CASE 18

Microscopy

Lung wedge showing diffuse aggregates of intra-alveolar macrophages which contain lipid. There is type II pneumocyte hyperplasia with acute and chronic inflammation. Mild interstitial fibrosis is noted. There is no evidence of necrosis, granulomatous inflammation, hyaline membranes or fibrin.

Favoured diagnosis

The morphological appearances favour DESQUAMATIVE INTERSTITIAL PNEUMONIA (DIP) however definitive diagnosis would be given after correlation with radiology and clinical history

Further work

Correlation with radiology and clinical history is essential.

Comment

DIP has a strong association with smoking with a male predominance and patients can improve if they stop smoking in combination with steroid therapy. There is an association with collagen vascular disease. Radiology shows typical bilateral lower lobe ground glass infiltrate