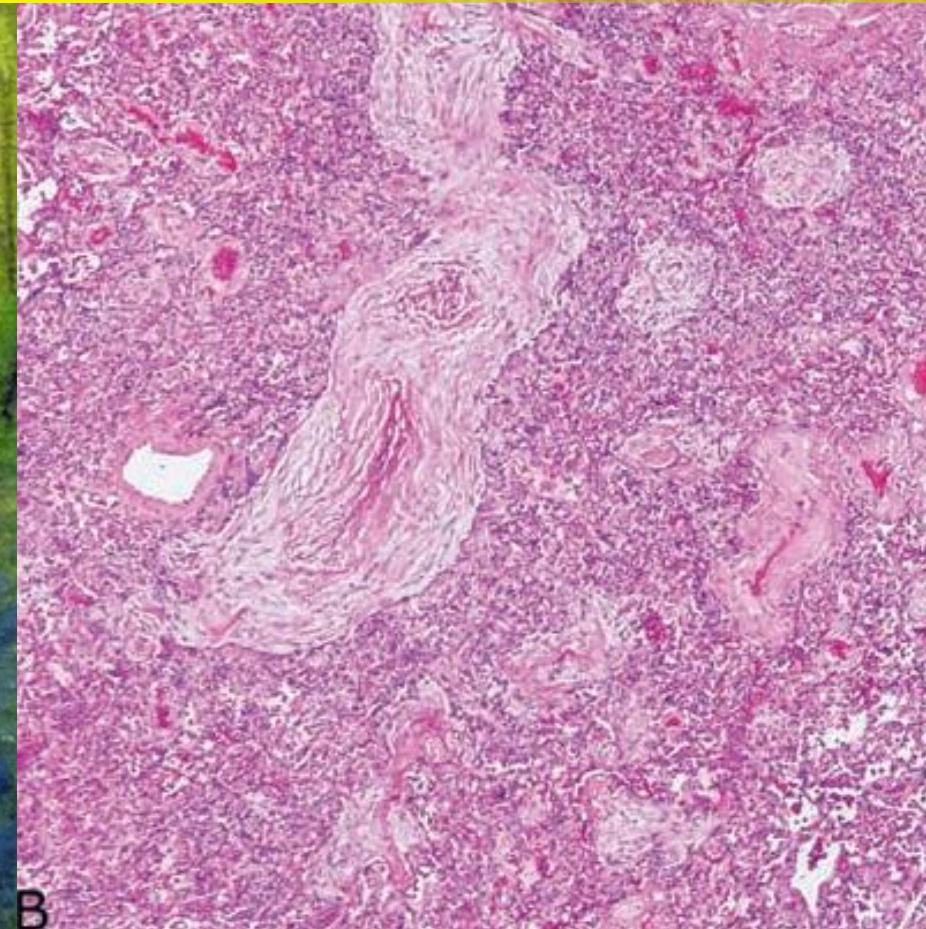
Diagnostic Atlas of
NON-NEOPLASTIC
LUNG DISEASE

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ANNA-LUISE A. KATZENSTEIN



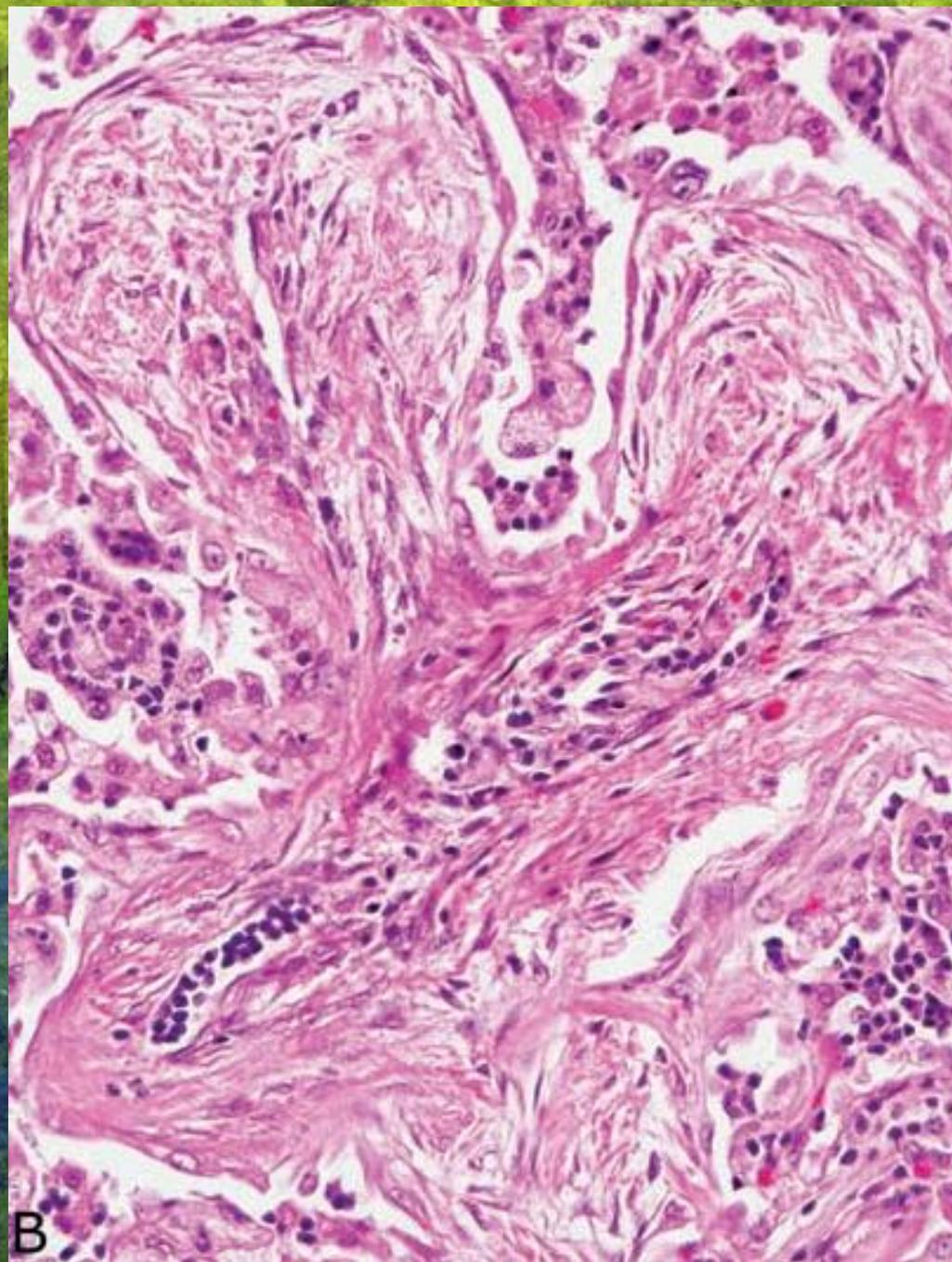
Δεν έχει διάχυτη διάμεση φλεγμονώδη ή ινωποιό πνευμονική βλάβη!



Diagnostic Atlas of
NON-NEOPLASTIC
LUNG DISEASE

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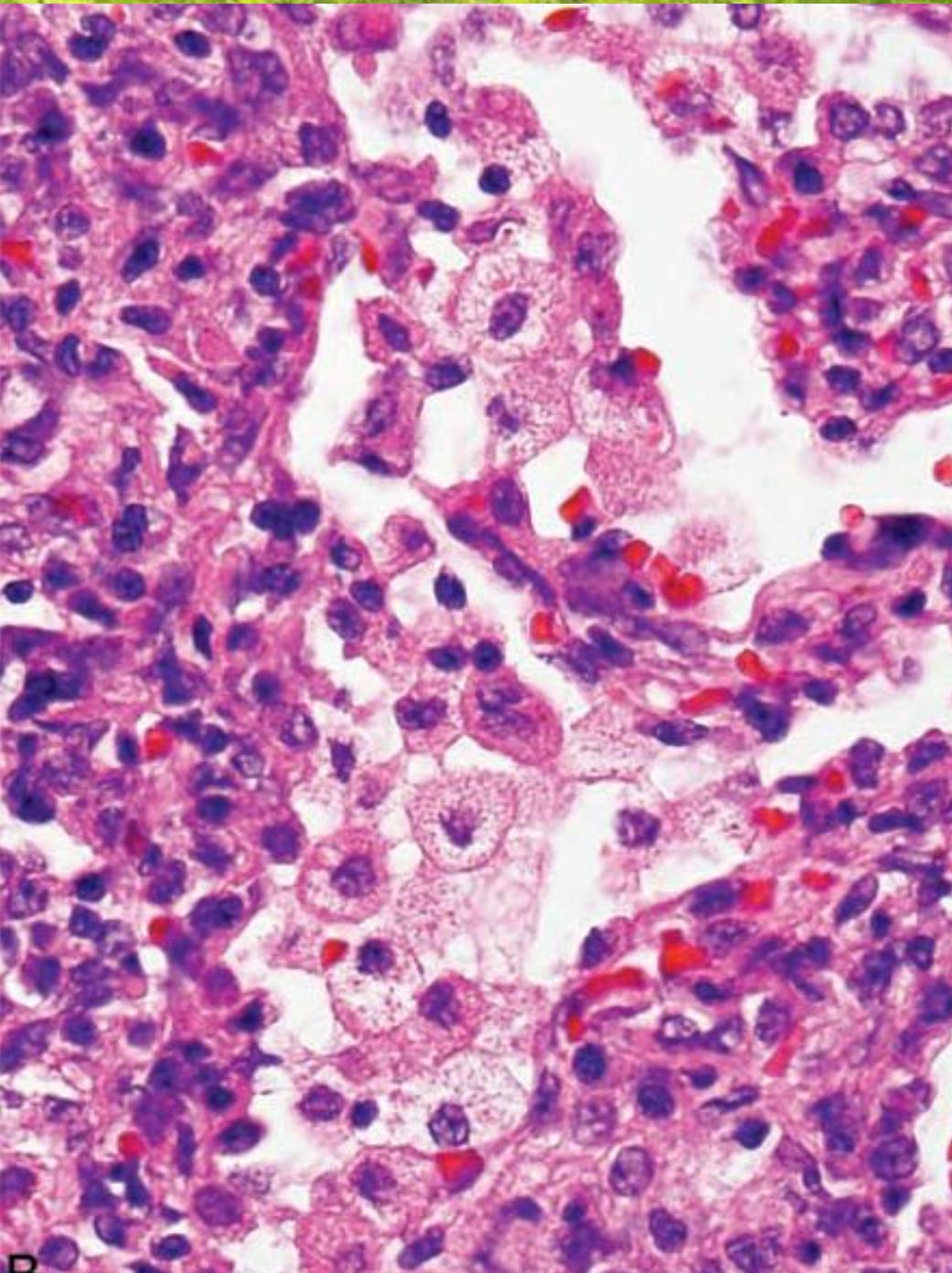
ANNA-LUISE A. KATZENSTEIN



Diagnostic Atlas of
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ANNA-LUISE A. KATZENSTEIN



Diagnostic Atlas of
NON-NEOPLASTIC
LUNG DISEASE

A PRACTICAL GUIDE
FOR SURGICAL PATHOLOGISTS

ANNA-LUISE A. KATZENSTEIN

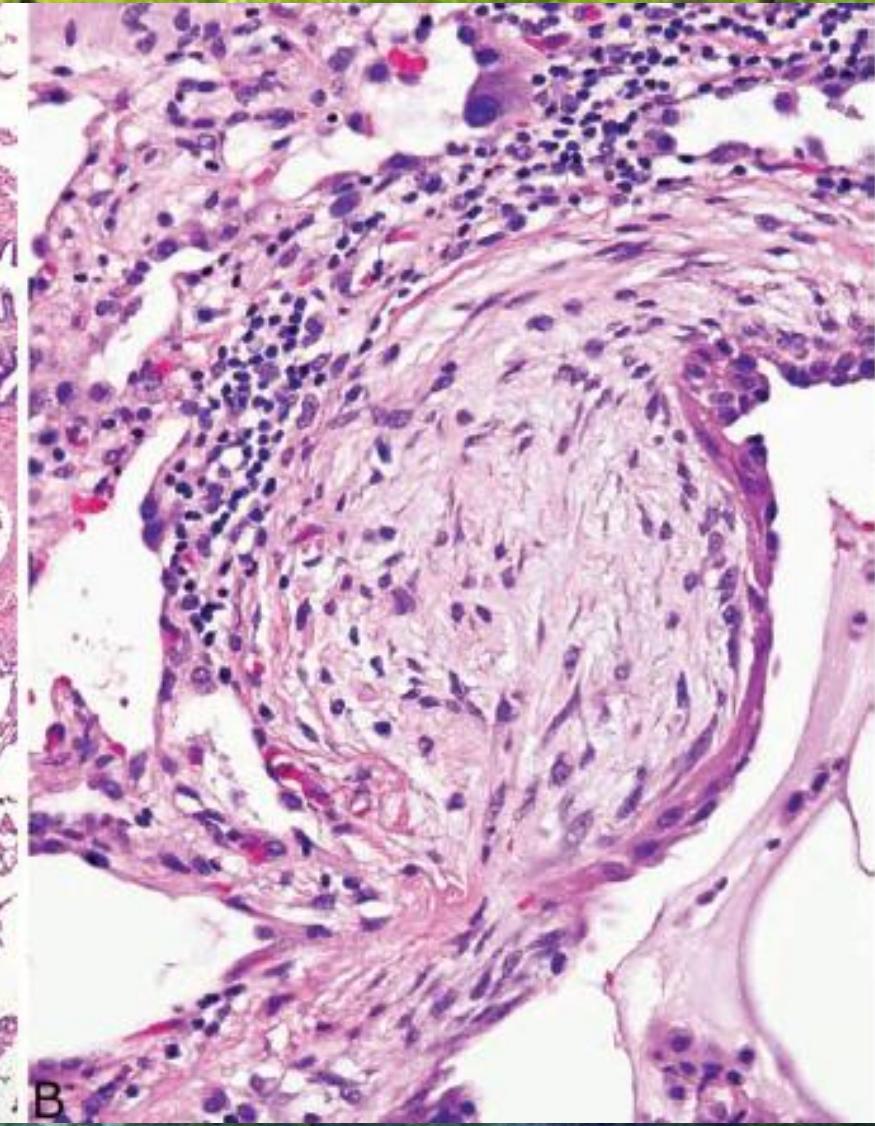
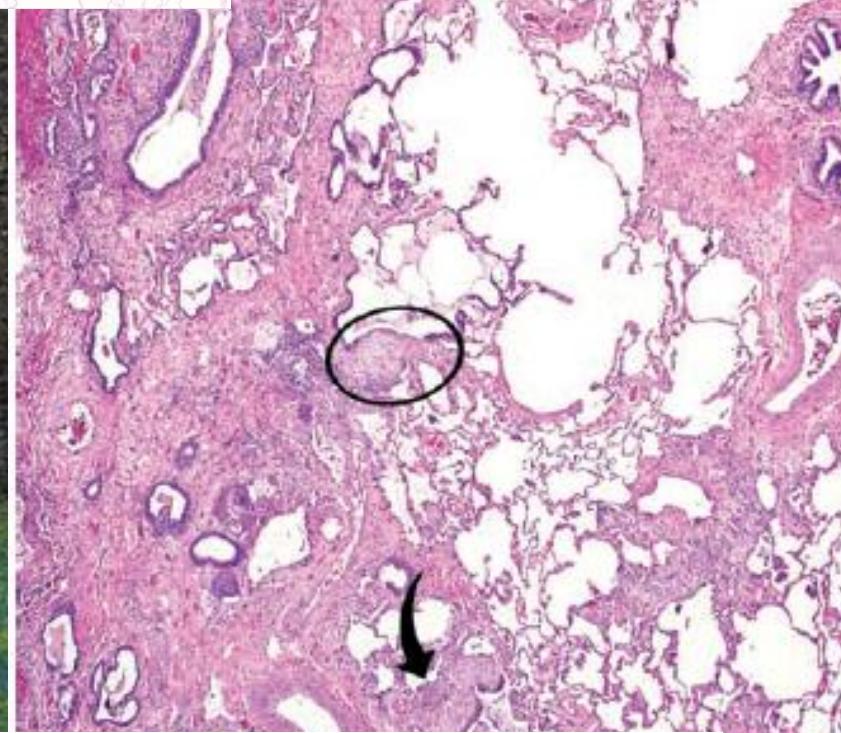


TABLE 3.1 Contrasting Features of Fibroblast Foci and Fibroblast Plugs

Fibroblast Foci	Fibroblast Plugs
Occur within and along interstitium	Occur within airspaces
Small, oval shaped to elongated	Varying size and shape (round, serpiginous, branching)
Usually single, randomly distributed	Usually clustered in airspaces within and around small bronchioles and alveolar ducts

