

TOMOGRAPHICS SIGNS OF USUAL INTERSTITIAL PNEUMONIA PATTERN ASSOCIATED WITH CONNECTIVE TISSUE DISEASE

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A 35-year-old woman presented with progressive exertional dyspnea and dry cough over six months. Chest computed tomography (CT) revealed fibrotic interstitial lung disease (ILD) with a usual interstitial pneumonia (UIP) pattern, including subpleural and basal reticulations, traction bronchiectasis, and honeycombing. Axial images showed subpleural honeycombing in the anterior upper lobes, consistent with the anterior upper lobe sign (Fig. 1A), as well as exuberant honeycombing occupying over 70% of the fibrotic area and esophageal dilatation (Fig. 1B). Sagittal reconstructions revealed subpleural honeycombing in both anterior upper and posterior lower lobes (Fig. 1C). Coronal images demonstrated the straight-edge sign, with fibrosis sharply limited to the

lower lobes (Fig. 1D). Although UIP is the defining radiologic pattern of idiopathic pulmonary fibrosis (IPF), it can also be seen in ILD related to connective tissue disease (CTD), chronic hypersensitivity pneumonitis, or occupational exposure. Certain CT findings –including esophageal dilatation, anterior upper lobe fibrosis, exuberant honeycombing, the straight-edge sign, pleural thickening, island-like fibrosis, and heterogeneous lung destruction– suggest CTD rather than IPF. In this case, the combination of multiple CTD-associated features raised suspicion, which was later confirmed by serologic testing. Recognizing these signs is crucial for differentiating CTD-UIP from IPF, as they have distinct prognostic and therapeutic implications.

Figure 1 |

