

7. Kongres Hrvatskog
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BRONCHIOLITIS OBLITERANS ORGANIZING PNEUMONIA (BOOP) IN RHEUMATOID ARTHRITIS: A CASE REPORT

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The characteristic pathohistologic finding of BOOP is the granulated tissue plugs within the lumen of small airways which extend into the alveolar ducts and alveoli. Numerous conditions and diseases show identical histological picture, but the clinician by means of clinical, radiological and laboratory findings establishes the final diagnosis. By eliminating the known causes and conditions of this syndrome the diagnosis of idiopathic BOOP is installed.

BOOP is often a complication of some inflammatory disease, such as rheumatoid arthritis, a side effect of medications, or can appear after pulmonary infection.

We present a 63-year old woman diagnosed with BOOP, previous rheumatoid arthritis.

The disease started in November 2015 with dry cough and dyspnea at exertion.

Chest X-ray in outer Clinic showed bibasilar infiltration of both lungs. Patient received antibiotics, and after a month chest X-ray showed progression of the infiltrate of the left lung with stationary finding on the right.

Antibiotics and inhalations of corticosteroids were administered. Control chest X-ray showed partial regression of infiltrate on the left side with progression on the right side.

In January 2016 pulmonologist suspected of postinfective BOOP (positive serology for Chlamydia and Mycoplasma pneumoniae).

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CT of thorax showed condensations of lung parenchyma in middle lobe and in lower left lobe with bronchi filled with gas. The cytologic finding of bronchoalveolar lavage (BAL) showed lymphocytes, eosinophiles and neutrophiles. Inhalation corticosteroids were unhelpful, so as the worsening of chest X-ray occurred patient received oral corticosteroids with success; chest X-ray was normal in May and the dosage of corticosteroids was reduced leading to finding of new infiltrate in July.

The patient was sent to our Clinic in July. Spirometry findings were normal, DLco lower. CT of thorax in September 2016 showed regression of former lung infiltrates with new infiltrates in upper left lobe. Oral corticosteroids were recommended.

At last check-up in February 2017, patient has no dyspnea and seldomly coughs, chest X-ray is normal, DLco better, maintenance dose of oral corticosteroid is recommended.

BOOP is a rare pulmonary manifestation of rheumatoid arthritis; sometimes it can even precede the RA. Here we have presented a patient, a rare case of BOOP in RA.

REFERENCES:

R.J. van Thiel, et al. CASE REPORT- Bronchiolitis obliterans organizing pneumonia and rheumatoid arthritis, Eur Resp J 1991; 4: 905-911

Kinoshita Y, et al. Organizing Pneumonia Preceding Rheumatoid Arthritis Case Reports in Pulmonology, Volume 2014 (2014), Article ID 758619, <http://dx.doi.org/10.1155/2014/758619>