OP-BOOP COP

**Histologic hallmark
of OP-BOOP**

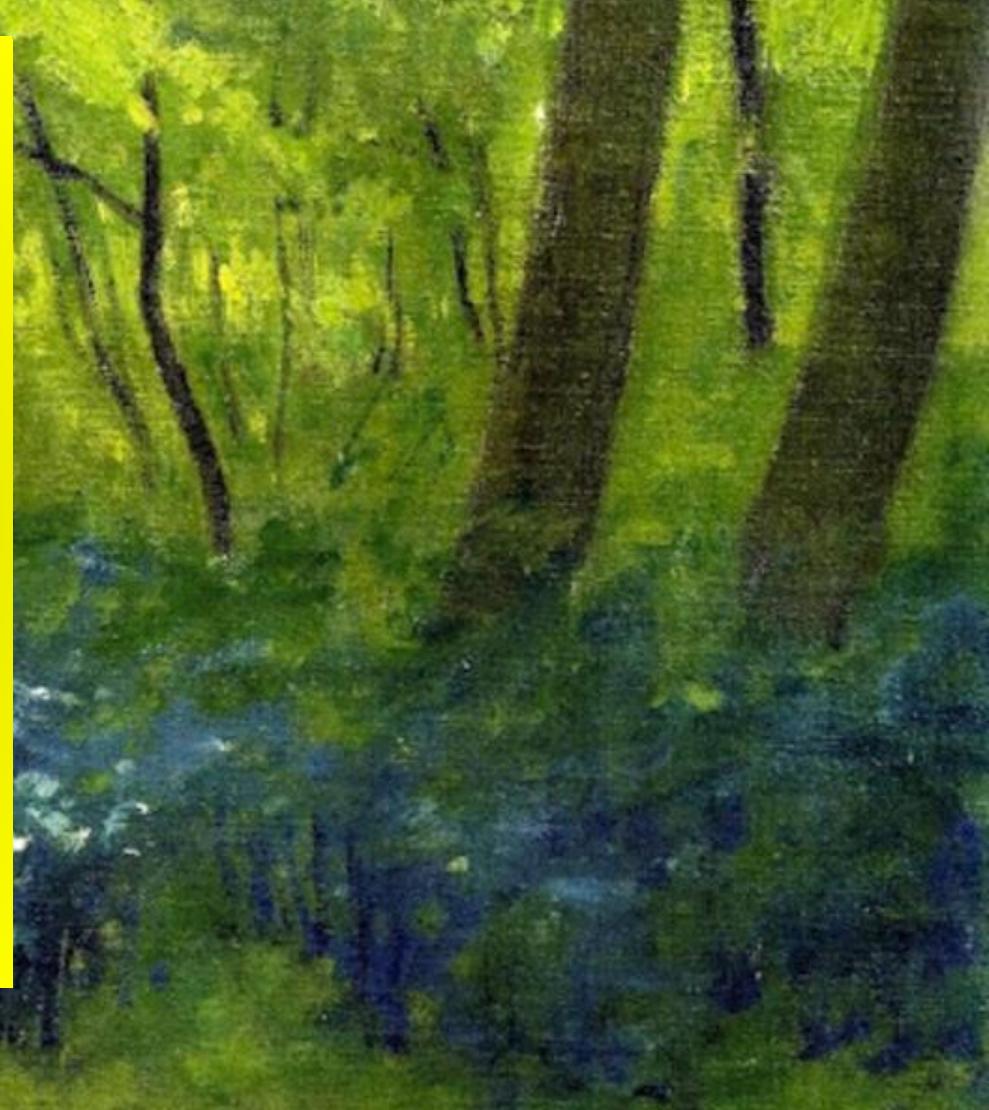
Eosinophils – CEP

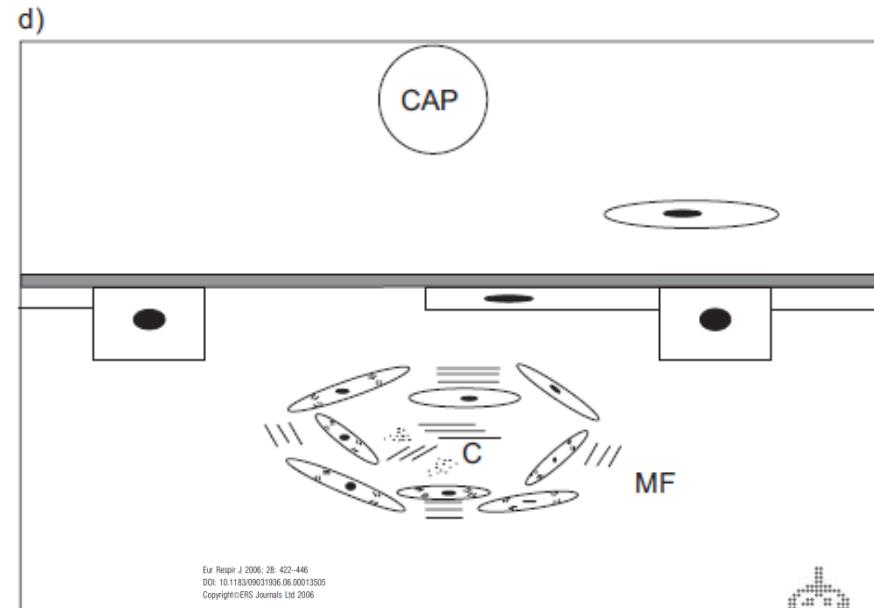
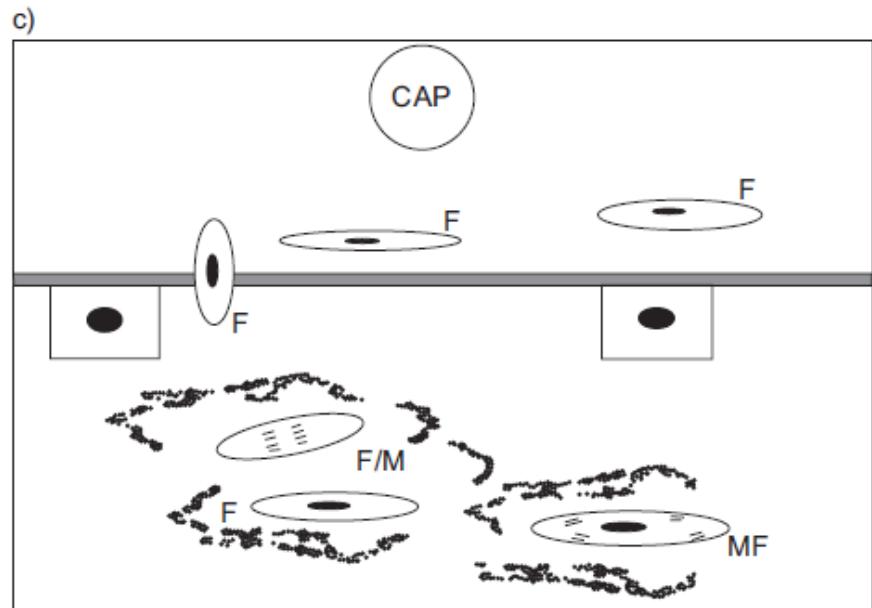
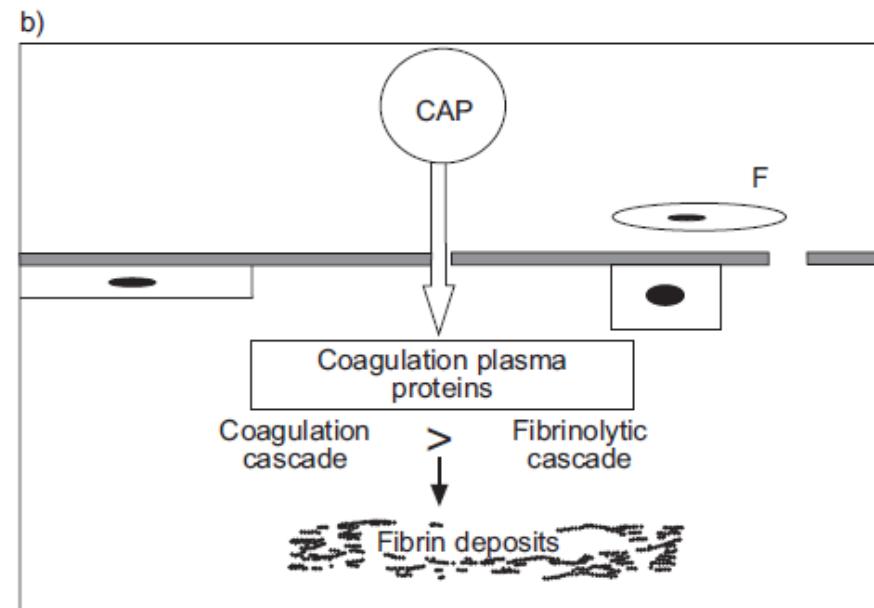
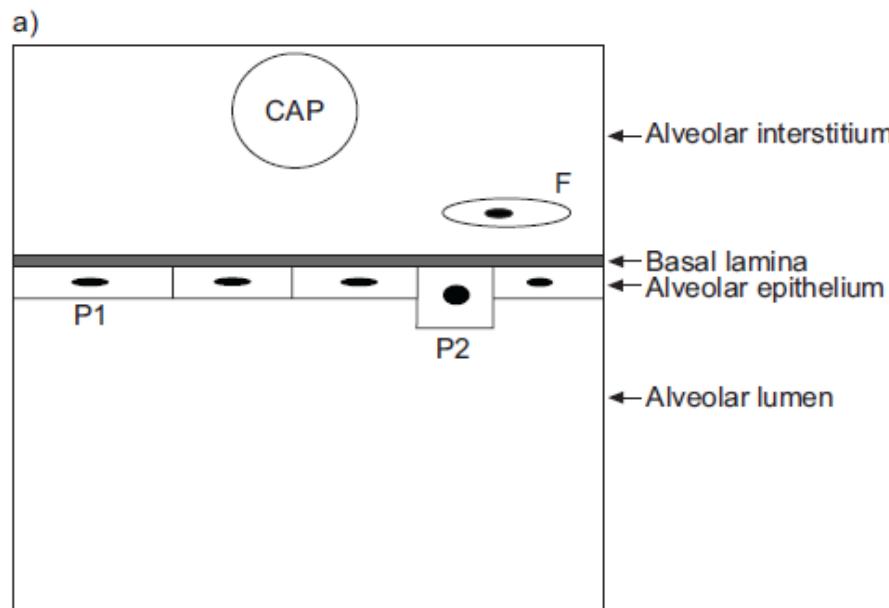
Granulomas-Aspiration

Vasculitis – Wegener

Fibrin plugs-AFOP

***Hyaline membranes-
DAD***





Eur Respir J 2006; 28: 427–446
DOI: 10.1183/09031936.06.00013505
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SERIES "RARE INTERSTITIAL LUNG DISEASES"
Edited by C. Vogelmeier and U. Costabel
Number 3 in this Series

Cryptogenic organising pneumonia

J-F. Cordier



Organizing pneumonia: a kaleidoscope of concepts and morphologies

Benjamin J. Roberton · David M. Hansell

Histopathogenesis of organizing pneumonia:

- Alveolar epithelial injury leads to pneumocyte cell death forming gaps in the basal lamina. Plasma proteins (including clotting factors) and inflammatory cells leak into the airspace. (*Leakage*)
- Activation of coagulation cascade leading to fibrin deposition. (*Coagulation*)
- Organization into intra alveolar fibro-inflammatory buds involving whorls of myofibroblasts in a connective tissue matrix. (*Organization*)
- Inflammatory component recedes, resorption of matrix in most cases. (*Resorption*)

Common Causes of OP

- Reaction to a specific injury
 - Prior infection (viral, bacterial, postobstructive)
 - Toxic inhalant (crack cocaine, nitrogen dioxide [silo filler's lung], other fumes, smoke, etc.)
 - Drug toxicity (gold, amiodarone, sulfasalazine, bleomycin, nitrofurantoin, etc.)
 - Radiation (to lung, chest wall, breast)
 - Collagen vascular disease (rheumatoid arthritis, lupus, polymyositis, etc.)
 - Aspiration
- Nonspecific reactive change (edge of granulomas, infarcts, neoplasms, vasculitis, abscesses, etc.)
- Minor component of other respiratory disease (hypersensitivity pneumonia, nonspecific interstitial pneumonia, eosinophilic pneumonia, etc.)
- Idiopathic (COP, Idiopathic BOOP)



**ΔΕΝ ΕΙΝΑΙ ΔΙΑΧΥΤΗ ΔΙΑΜΕΣΗ
ΠΝΕΥΜΟΝΟΠΑΘΕΙΑ**

EINAI «ΠΝΕΥΜΟΝΙΑ»

ΠΟΥ ΔΕΝ ΕΙΝΑΙ ΠΝΕΥΜΟΝΙΑ

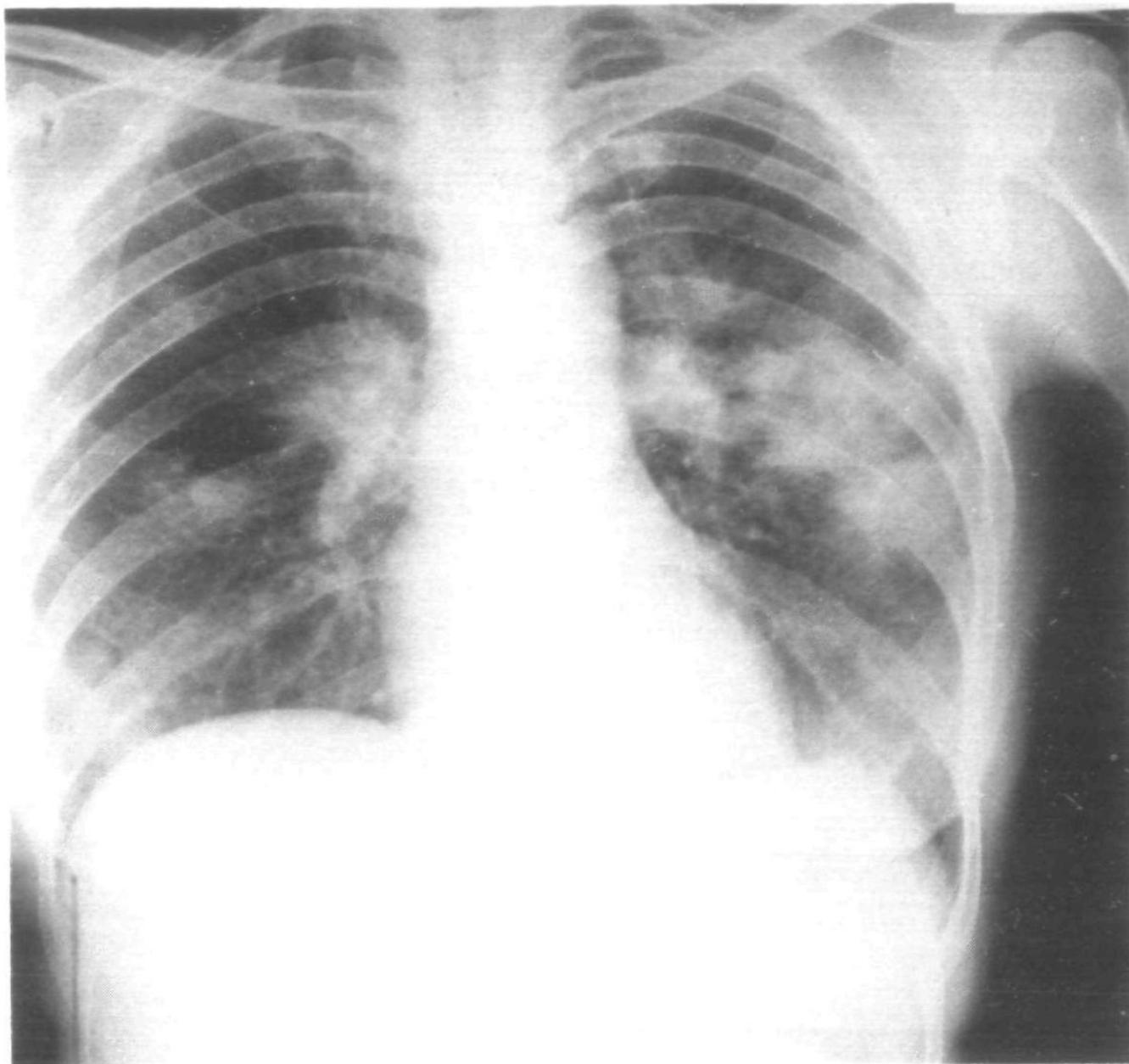
Quarterly Journal of Medicine, New Series LII, No. 207, pp. 382-394, Summer 1963

Cryptogenic Organizing Pneumonitis

A. G. DAVISON, B. E. HEARD, W. A. C. McALLISTER AND
M. E. H. TURNER-WARWICK

From Brompton Hospital, Fulham Road, London SW3

A. G. Davison and others

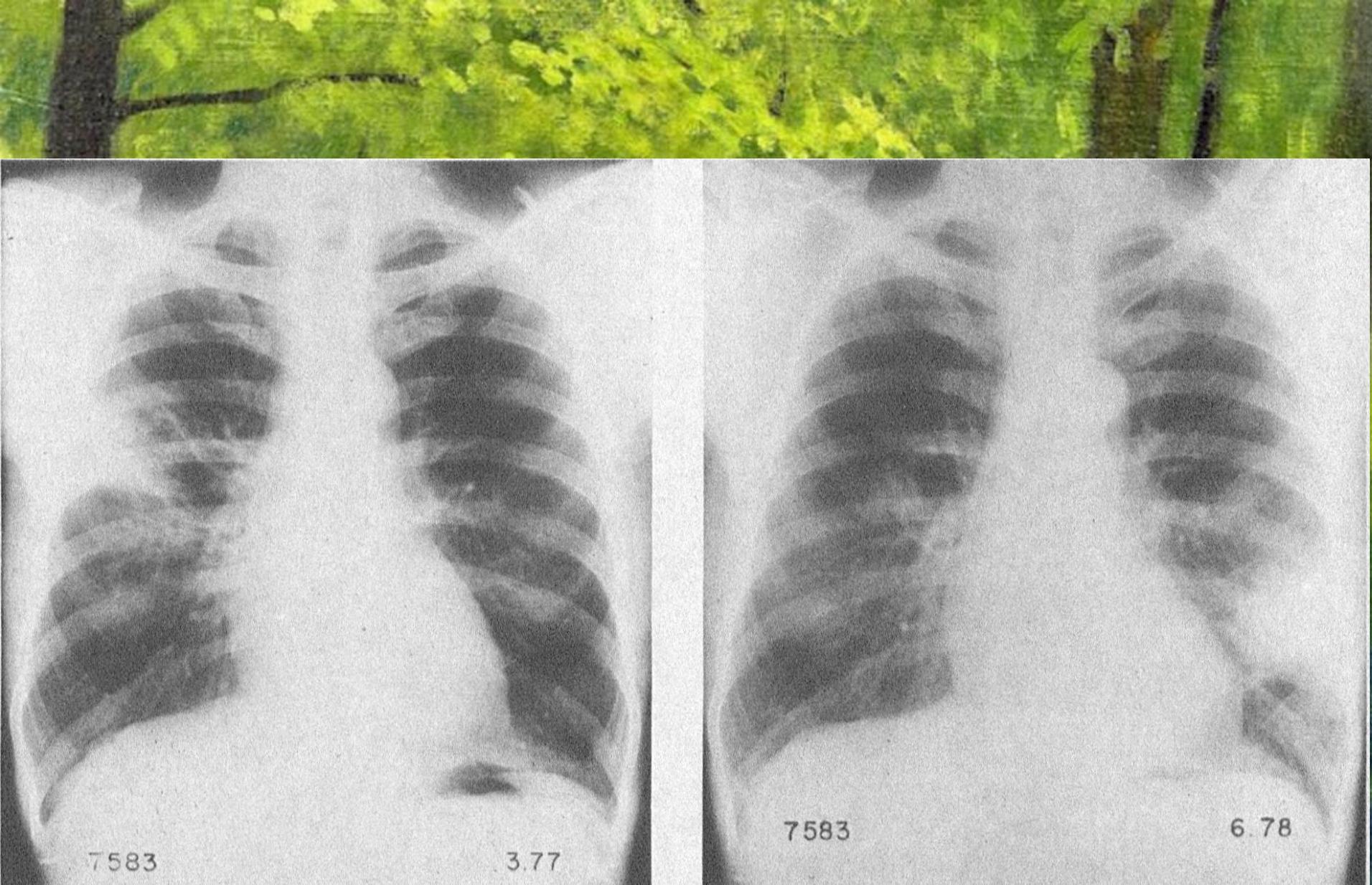


BRONCHIOLITIS OBLITERANS ORGANIZING PNEUMONIA

GARY R. EPLER, M.D., THOMAS V. COLBY, M.D., THERESA C. McLOUD, M.D., CHARLES B. CARRINGTON, M.D.,
AND EDWARD A. GAENSLER, M.D.

Abstract In 50 of 94 patients with bronchiolitis obliterans we found no apparent cause or associated disease, and the bronchiolitis obliterans occurred with patchy organizing pneumonia. Histologic characteristics included polypoid masses of granulation tissue in lumens of small airways, alveolar ducts, and some alveoli. The fibrosis was uniform in age, suggesting that all repair had begun at the same time. The distribution was patchy, with preservation of background architecture. Clinically, there was cough or flu-like illness for 4 to 10 weeks, and crackles were heard in the lungs of 68 per cent of the patients. Radiographs showed an unusual pattern of patchy densities with a

"ground glass" appearance in 81 per cent. Physiologically, there was restriction in 72 per cent of the patients, and 86 per cent had impaired diffusing capacity. Obstruction was limited to smokers. The mean follow-up period was four years. With corticosteroids, there was complete clinical and physiologic recovery in 65 per cent of the subjects; two died from progressive disease. This disorder differs from bronchiolitis obliterans with irreversible obstruction. It was confused most often with idiopathic pulmonary fibrosis. In view of the benign course and therapeutic response, a histologic distinction is important. (N Engl J Med 1985; 312:152-8.)



