Chapter 33
Interstitial Pneumonia

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Describe the classic CXR appearance of acute interstitial pneumonia [3].	*Diffuse heterogeneous opacities.*
Describe the classic CT appearance of acute interstitial pneumonia [3].	*Extensive symmetric ground-glass opacities associated with traction bronchiectasis.*
Which imaging modality is preferred for characterizing diffuse pulmonary disease? [3]	*CT.*
What is a key radiologic difference between acute interstitial pneumonia and desquamative interstitial pneumonia? [4]	*DIP does not have traction bronchiectasis.*
Bilateral, lower zone-predominant ground-glass opacities ± subpleural intralobular lines are suggestive of which type of interstitial pneumonia? [5]	*Desquamative interstitial pneumonia.*

(continued)

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What are the common demographics for desquamative interstitial pneumonia? [5]	*Smokers; M:F, 2:1; age, 40–60.*
Bilateral, diffuse, ground-glass opacities in an immunocompromised patient suggests which pathogen? [1–3]	*Pneumocystis jirovecii.*
What is the best imaging modality for pneumocystis pneumonia? [6]	*HRCT.*
What is the best diagnostic clue on CT for lymphoid interstitial pneumonia?	*Ground-glass opacities ± pulmonary cysts.*
What is seen on CXR of lymphoid interstitial pneumonia?	*Basilar reticular/ reticulonodular opacities.*

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