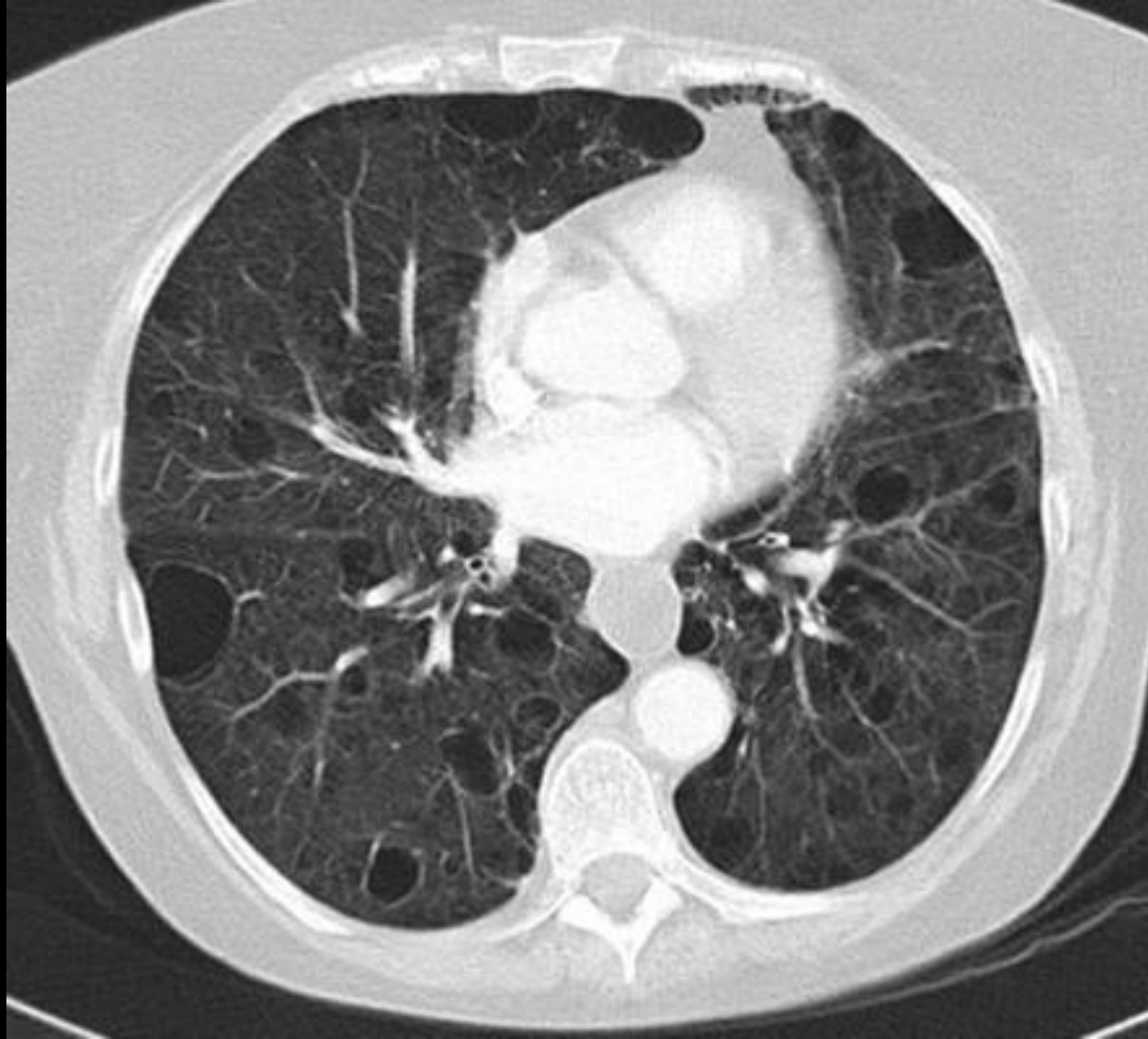






CYST

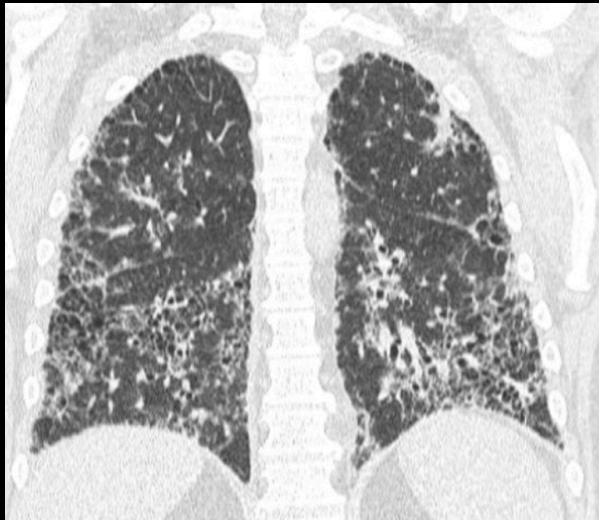
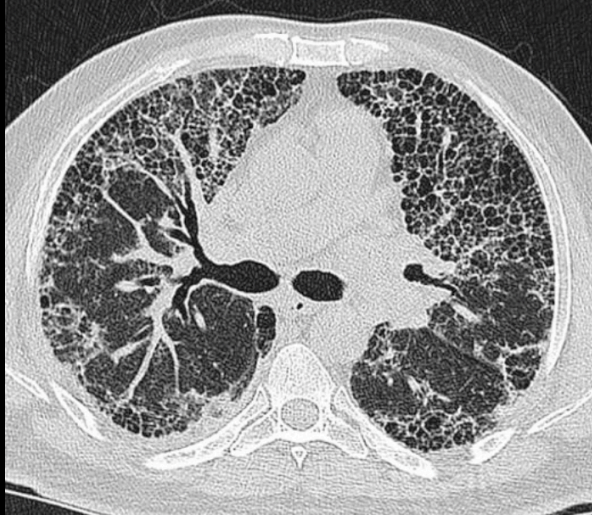
- Round parenchymal lucency or low-attenuating area with a well-defined interface with normal lung.
- Variable wall thickness but are usually thin-walled (< 2 mm) .
- Cysts in the lung usually contain air



A yellow pill-shaped graphic consisting of a small square on the left and a larger rounded rectangle on the right, both in a bright yellow color.

INJURY PATTERN ON HRCT

USUAL INTERSTITIAL PNEUMONIA



- Reticulation
- Traction bronchiectasis
- Honey combing
- Lung architectural distortion
- Bilateral
- Bases and sub-pleural regions
- Lobar volume loss
- GGO is not a predominant findings

DIAGNOSTIC ACCURACY OF HRCT

Study	First choice diagnosis of UIP	Confident first choice diagnosis of UIP	Cases of UIP without confident CT diagnosis
Mathieson et al	89%	95%	38%
Lee et al	88%	100%	39%
Swensen et al	89%	100%	33%
Hunninghake et al	85%	96%	52%

Mathieson JR et al. *Radiology* 1989;171: 111-116

Lee KS et al. *Radiology* 1994; 191: 669-673

Swensen SJ et al. *Radiology* (1997;205: 229-234

Hunninghake GW et al. *Am J Respir Crit Care Med* 2001;164: 193-196.

USUAL INTERSTITIAL PNEUMONIA

ATS/ERS/JRS/ALAT GUIDELINE: HRCT Features

UIP Pattern

- Subpleural, basal predominance
- Reticular abnormality
- **Honeycombing** with or without traction bronchiectasis
- Absence of features listed as inconsistent with UIP pattern

Possible UIP Pattern

- Subpleural, basal predominance
- Reticular abnormality
- Absence of features listed as inconsistent with UIP pattern

Inconsistent with UIP Pattern

- Upper or mid-lung predominance
- Peribronchovascular predominance
- Extensive ground glass abnormality (extent > reticular abnormality)
- Profuse micronodules
- Discrete cysts (multiple, bilateral, away from areas of honeycombing)
- Diffuse mosaic attenuation/air trapping (bilateral, in three or more lobes)
- Consolidation in bronchopulmonary segments (s)/lobe(s)