Anastasia Oikonomou
David M. Hansell

Organizing pneumonia: the many morphological faces

Respiratory Medicine (2010) 104, 1706–1711



available at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/rmed



Utility of high-resolution computed tomography and
BAL in cryptogenic organizing pneumonia

L. Jara-Palomares ^{a,*}, L. Gomez-Izquierdo ^b, D. Gonzalez-Vergara ^a,
E. Rodriguez-Becerra ^a, E. Marquez-Martin ^a, E. Barrot-Cortés ^a,
J. Martin-Juan ^a

Bronchiolar Complications of Connective Tissue Diseases

Eric S. White, M.D.,¹ Henry D. Tazelaar, M.D.,² and Joseph P. Lynch, III, M.D.³

SEMINARS IN RESPIRATORY AND CRITICAL CARE MEDICINE/VOLUME 24, NUMBER 5 2003

Cryptogenic Organizing Pneumonia: Serial High-Resolution CT Findings in 22 Patients

AJR 2010; 195:916–922

Ju Won Lee¹
Kyung Soo Lee¹
Ho Yun Lee¹
Man Pyo Chung²
Chin A Yi¹
Tae Sung Kim¹
Myung Jin Chung¹

Official Journal of the Asian Pacific Society of Respirology

Respirology

ORIGINAL ARTICLE

Serial chest CT in cryptogenic organizing pneumonia: Evolutional changes and prognostic determinants

MAN P. CHUNG,^{1†} BO D. NAM,^{2†} KYUNG S. LEE,² JOUNGHO HAN,³ JAI S. PARK,⁴ JUNG H. HWANG,⁵ MIN J. CHA² AND TAE I. KIM²

Eur Radiol (2011) 21:2244–2254
DOI 10.1007/s00330-011-2191-6

CHEST

Organizing pneumonia: a kaleidoscope of concepts
and morphologies

Benjamin J. Roberton · David M. Hansell

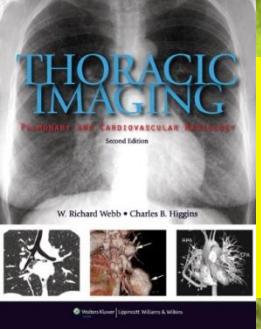
Accepted Manuscript

Pathology-Radiology Correlation of Common and Uncommon CT Patterns of
Organizing Pneumonia

Jose R. Torrealba MD, Stephen Fisher MD, Jeffrey P. Kanne MD, Yasmeen M. Butt MD, Craig Glazer MD, Corey Kershaw MD, Daniel Burguete BBA, Tunc Goksalan MD, Kiran Batra MD

PII: S0046-8177(17)30398-2
DOI: doi: 10.1016/j.ejmp.2017.10.028
Reference: YHUPA 4385





OP-BOOP COP

HRCT findings

- **Patchy consolidation
80% or ground-glass
opacity 60%**
**(subpleural
peribronchial)**
- **Ill-defined nodules
30-50%**
**(peribronchial,
centrilobular)**
- **Large nodules or
masses (irregular in
shape)**

- **Focal or lobar
consolidation**
- **The “atoll sign” or
“reverse halo sign”**

CTPA
Chest
Chest



WL: -400 WW: 1500 [CT Lungs]
T: 2.0mm L: -216.0mm

P

338mA 120kV
13/8/2016 1:14:46 μμ

UNIV.HOSP.ATTIKON
16857
CTPA
Chest
Chest



WL: -400 WW: 1500 [CT Lungs]

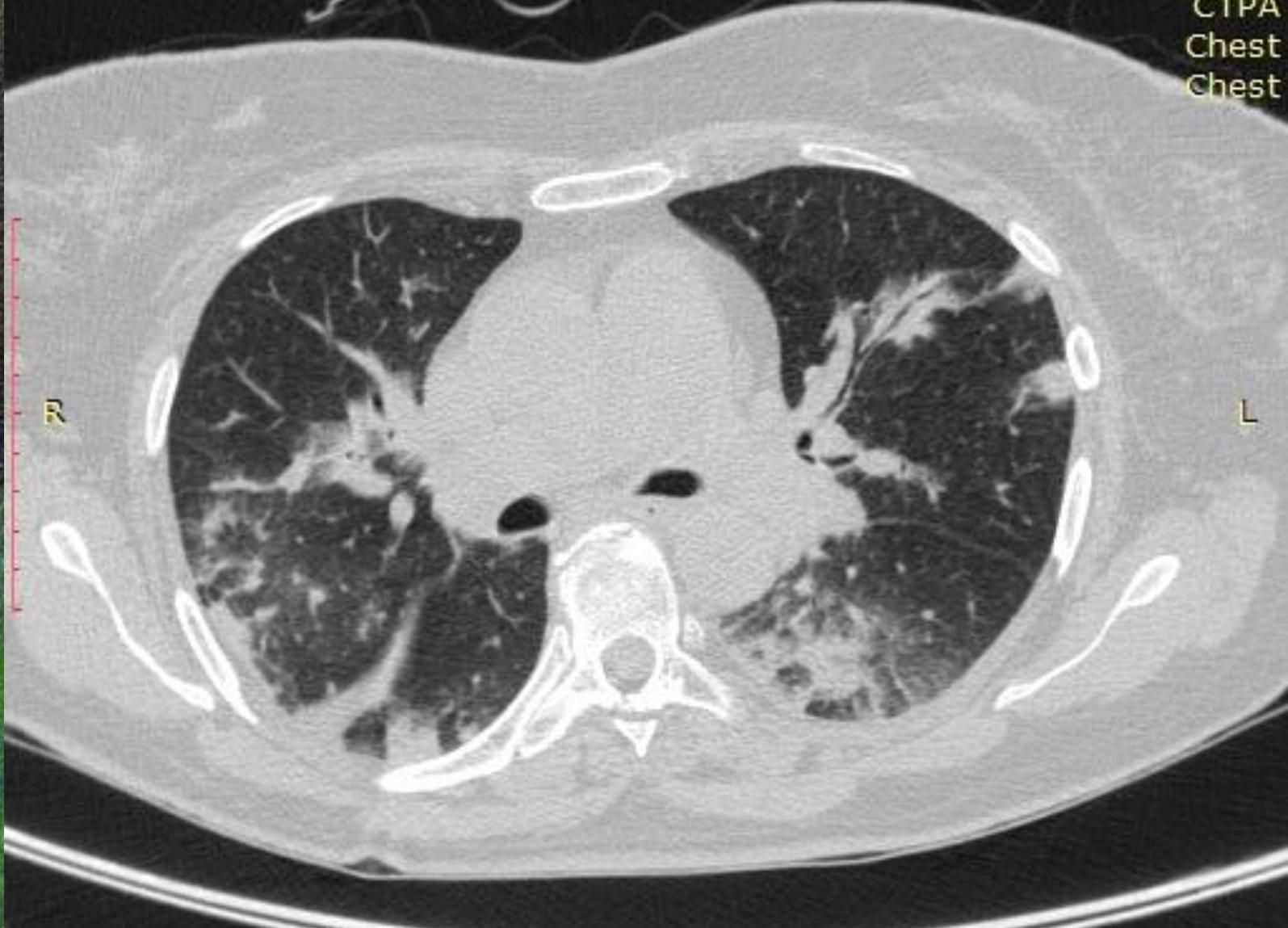
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P

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UNIV.HOSP.ATTIKON
16857
CTPA
Chest
Chest



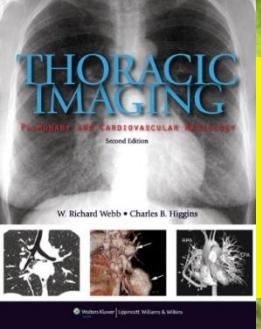
WL: -400 WW: 1500 [CT Lungs]

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p

338mA 120kV

13/8/2016 1:14:46 μμ



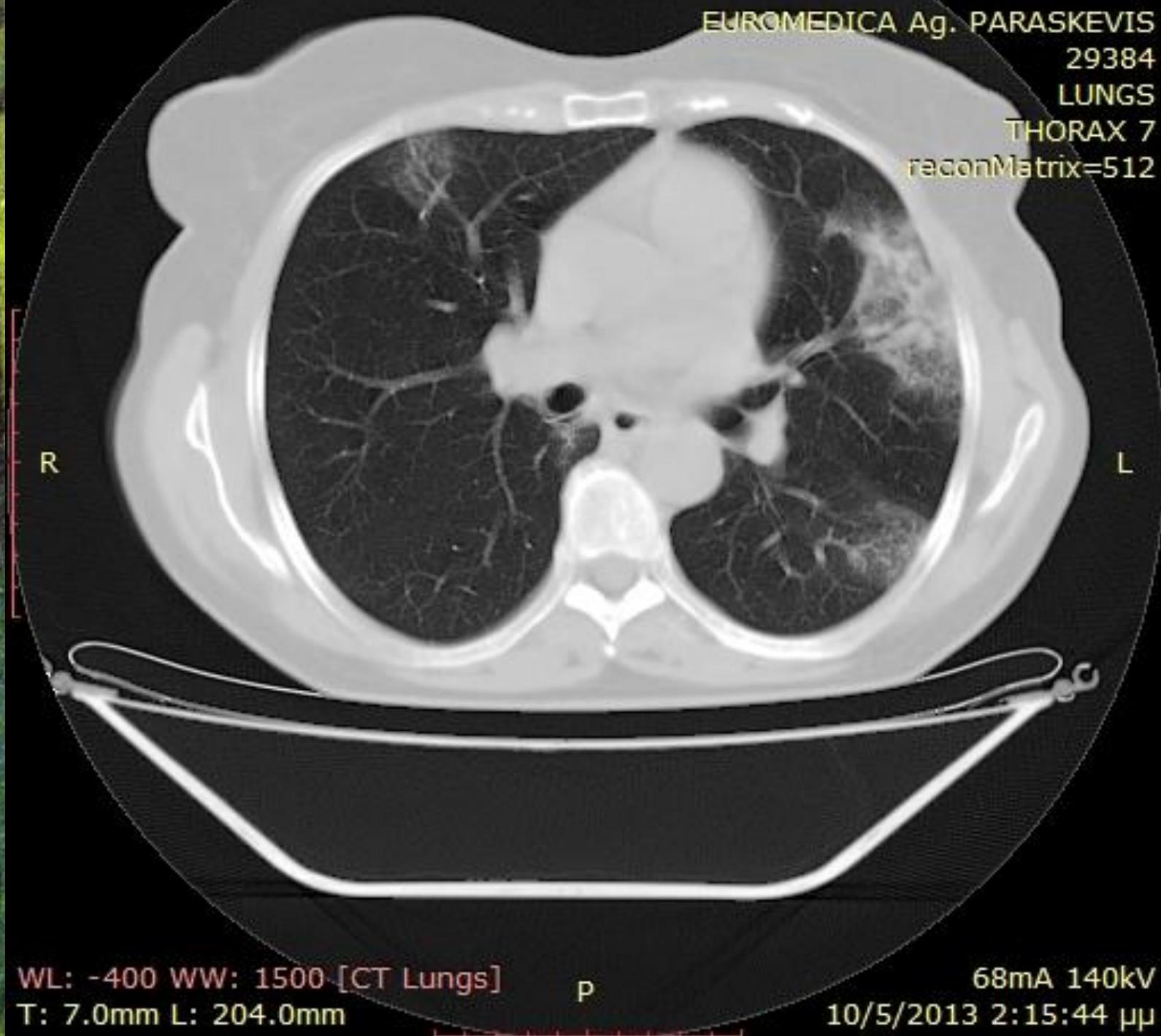
OP-BOOP COP

HRCT findings

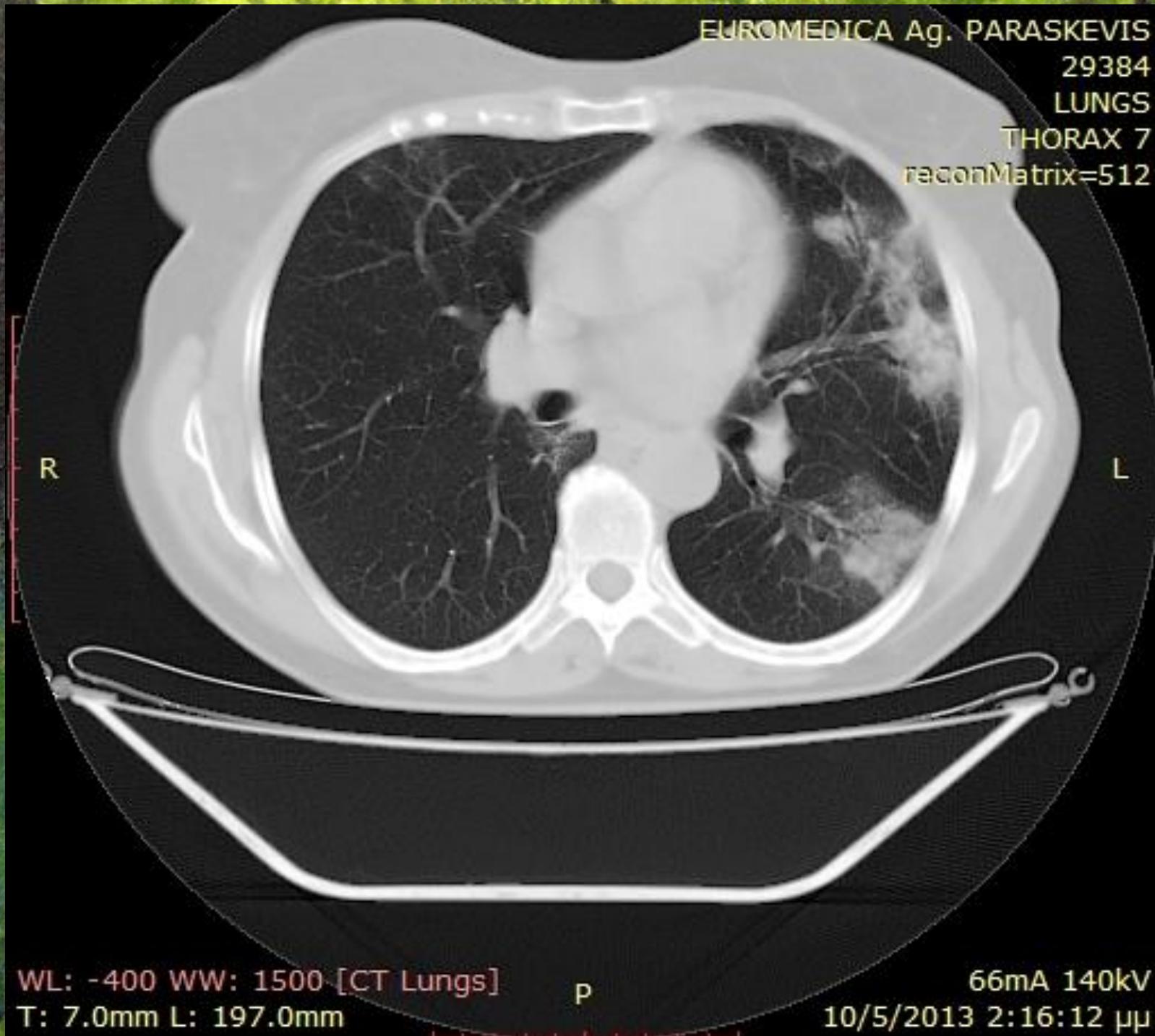
- **Patchy consolidation
80% or ground-glass
opacity 60%**
**(subpleural
peribronchial)**



EUROMEDICA Ag. PARASKEVIS
29384
LUNGS
THORAX 7
reconMatrix=512



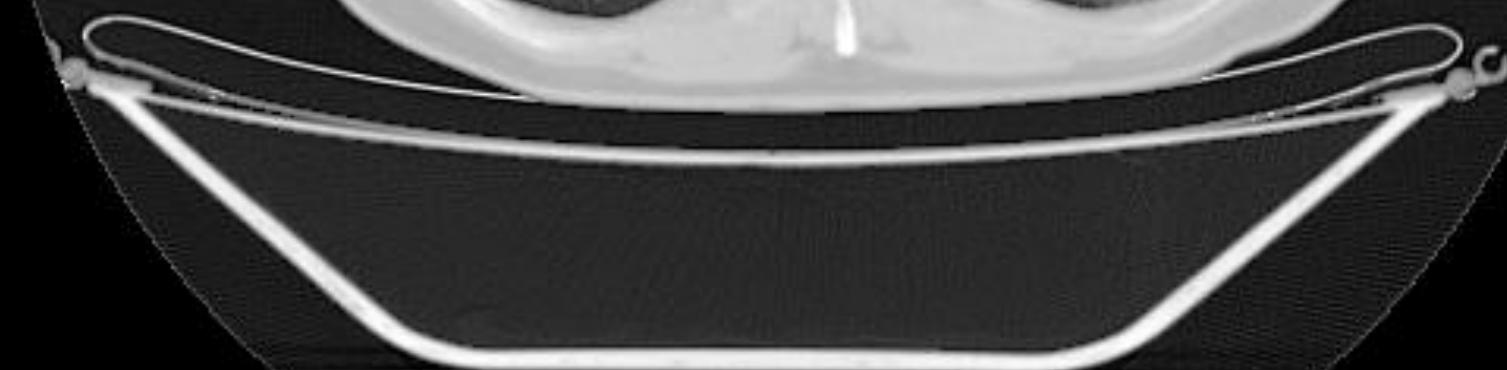
EUROMEDICA Ag. PARASKEVIS
29384
LUNGS
THORAX 7
reconMatrix=512



EUROMEDICA Ag. PARASKEVIS
29384
LUNGS
THORAX 7
reconMatrix=512

R

L



WL: -400 WW: 1500 [CT Lungs]
T: 7.0mm L: 162.0mm

P

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WL: -400 WW: 1500 [CT Lungs]

T: 6.0mm L: -675.0mm

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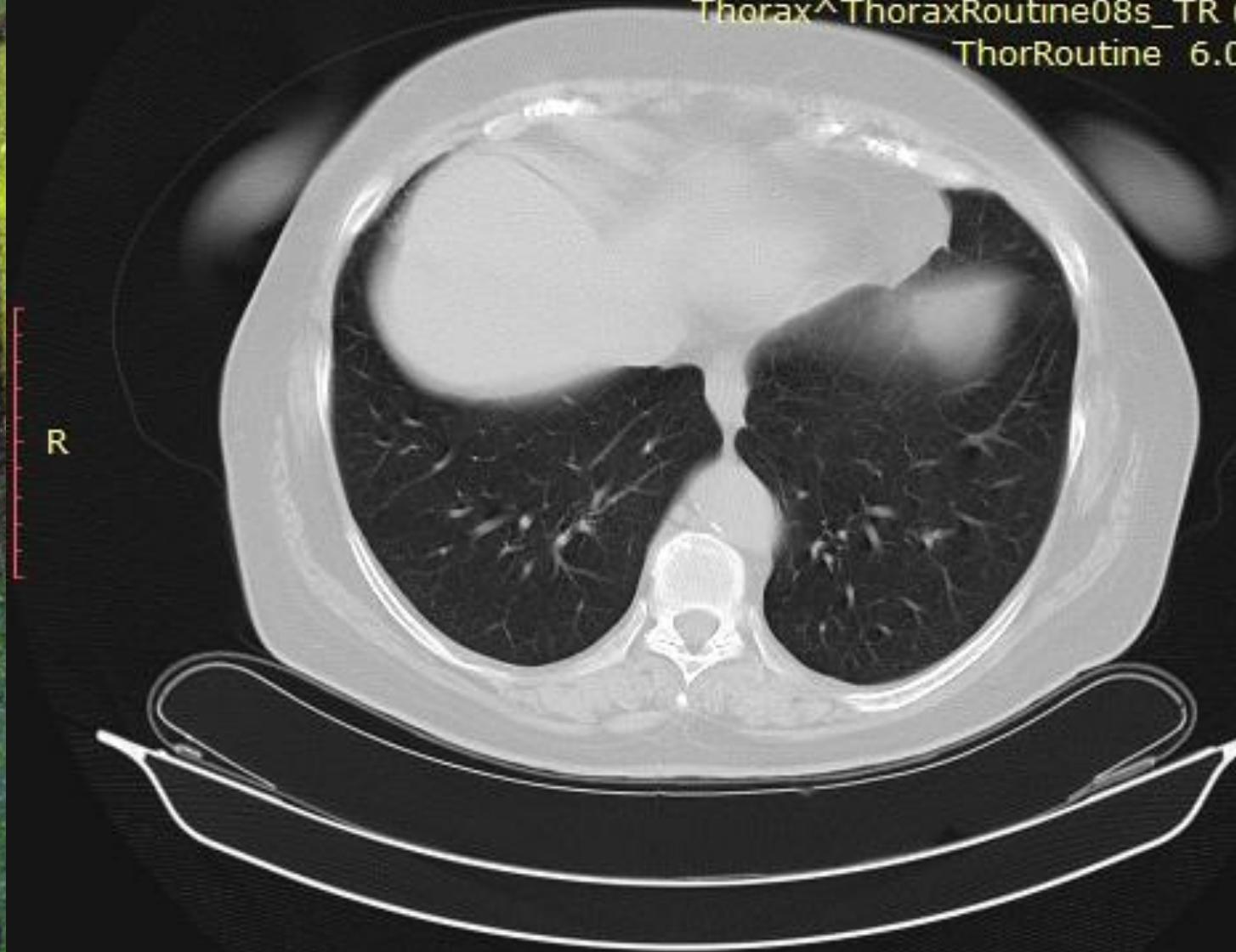
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PANARCADIAN HOSPITAL

1

Thorax^ThoraxRoutine08s_TR (Adult)

ThorRoutine 6.0 B70s



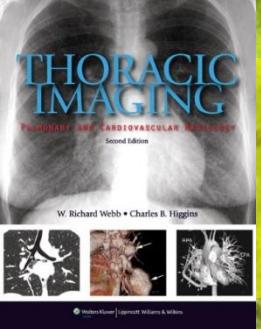
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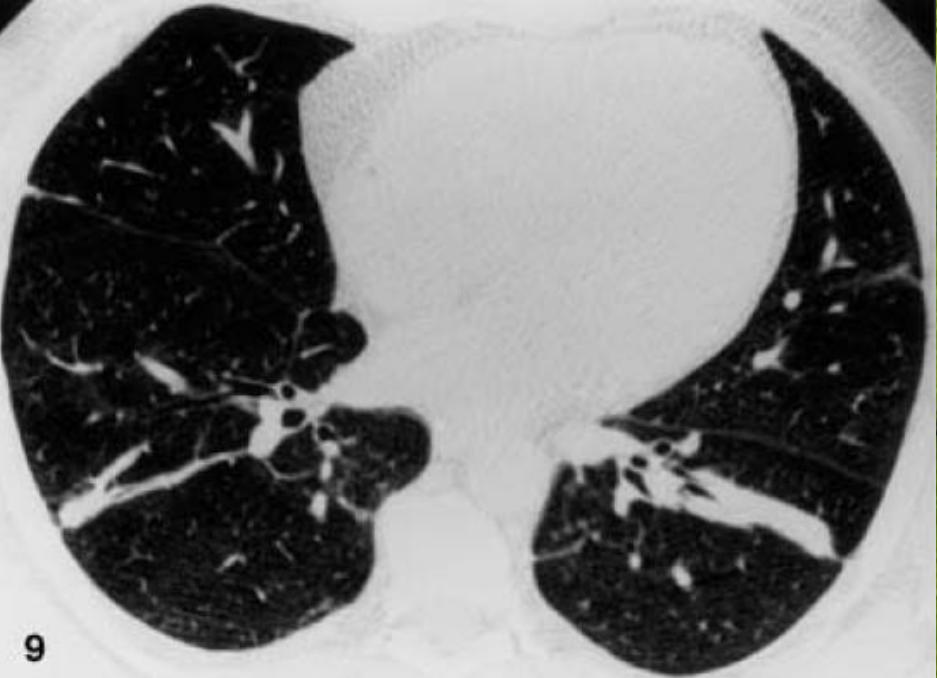


OP-BOOP COP

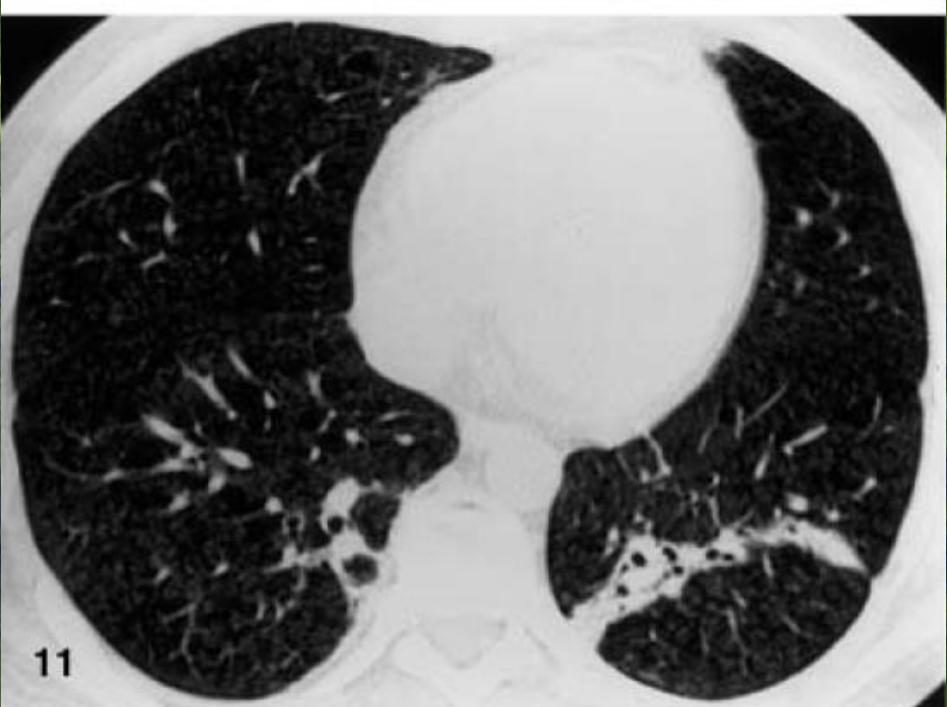
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30-50%**
**(peribronchial,
centrilobular)**



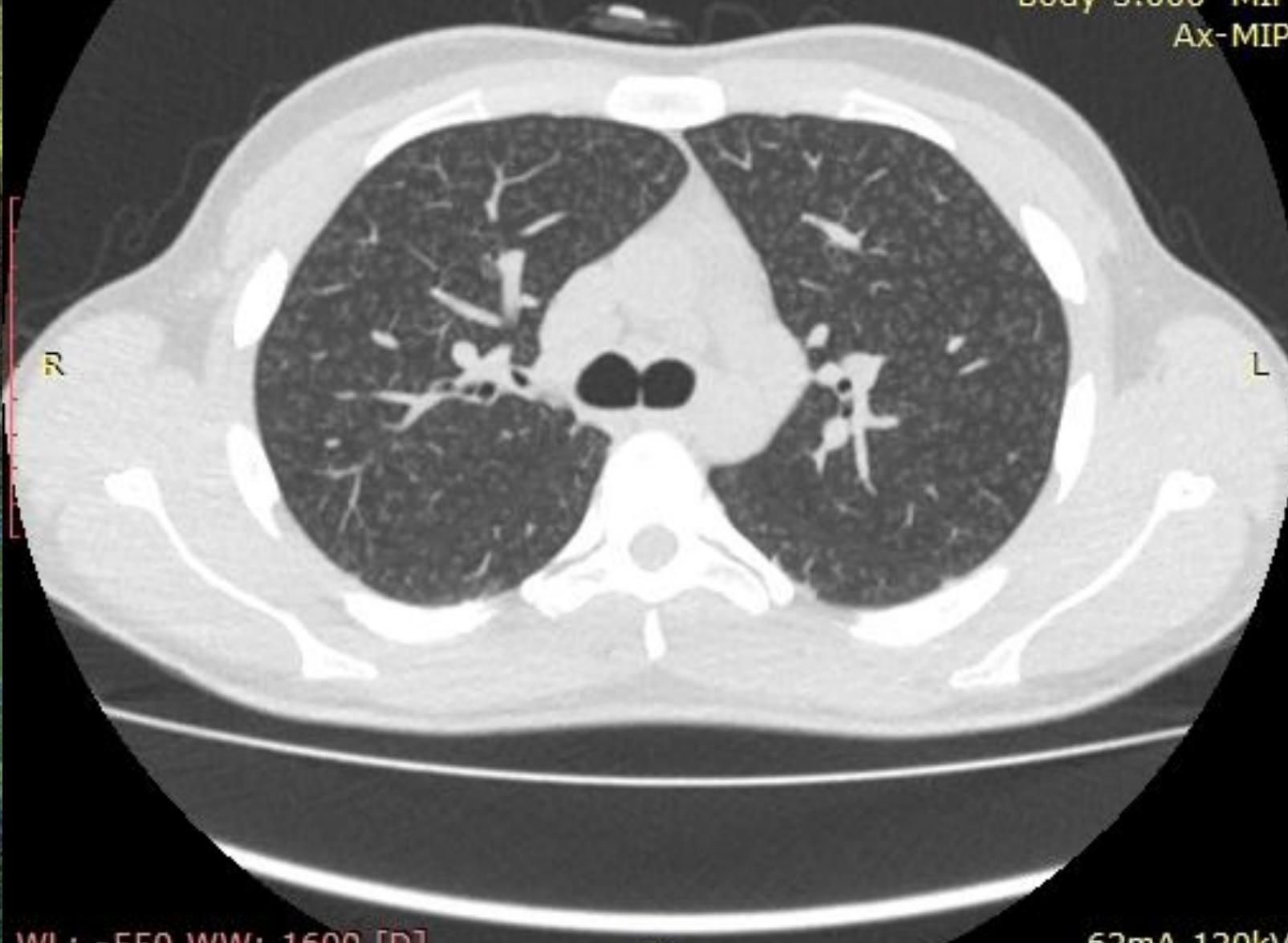


9



11

University Hospital of Patras
13879
CHEST EL KAR
Body 3.000 MIP
Ax-MIP

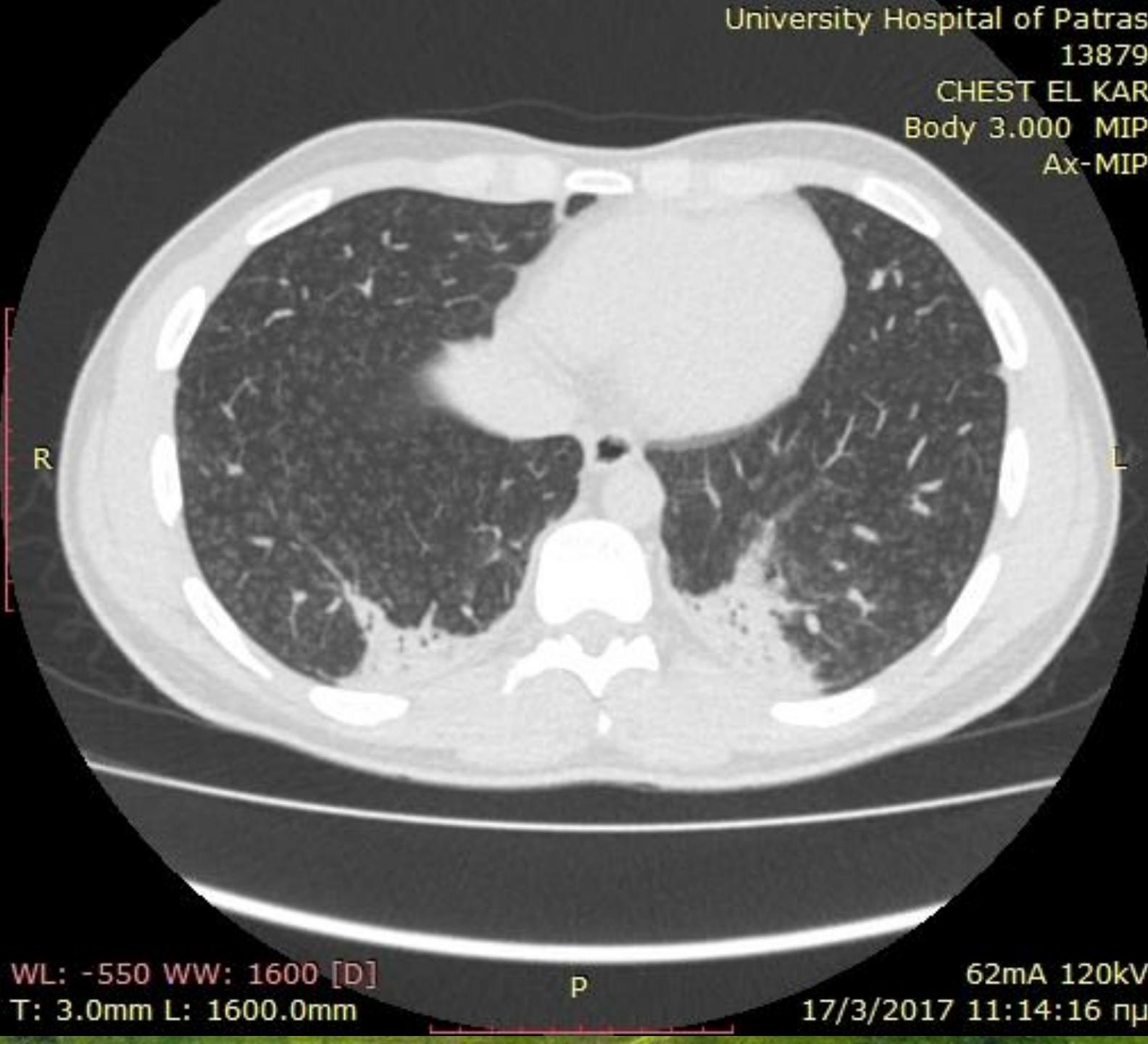


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T: 3.0mm L: 1708.0mm

P

62mA 120kV
17/3/2017 11:14:16 np

University Hospital of Patras
13879
CHEST EL KAR
Body 3.000 MIP
Ax-MIP



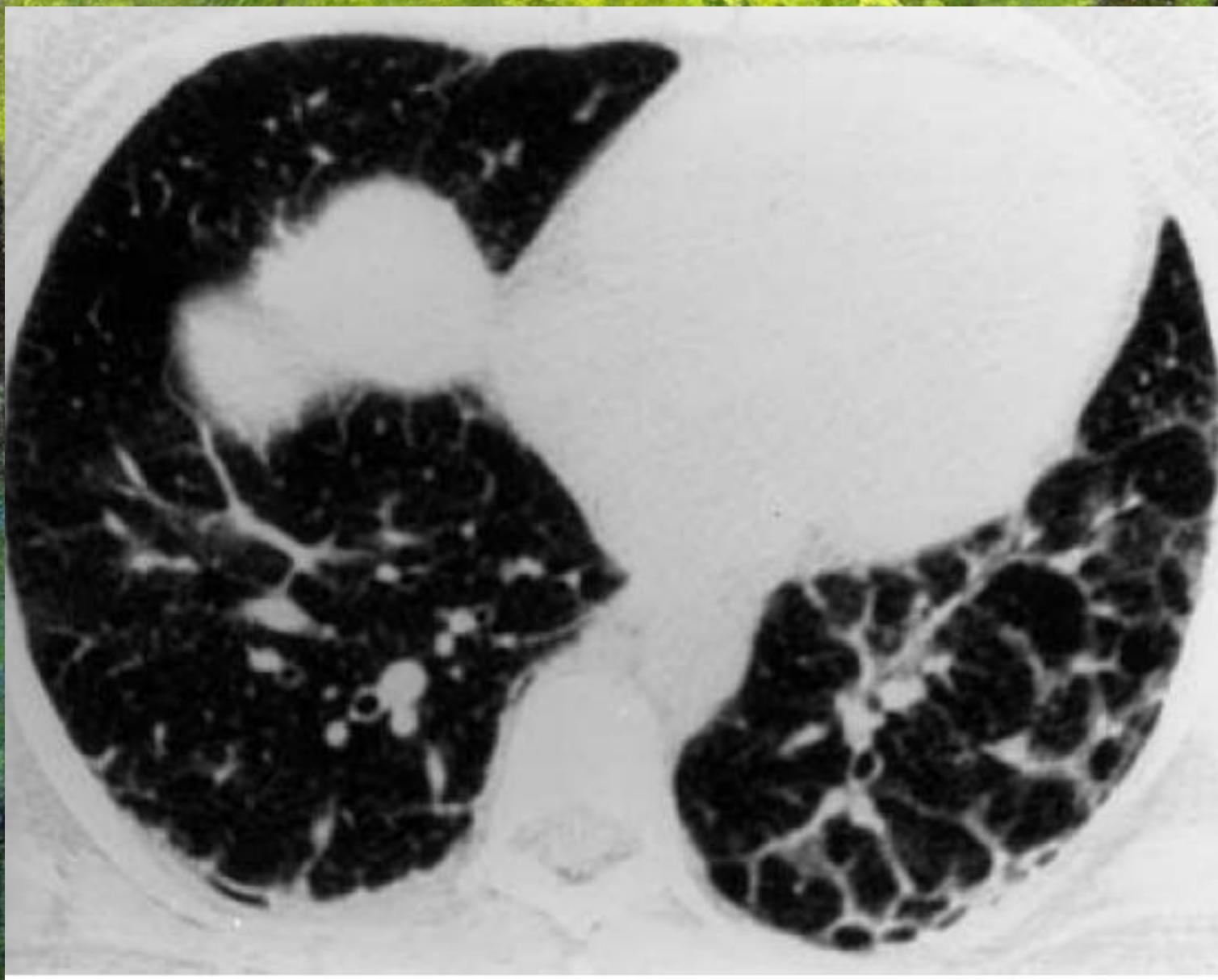
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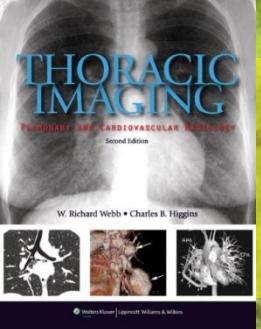
P

62mA 120kV

17/3/2017 11:14:16 n μ

Perilobular pattern





OP-BOOP COP

HRCT findings

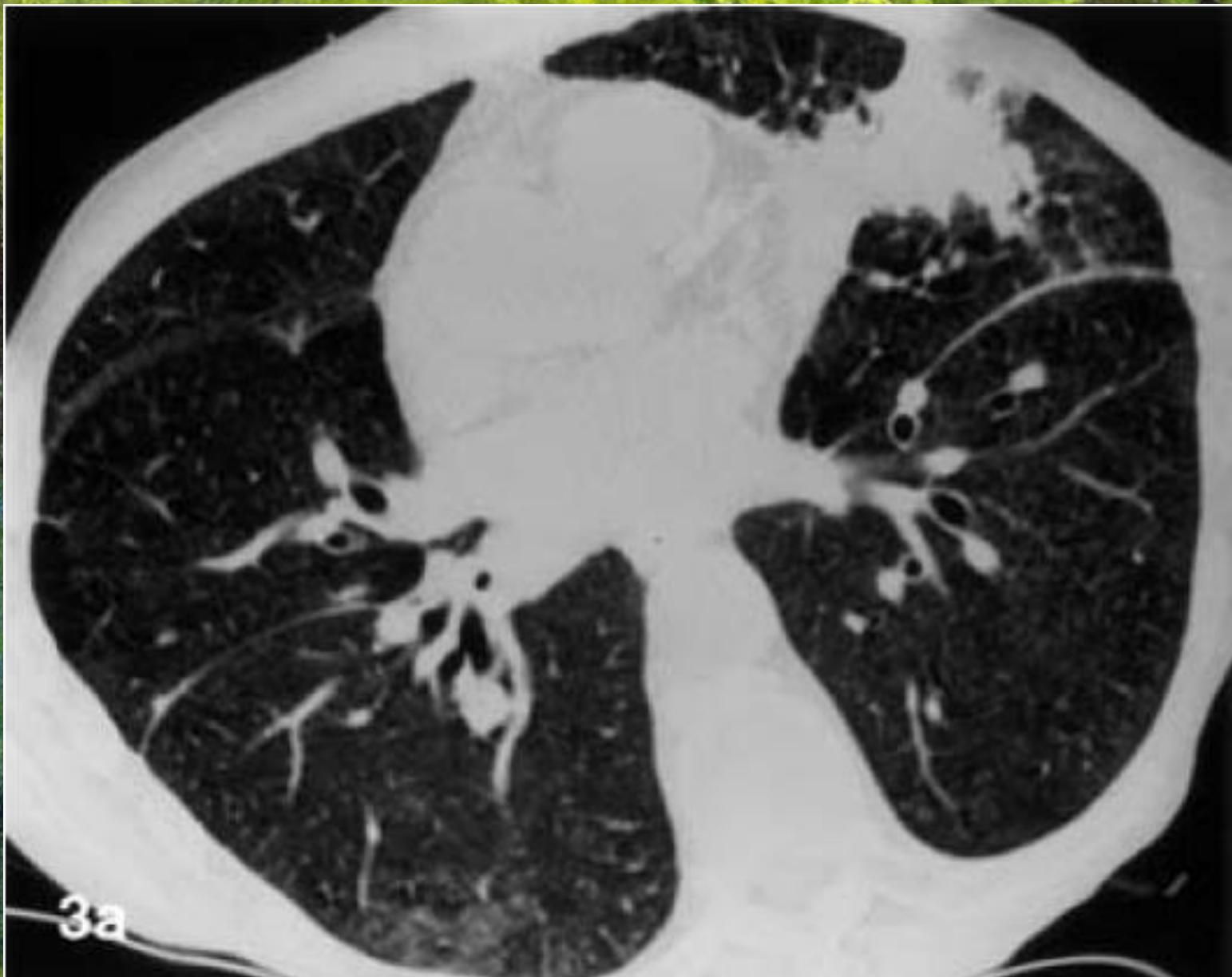
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masses (irregular in
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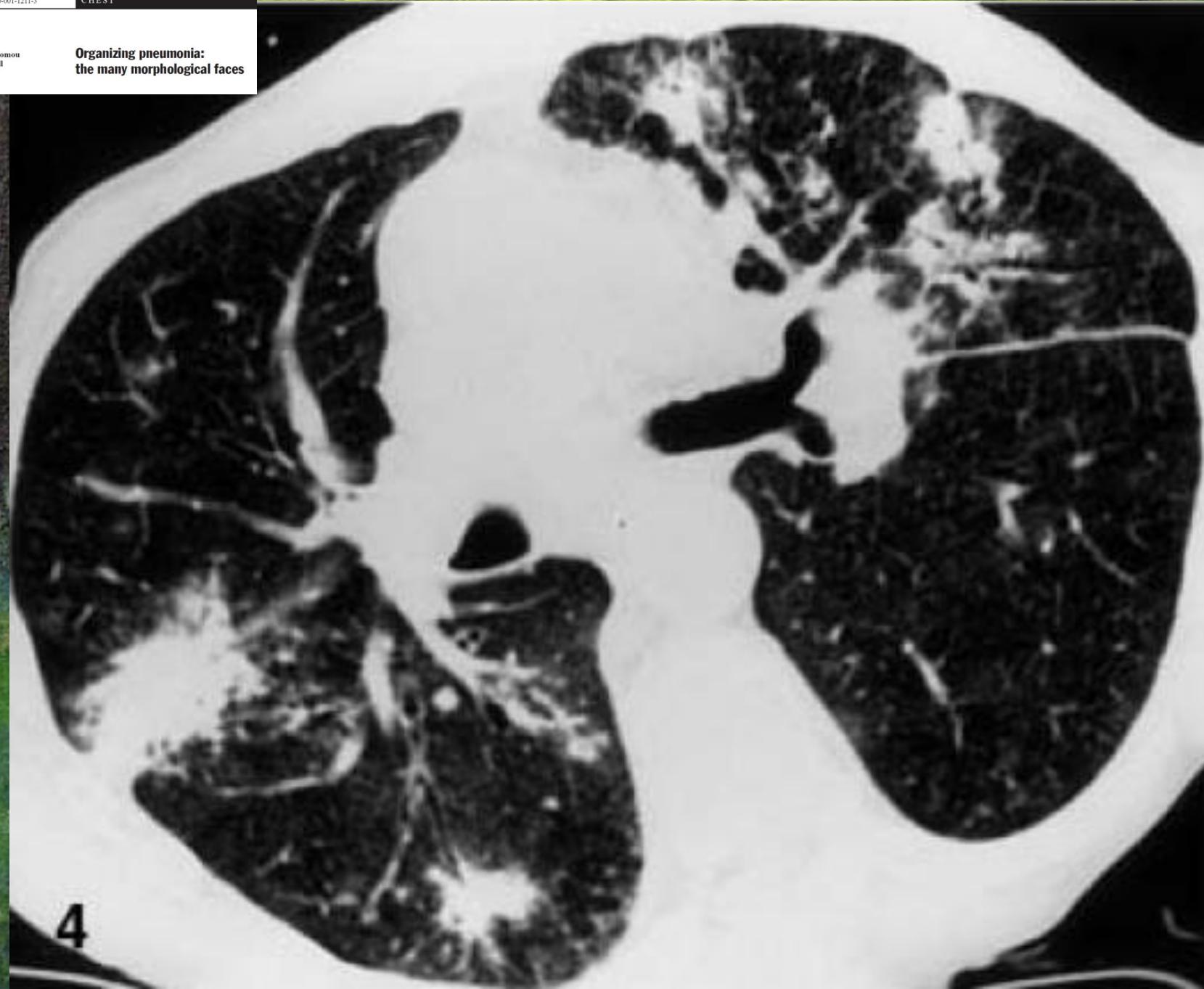
CT variants of organizing pneumonia

Organizing pneumonia:
the many morphological faces

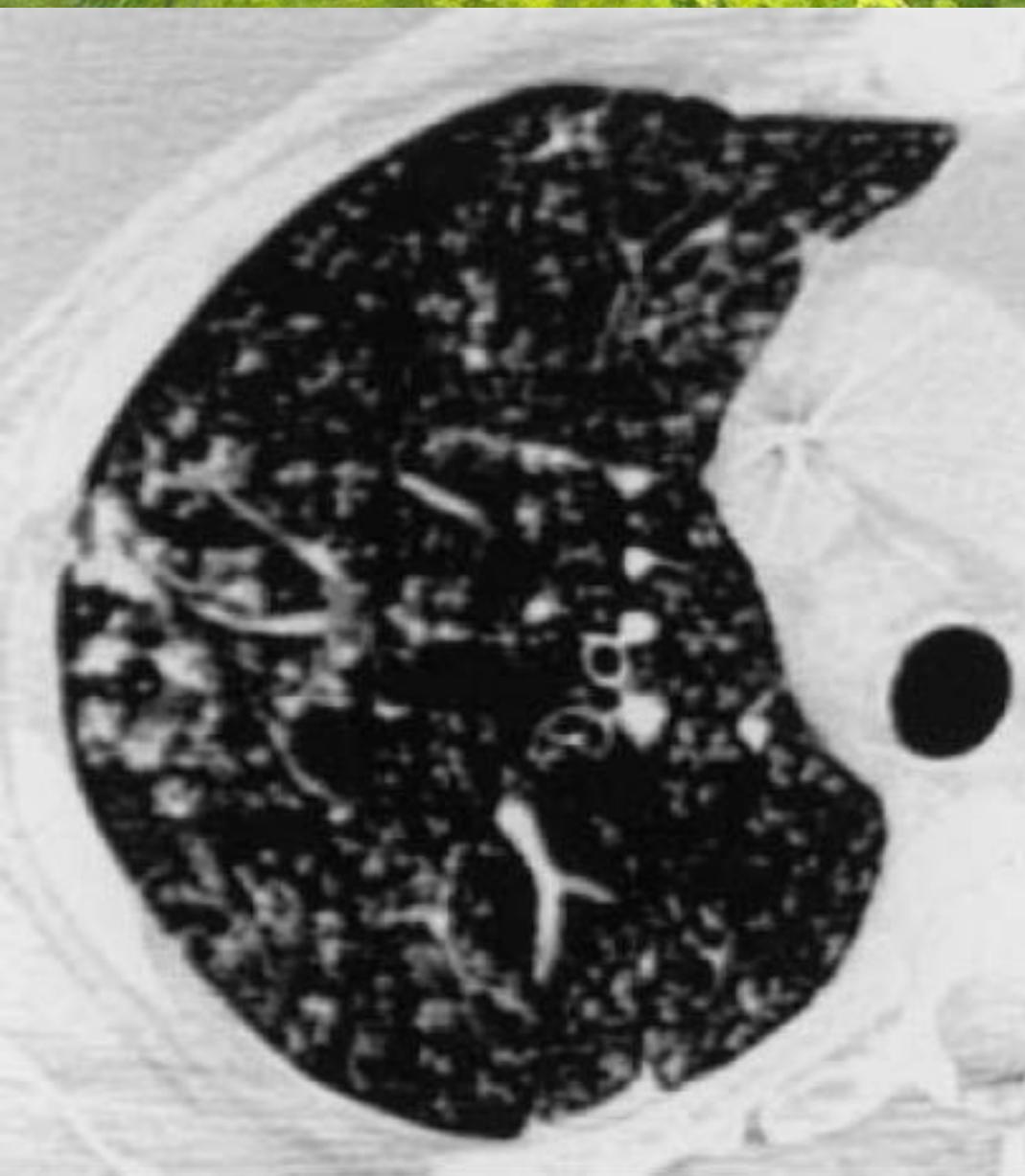
Focal lesion



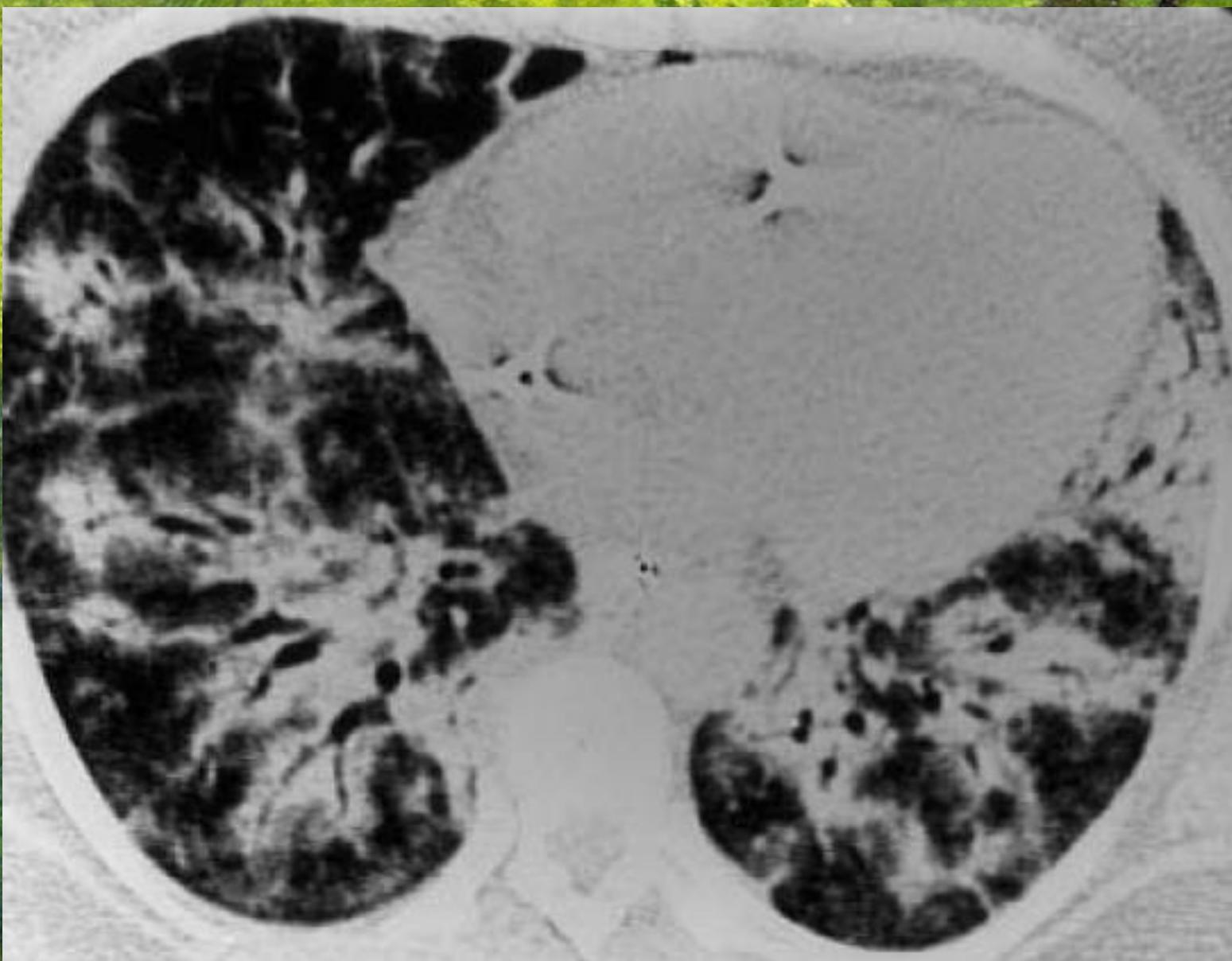
**Organizing pneumonia:
the many morphological faces**

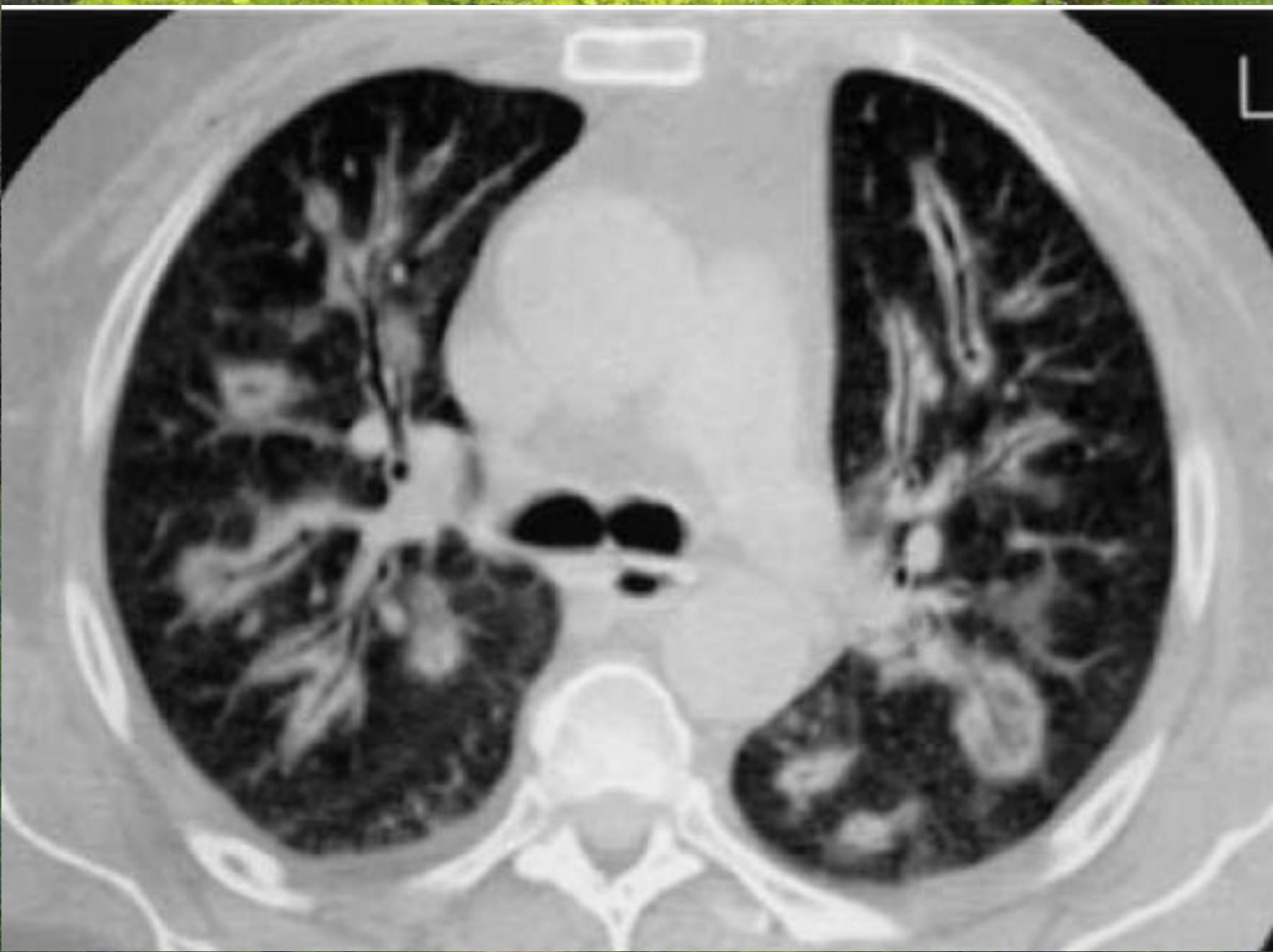


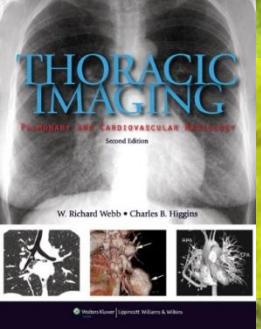
Nodular pattern



Bronchocentric pattern



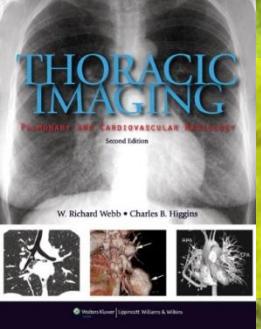




OP-BOOP COP

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**(subpleural
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- **Ill-defined nodules
30-50%**
**(peribronchial,
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- **Large nodules or
masses (irregular in
shape)**
- **Focal or lobar
consolidation**



OP-BOOP COP

HRCT findings

- **Patchy consolidation 80% or ground-glass opacity 60% (subpleural peribronchial)**
- **Ill-defined nodules 30-50% (peribronchial, centrilobular)**
- **Large nodules or masses (irregular in shape)**
- **Focal or lobar consolidation**
- **The “atoll sign” or “reverse halo sign”**

CRESCENTIC AND RING-SHAPED OPACITIES

CT features in two cases of bronchiolitis obliterans organizing pneumonia (BOOP)

A. E. VOLOUDAKI¹, D. E. BOUROS², M. E. FROUDARAKIS², G. E. DATSERIS³, E. G. APOSTOLAKI¹ and
N. C. GOURTSOIANNIS¹

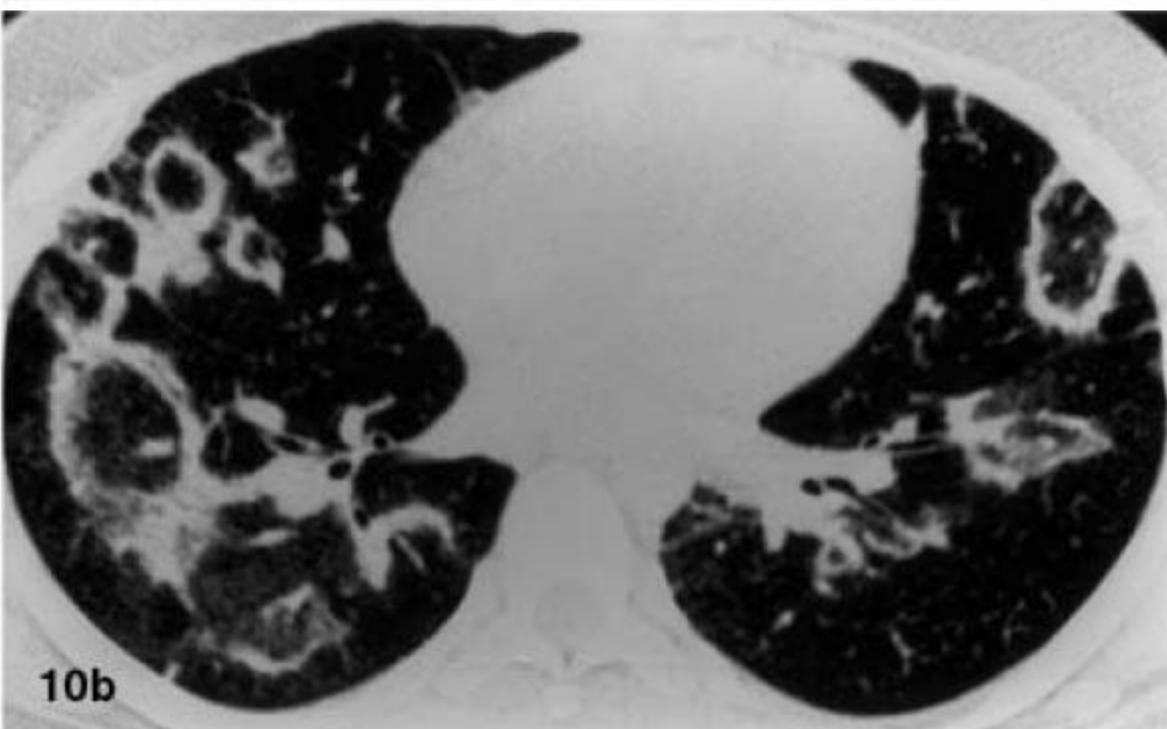
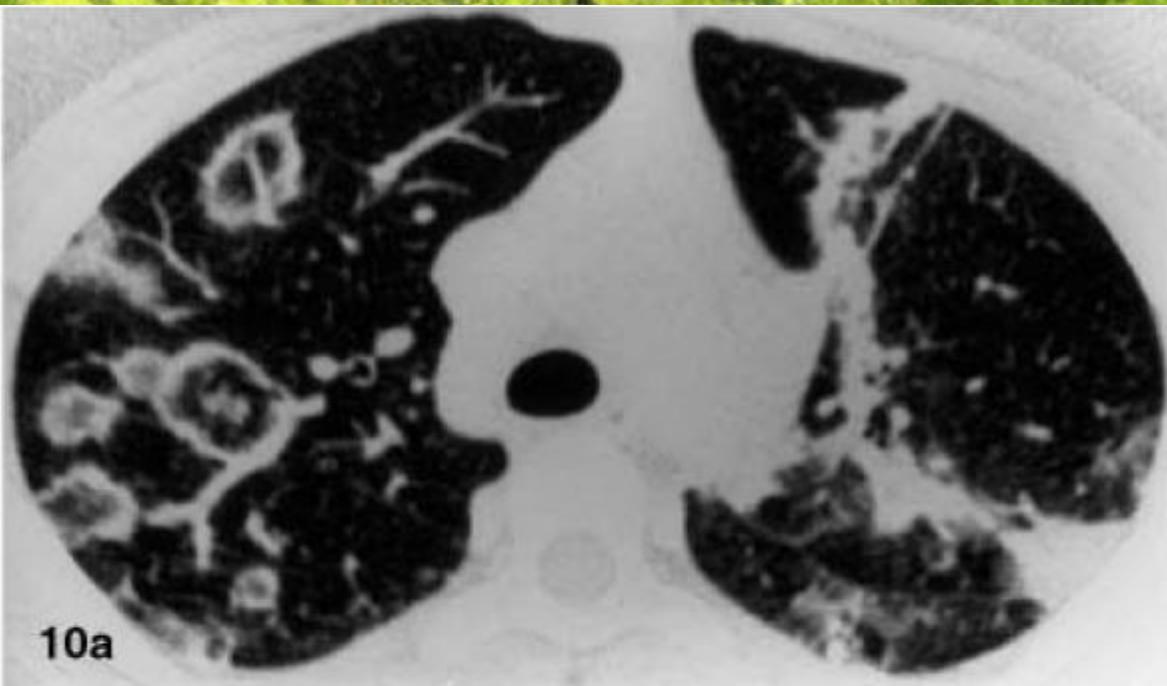
Departments of ¹Radiology, ²Thoracic Medicine, and ³Pathology, Medical School, University of Crete, Heraklion, Crete, Greece.



b

a





2.07.10.91
TP -883.0
IMA 22
SEQ 19



Progressive fibrotic pattern



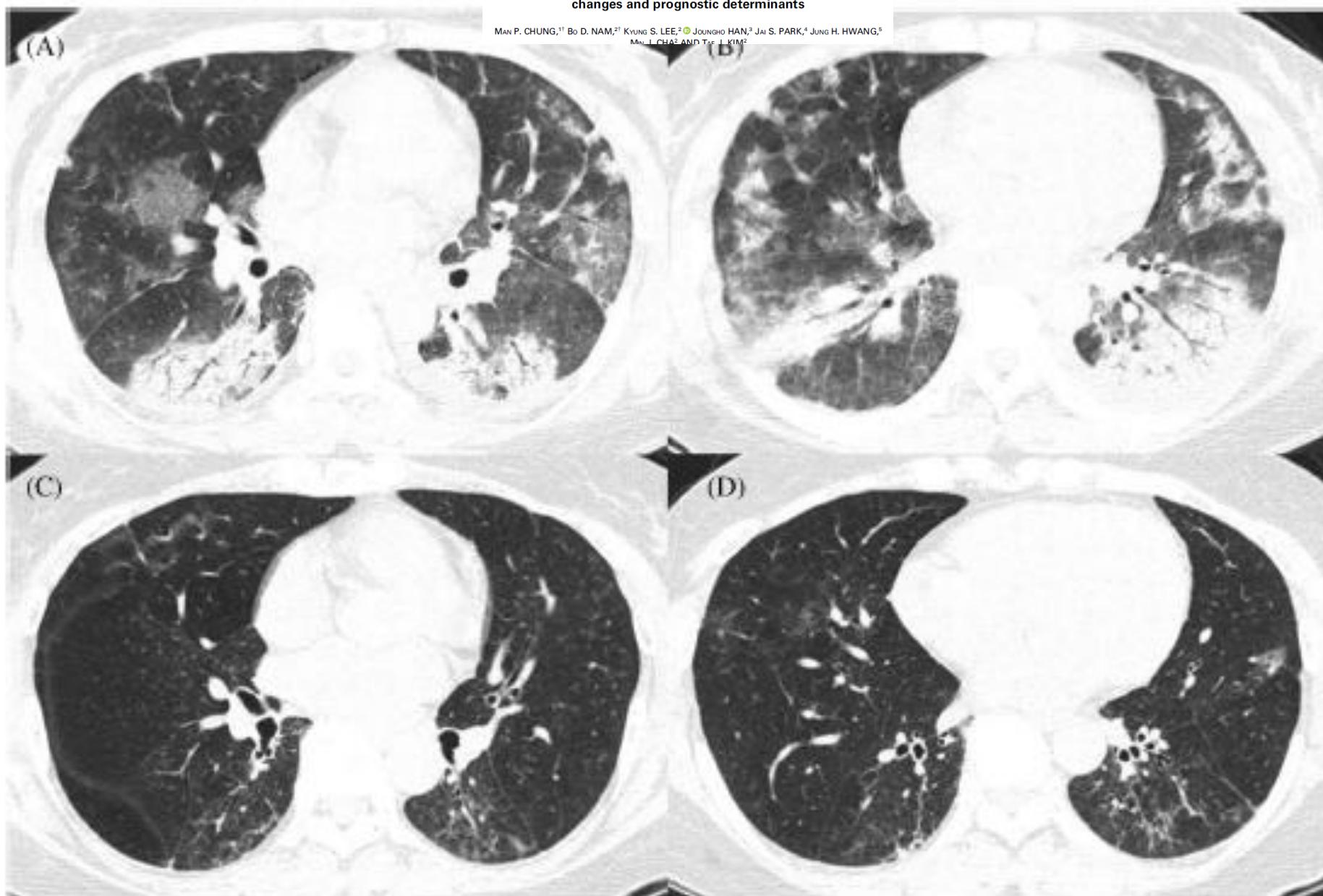
Serial CT and prognostic factor in COP

ORIGINAL ARTICLE

5

Serial chest CT in cryptogenic organizing pneumonia: Evolutional changes and prognostic determinants

MAN P. CHUNG,^{1†} BO D. NAM,^{2‡} KYUNG S. LEE,^{2§} JOUNGHO HAN,³ JAI S. PARK,⁴ JUNG H. HWANG,⁵
MIN-JI CHA² AND TAE-JI KIM²



REVIEW ARTICLE

Bronchiolitis Obliterans Organizing Pneumonia

Gary R. Epler, MD

Bronchiolar disorders can be divided into 2 general categories: (1) airway disorders (cellular bronchiolitis and obliterative bronchiolitis) and (2) parenchymal disorders (respiratory bronchiolitis-interstitial lung disease, which occurs in smokers and is treatable with smoking cessation or corticosteroid therapy, and bronchiolitis obliterans organizing pneumonia, an inflammatory lung disease simultaneously involving the terminal bronchioles and alveoli). This article reviews the clinical findings and therapeutic management of bronchiolitis obliterans organizing pneumonia.

Arch Intern Med. 2001;161:158-164

Organizing Pneumonia: Cryptogenic and Disease Associated

Jean-François Cordier, M.D.^{1,2}

SEMINARS IN RESPIRATORY AND CRITICAL CARE MEDICINE/VOLUME 24, NUMBER 5 2003



CHEST[®]

Official publication of the American College of Chest Physicians



Bronchiolitis Obliterans Organizing Pneumonia: Definition and Clinical Features

Gary R. Epler

Chest 1992;102:2S-6S
DOI 10.1378/chest.102.1_Supplement.2S



CHEST

CHEST 2011; 139(4):893–900

Original Research

DIFFUSE LUNG DISEASE

Cryptogenic and Secondary Organizing Pneumonia

Clinical Presentation, Radiographic Findings, Treatment Response, and Prognosis

Fotios Drakopanagiotakis, MD; Koralia Paschalaki, MD; Muhanned Abu-Hijleh, MD, FCCP; Bassam Aswad, MD; Napoleon Karagianidis, MD; Emmanouil Kastanakis, MD; Sidney S. Braman, MD, FCCP; and Vlasis Polychronopoulos, MD, FCCP

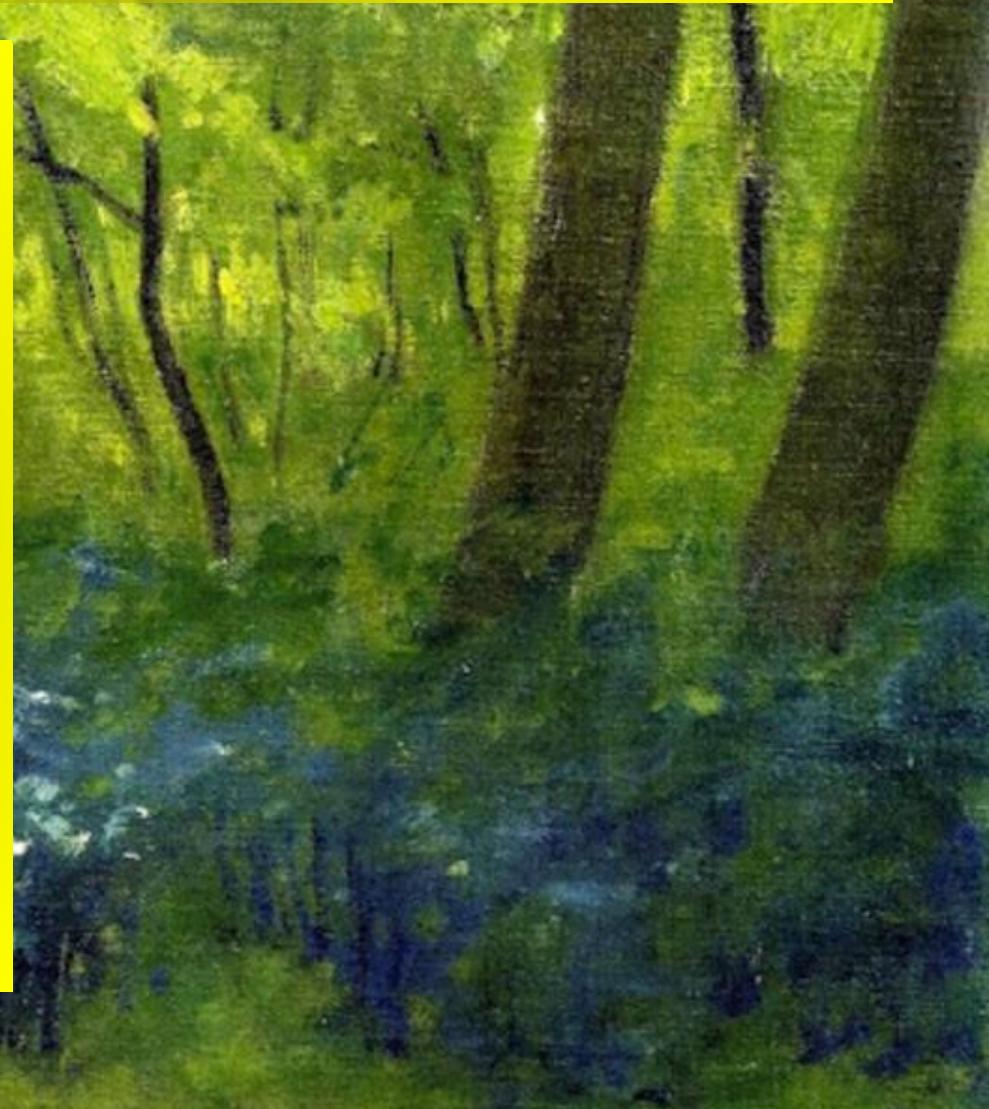
DIAGNOSIS

- **All the above**
- **BAL**
- **BIOPSY?**

TBB

Cryo

VATS



RESEARCH ARTICLE

Introducing transbronchial cryobiopsies in diagnosing diffuse parenchymal lung diseases in Greece: Implementing training into clinical practice

Konstantinos Samitas^{1,2}, Lykourgos Kolilekas¹, Ioannis Vamvakaris³, Charalampos Gkogkou⁴, Petros Filippousis⁵, Mina Gaga^{1,2}, Eleftherios Zervas^{1,2*}

TREATMENT

PREDNISONE ALONE REGIMEN

0.75 mg/kg/d

Prednisone

0.5 mg/kg/d

20 mg/d

10 mg/d

5 mg/d

4

8

12

18

24 weeks

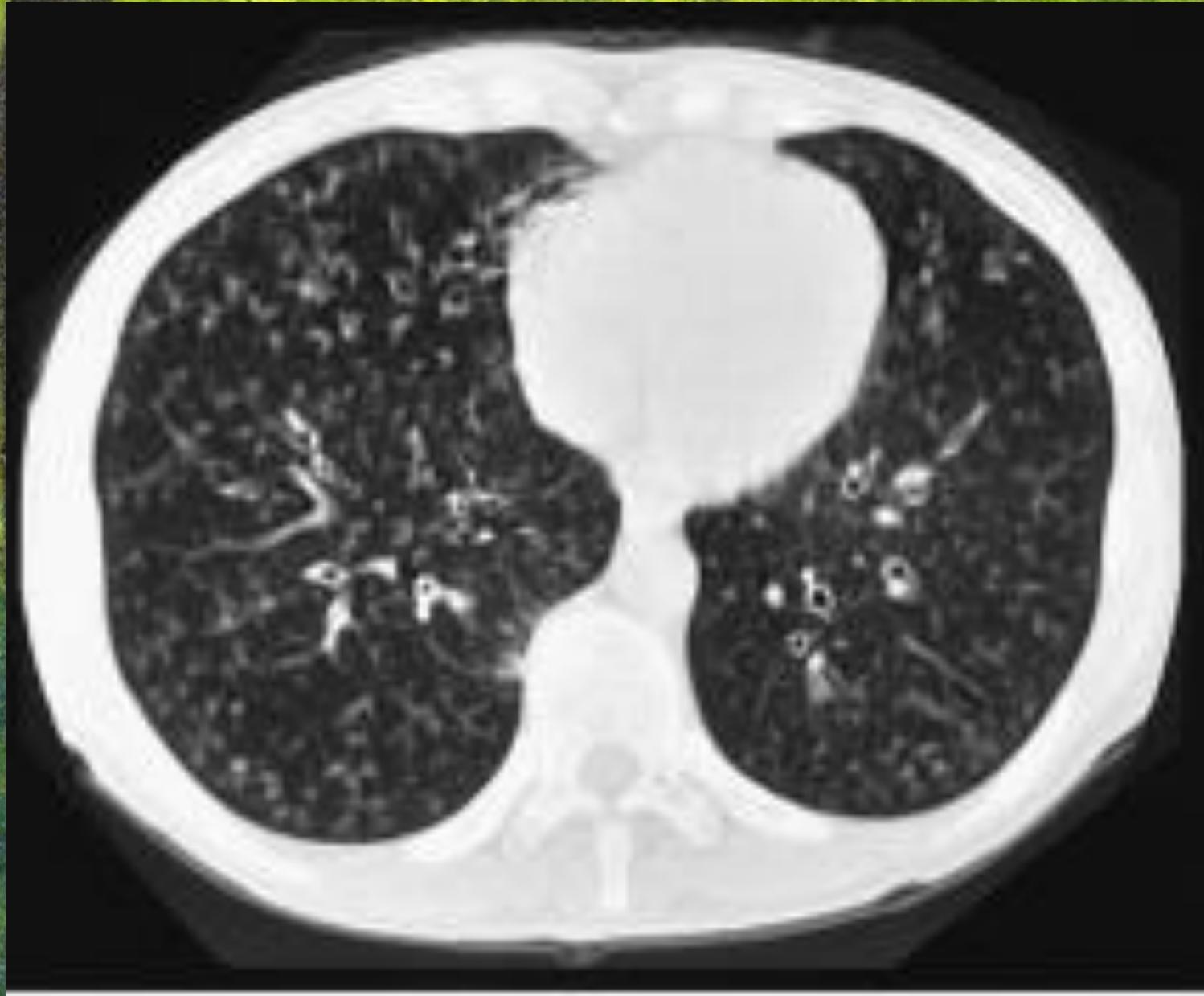
ORIGINAL ARTICLE: CLINICAL RESEARCH

SARCOIDOSIS VASCULITIS AND DIFFUSE LUNG DISEASES 2018; 35: 230-238

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A 12-WEEK COMBINATION OF CLARITHROMYCIN AND PREDNISONE COMPARED TO A 24-WEEK PREDNISONE ALONE TREATMENT IN CRYPTOCENIC AND RADIATION-INDUCED ORGANIZING PNEUMONIA

Nicolas Petitjean¹, Vincent Cotin¹, Sylvain Marchand-Adam¹, Sandrine Hirschi², Dominique Rigaud³, Isabelle Court-Fortune⁴, Stéphane JounEAU⁵, Dominique Israel-Biet⁶, Anita Molard⁷, Jean-François Cordier⁸, Romain Lazar^{2,9}, and the Groupe d'Etudes et de Recherche sur les Maladies "Orphelines" Pulmonaires (GERM'O'P)



Diffuse Panbronchiolitis

Shoji Kudoh, M.D., Ph.D.¹ and Naoto Keicho, M.D., Ph.D.²

SEMINARS IN RESPIRATORY AND CRITICAL CARE MEDICINE/VOLUME 24, NUMBER 5 2003

1994.9.7

400 mg of erythromycin for 2 years effected by
Dr. Koichiro Nakata, Toranomon Hospital



1997.7.9

- Honma H. Diffuse panbronchiolitis [in Japanese]. Nihon Kyobu Shikkan Gakkai Zasshi 1975;13:383–395
- Yamanaka A, Saiki S, Tamura S, Saito K. Problems in chronic obstructive bronchial diseases, with special reference to diffuse panbronchiolitis [in Japanese]. Naika 1969;23:442–451
- Izumi T, Doi O, Nobechi A, et al. Nation-wide survey of diffuse panbronchiolitis [author's transl] [in Japanese]. Annual Report on the study of interstitial lung disease in 1982. Tokyo: Grant-in Aid from the Ministry of Health and Welfare of Japan; 1983:3–41
- Homma H, Yamanaka A, Tanimoto S, et al. Diffuse panbronchiolitis: a disease of the transitional zone of the lung. Chest 1983;83:63–69
- Kudoh S, Uetake T, Hagiwara K, et al. Clinical effects of low-dose long-term erythromycin chemotherapy on diffuse panbronchiolitis [in Japanese]. Nihon Kyobu Shikkan Gakkai Zasshi 1987;25:632–642

Macrolide Use Leads to Clinical and Radiological Improvement in Patients with Cryptogenic Organizing Pneumonia

Vikas Pathak¹, Judy M. Kuhn¹, Carolyn Durham¹, William K. Funkhouser², and David C. Henke¹

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DOI: 10.1513/AnnalsATS.201308-261CR
Internet address: www.atsjournals.org

Macrolides: A Treatment Alternative for Bronchiolitis Obliterans Organizing Pneumonia?

Diane E. Stover and Debra Mangino
Chest 2005;128:3611-3617

Drug Discoveries & Therapeutics. 2017; 11(4):218-222.

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Case Report

DOI: 10.5582/ddt.2017.01043

Successful treatment of three patients with organizing pneumonia associated with rheumatoid arthritis using clarithromycin and prednisolone

Masashi Ohe^{1,*}, Haruki Shida¹, Tetsuya Horita¹, Kenichiro Ito², Mitsuru Sugiura³, Atsuo Hattori⁴, Kenji Oku⁵

RESEARCH ARTICLE

Cryptogenic organizing pneumonia—Results of treatment with clarithromycin versus corticosteroids—Observational study

Elżbieta Radzikowska^{1*}, Elżbieta Wiatr¹✉, Renata Langfort^{2†}, Iwona Bestry^{3†}, Agnieszka Skoczyłas⁴, Ewa Szczepulska-Wójcik^{2†}, Dariusz Gawryluk¹✉, Piotr Rudziński^{5†}, Joanna Chorostowska-Wynimko^{6†}, Kazimierz Roszkowski-Śliż¹

EXPERIMENTAL AND THERAPEUTIC MEDICINE 9: 829-834, 2015

Macrolide therapy in cryptogenic organizing pneumonia: A case report and literature review

QUN-LI DING, DAN LV, BI-JIONG WANG, QIAO-LI ZHANG, YI-MING YU, SHI-FANG SUN,
ZHONG-BO CHEN, HONG-YING MA and ZAI-CHUN DENG

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Ningbo University, Ningbo, Zhejiang 315020, P.R. China

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DOI: 10.3892/etm.2015.2183

Abstract. Cryptogenic organizing pneumonia (COP) is a pulmonary disorder associated with nonspecific clinical presentations. The macrolide class of antimicrobial agents is widely used to treat infectious and inflammatory respiratory diseases in humans. The present study reports a case of COP that was effectively treated with azithromycin in combination with glucocorticoid. A literature review of similar cases is also presented. It was found that all COP patients in the literature received macrolide treatment, including six cases with unknown clinical outcomes. For the remaining 29 patients, 20 patients initially received the macrolide as a single therapy and 4/5 of them (16 cases) were cured with a treatment time of 3-14 months, while 1/5 (4 cases) showed no improvement after treatment for 1 month and were switched to a glucocorticoid or combination treatment with a glucocorticoid, after which the disease was finally well-controlled. Side-effects of macrolide were rare. Based on this analysis, it is recommended that macrolides can be used as a first-line therapy in patients with mild COP. For patients with recurrent COP, it is suggested that macrolides should be used as an adjunctive therapy with other treatments, such as a glucocorticoid.

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COMPARED TO A 24-WEEK PREDNISONE ALONE TREATMENT IN
CRYPTOGENIC AND RADIATION-INDUCED ORGANIZING PNEUMONIA

Nicolas Petitpierre¹, Vincent Cottin², Sylvain Marchand-Adam³, Sandrine Hirschi⁴, Dominique Rigaud⁵, Isabelle Court-Fortune⁶, Stéphane Jouneau⁷, Dominique Israël-Biet⁸, Anita Molard⁴, Jean-François Cordier², Romain Lazor^{1,2}, and the Groupe d'Etudes et de Recherche sur les Maladies "Orphelines" Pulmonaires (GERM"O"P)

Cryptogenic Organizing Pneumonia

Characteristics of Relapses in a Series of 48 Patients

ROMAIN LAZOR, ANDRÉ VANDEVENNE, ANTOINE PELLETIER, PASCAL LECLERC, ISABELLE COURT-FORTUNE,
JEAN-FRANÇOIS CORDIER and the Groupe d'Etudes et de Recherche sur les Maladies "Orphelines"
Pulmonaires (GERM'O'P)

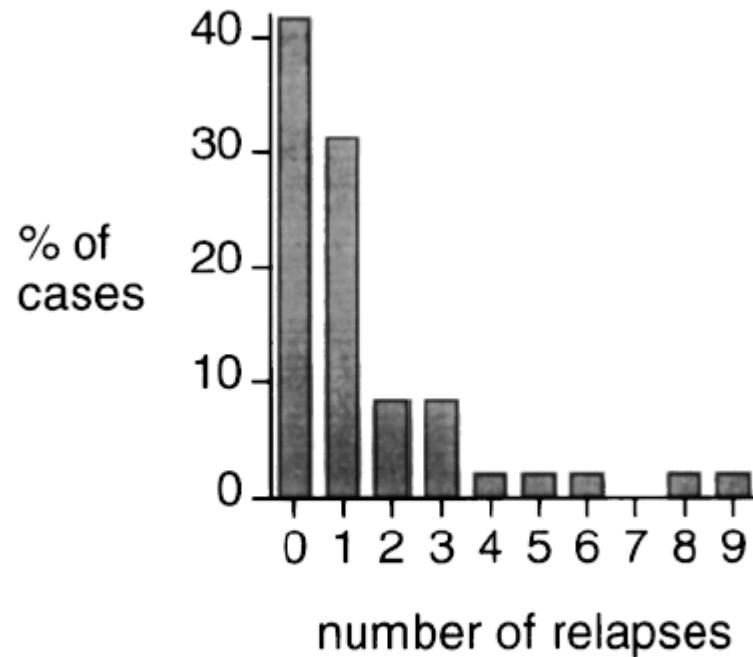


Figure 1. Distribution of 48 cases of COP according to the number of relapses. Values are expressed as percentage of the whole study population.

Acute Fibrinous and Organizing Pneumonia

A Histologic Pattern of Lung Injury and Possible Variant of Diffuse Alveolar Damage

Mary Beth Beasley, MD; Teri J. Franks, MD; Jeffrey R. Galvin, MD; Bernadette Gochuico, MD; William D. Travis, MD

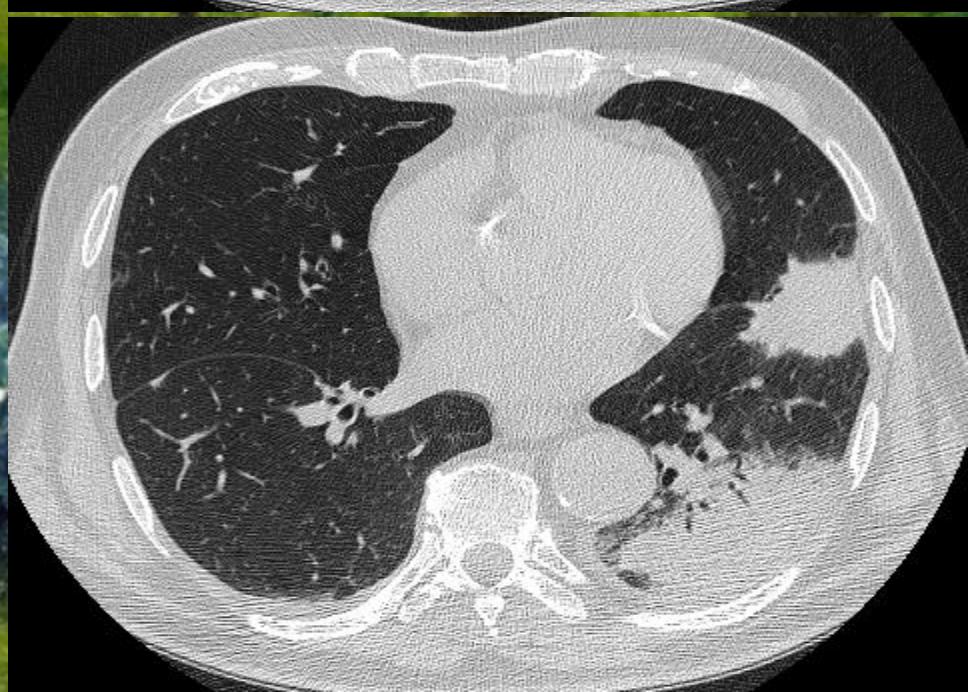
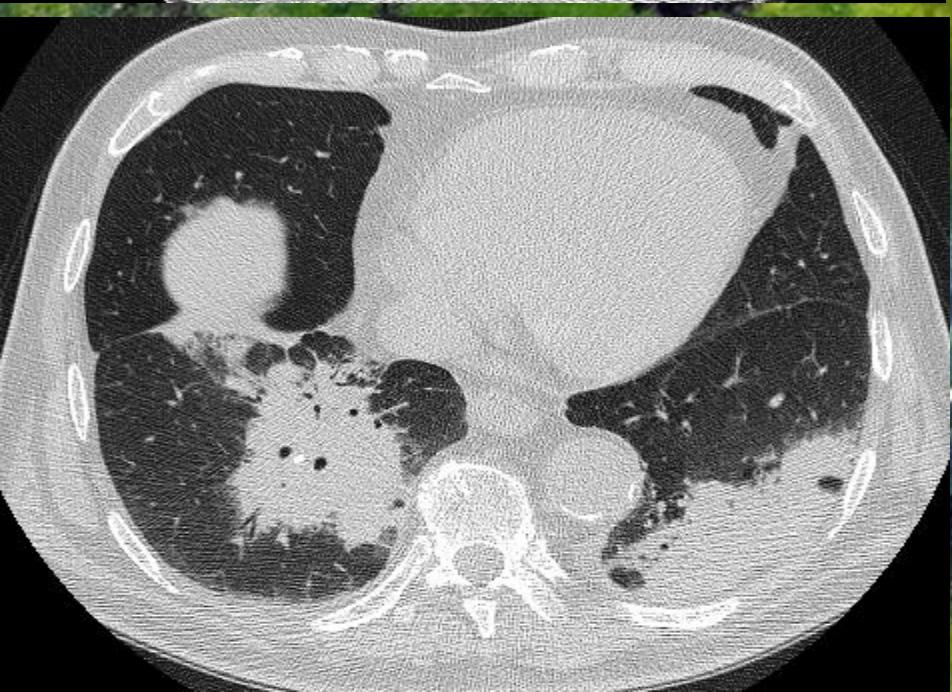
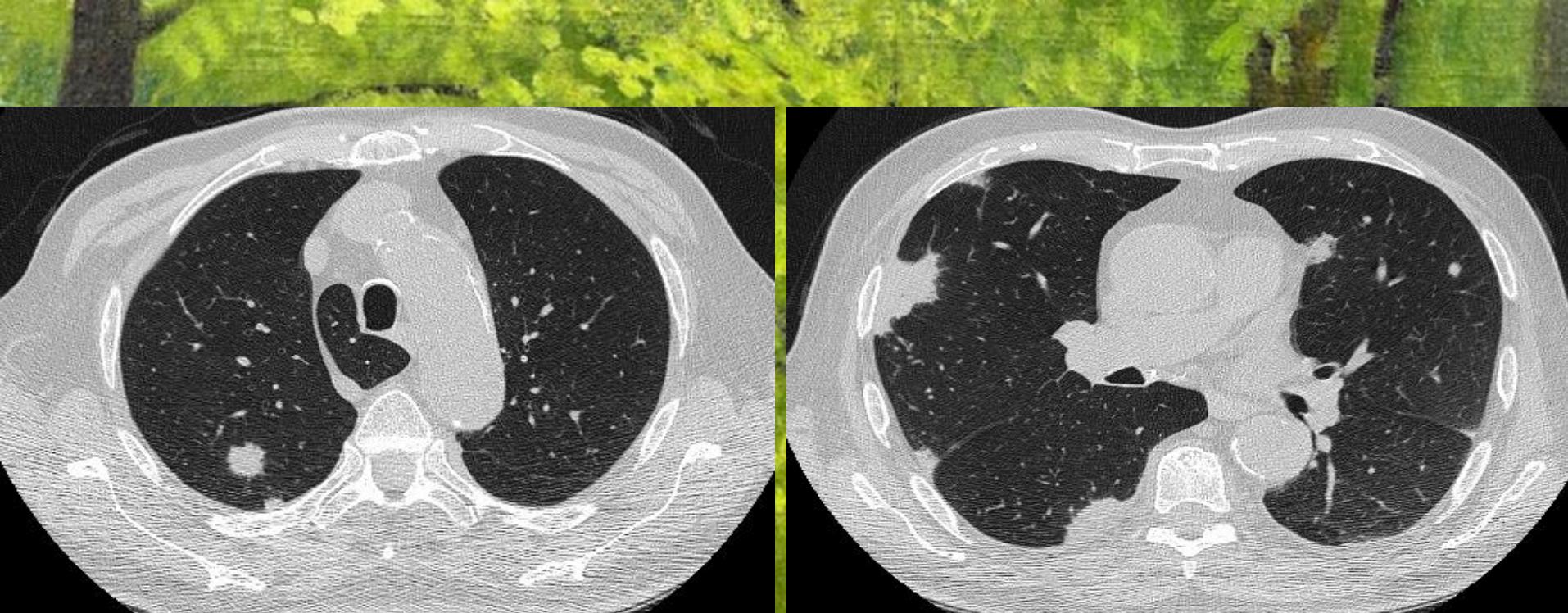
(Arch Pathol Lab Med. 2002;126:1064–1070)

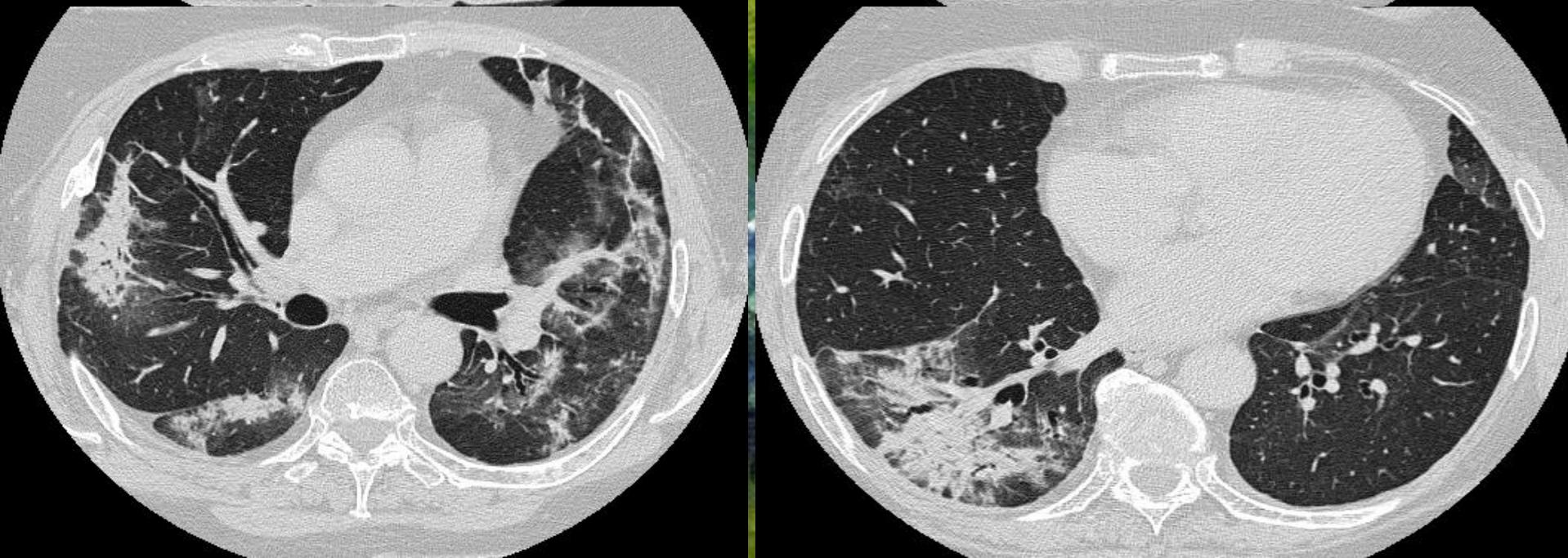
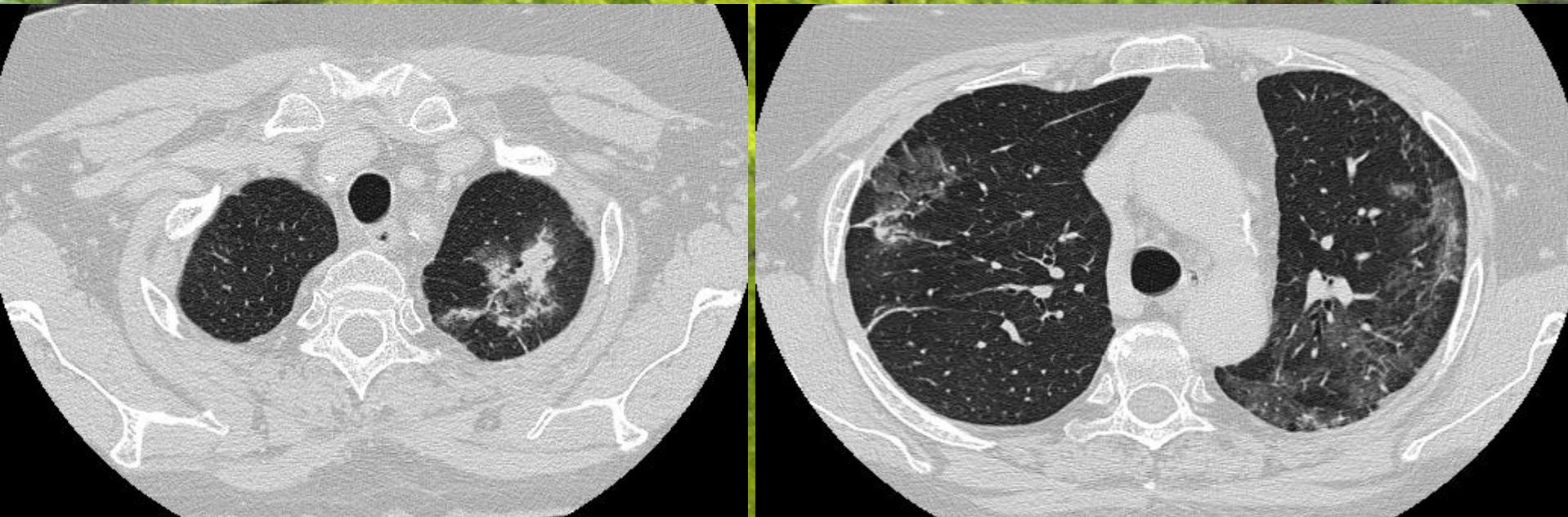
“FIBRIN BALLS”

1

**Histologic pattern associated with a clinical
picture
of acute/subacute lung injury**

**that differs from the classic histologic
patterns of DAD, OP, or EP.**





Reaction to a specific injury

Infections

Drugs (e.g. amiodarone, nitrofurantoin, chemotherapeutics)

Inhalants

Connective tissue disorders (e.g. SLE, PM/DM, AS, UCTD)

Radiation (RT to lung, mediastinum, breast, esophagus)

Aspiration

Nonspecific reactive change (e.g. neoplasms, vasculitis, abscesses)

Unknown etiology

I. An Acute form with fulminant presentation ARDS

- increased mortality**

II. A sub-acute form

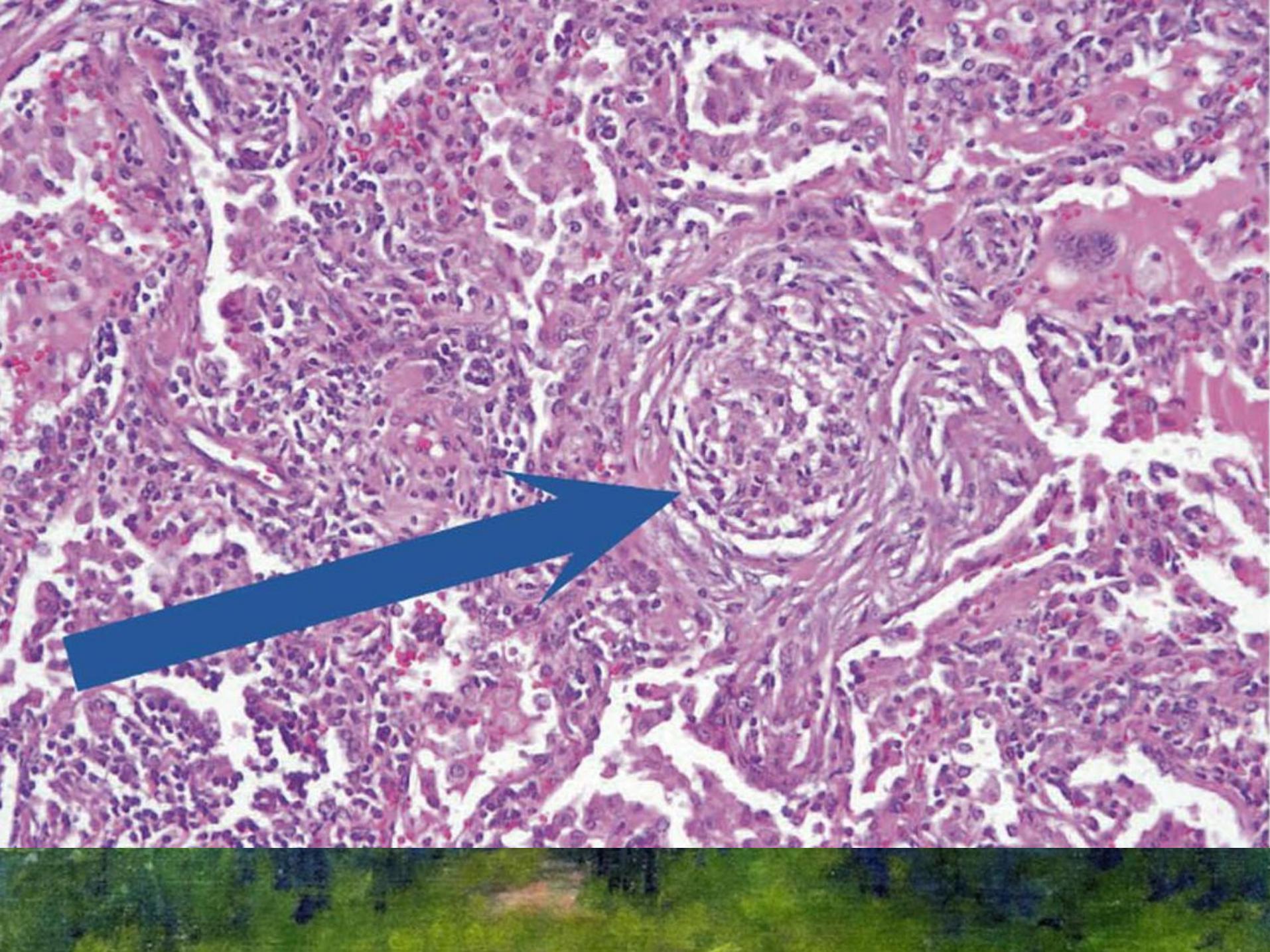
- more favourable outcome**

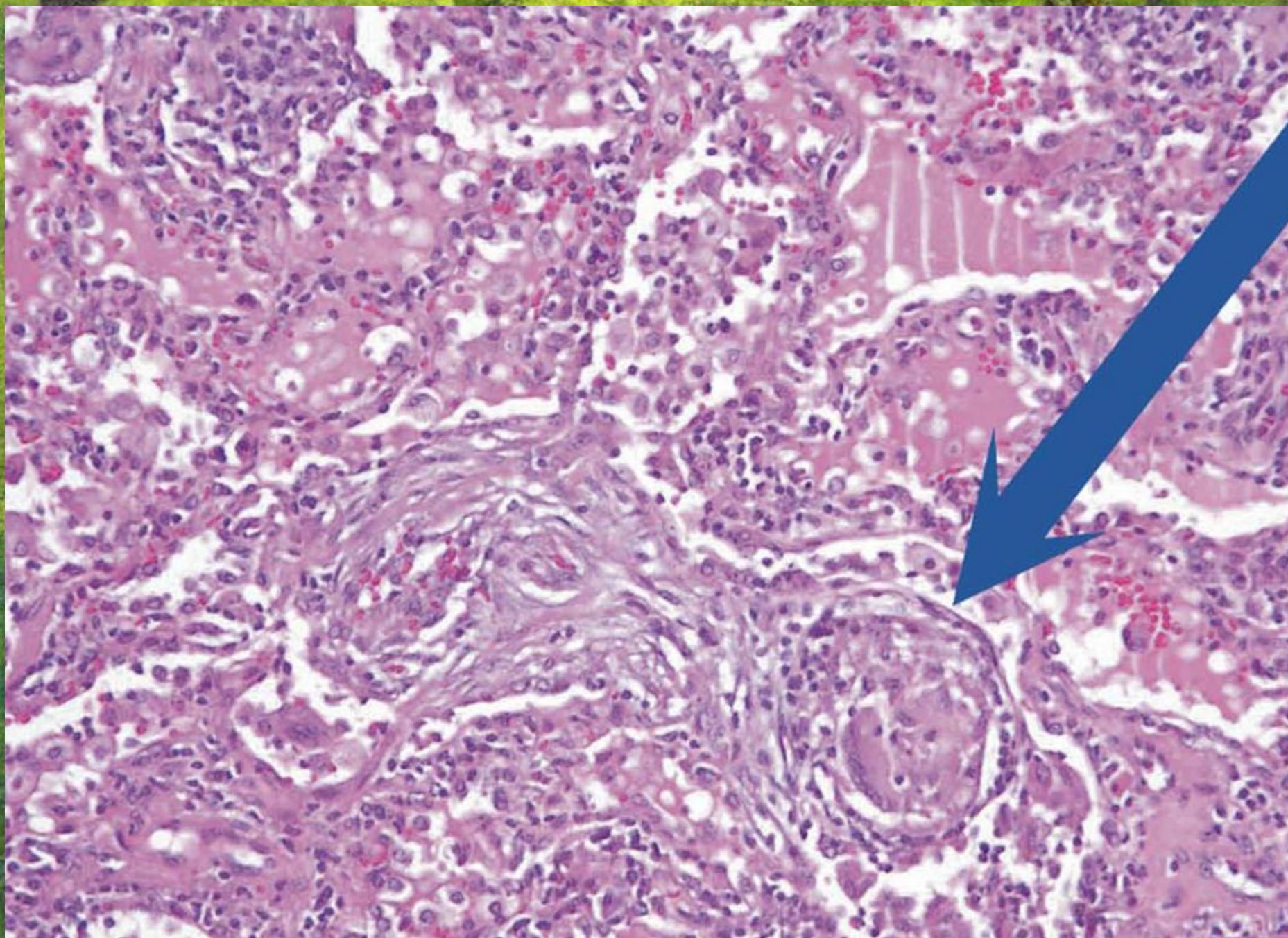
- **Cumulative mortality ~50%**
- **~30% of pt require mechanical ventilation**
- **Poor response to steroids**

A comparison of the pathological, clinical and radiographical, features of cryptogenic organising pneumonia, acute fibrinous and organising pneumonia and granulomatous organising pneumonia

Marc B Feinstein,¹ Shilpa A DeSouza,¹ Andre L Moreira,² Diane E Stover,¹ Robert T Heelan,³ Tunç A Iyriboz,³ Ying Taur,¹ William D Travis²

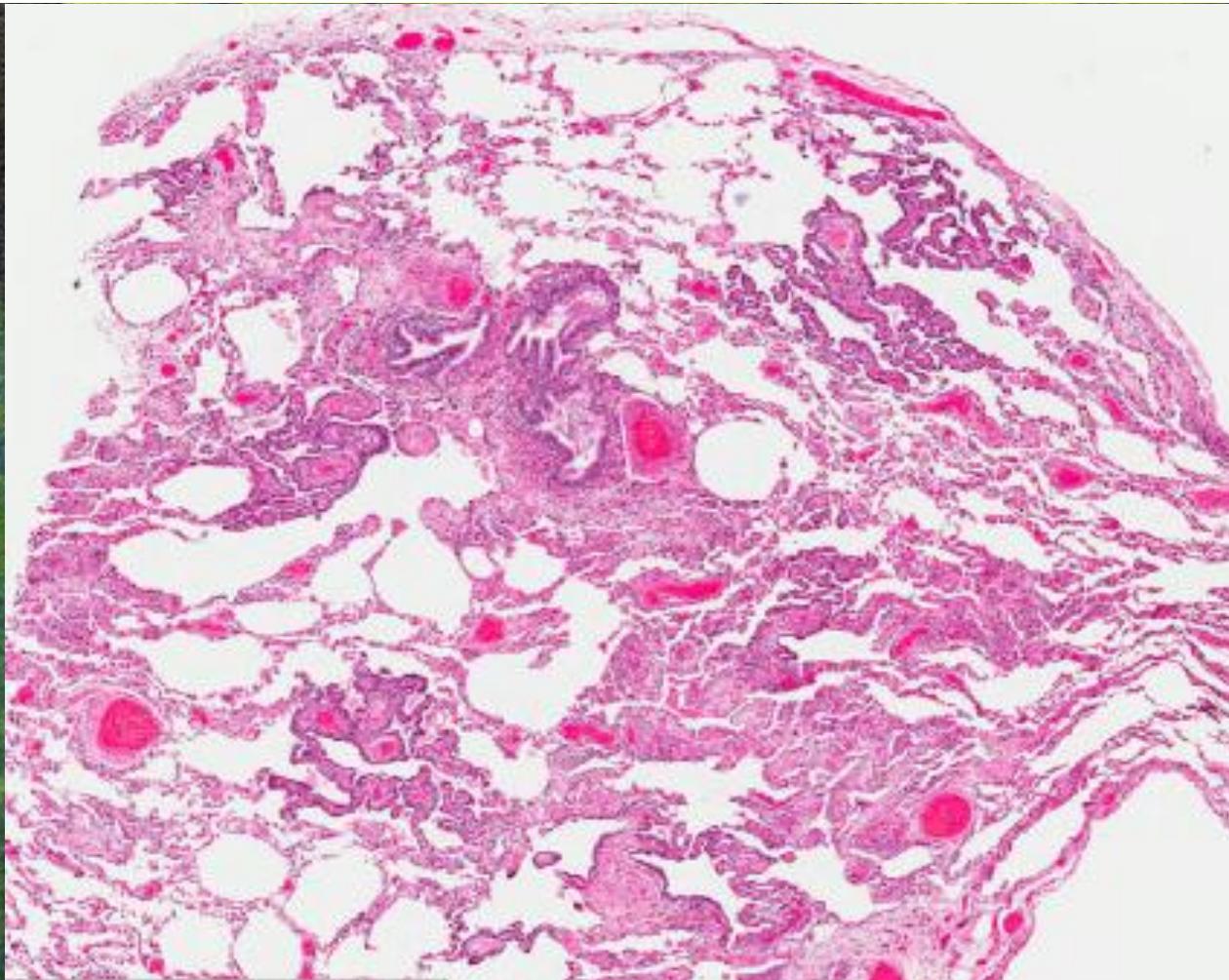
Feinstein MB, et al. *J Clin Pathol* 2015;68:441–447. doi 10.1136/jclinpath-2014-202626





Rare idiopathic interstitial pneumonias: LIP and PPFE and rare histologic patterns of interstitial pneumonias: AFOP and BPIP

MARIA A. KOKOSI,¹ ANDREW G. NICHOLSON,^{2,4} DAVID M. HANSELL^{3,4} AND ATHOL U. WELLS^{1,4}





Original contribution

Cicatricial variant of cryptogenic organizing pneumonia^{☆,☆☆}

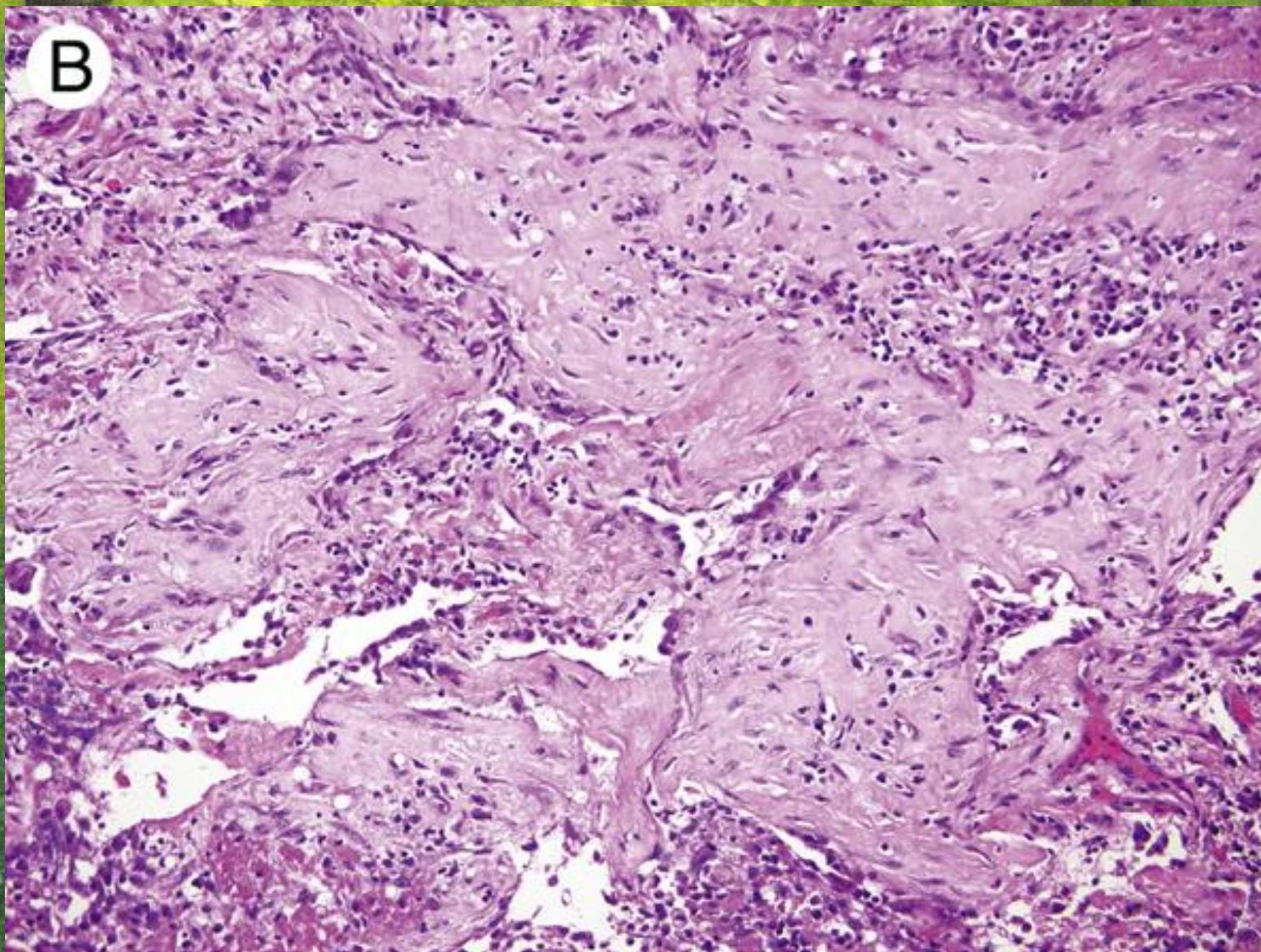
Samuel A. Yousem MD*

UPMC Presbyterian Shadyside, Department of Pathology, Pittsburgh, PA, 15213-2582



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ΑΘΗΝΩΝ

ΔΗΜΟΚΡΙΤΕΙΟ
ΠΑΝΕΠΙΣΤΗΜΙΟ
ΘΡΑΚΗΣ

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ΕΠΙΣΤΗΜΟΝΙΚΗ
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11 Απριλίου 2020
ΑΜΦΙΘΕΑΤΡΟ ΠΑΛΑΙΑΣ ΒΟΥΛΗΣ

12 Απριλίου 2020
ΞΕΝΟΔΟΧΕΙΟ ATHENS PLAZA
ΑΘΗΝΑ

Ταράκηνος

Διάχυτες
Πνευμονοπάθειες

8^ο ΕΤΗΣΙΟ ΣΕΜΙΝΑΡΙΟ «ΠΑΛΑΙΑΣ ΒΟΥΛΗΣ»

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Εβερέ & Καποδιστρίου Αθηνών - Ταράκη Σχολή
Καθηγητής Σπυρίδων Πολέρης
- Α' Πανεπιστημιακή Πνευμονοπάθεις Κλίνης -
Εβερέ & Καποδιστρίου Αθηνών - Ταράκη Σχολή
Καθηγητής Δημήτρης Μηλιάρος

Με την συμμετοχή

- Ομάδα διετασθενών πνευμονοπάθεων, επαγγελματικών νοσητών και
απόφοιτων των πανεπιστημίων της ΕΠΕ

Με την ευρυπρόσωπη συμμετοχή των Καθηγητών

- Νικόλαος Κούτσουρας, Α' Πανεπιστημιακή Πνευμονοπάθεις Κλίνης ΕΚΠΑ
- Μάριος Φραντζίδης, Πανεπιστημιακή Πνευμονοπάθεις Κλίνης Δ.Π.Θ.
- Ιωάννης Πνευματίδης, Πανεπιστημιακή Κλίνης Εγκριτική Θεραπεία Δ.Π.Θ.
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Με την σύγχρονη

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