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Approach By
Giorgia Dalpiaz
Alessandra
Cancellieri**

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diffuse parenchymal
lung diseases they
were recently
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panel of experts in a
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and assessed in
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associated with airway
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disease ild a diverse
range of pulmonary
fibrotic disorders
that affect the

*alveoli of the lungs
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typical and atypical
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may manifest with*

various radiologic
patterns bilateral
hilar lymph node
enlargement is the
most common finding
followed by
interstitial lung
disease at high
resolution ct the most

*typical findings of
pulmonary involvement
are micronodules with
a perilymphatic
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disease provides the
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with the tools
necessary to
synthesize diagnoses

in biopsy and surgical specimens of non neoplastic lung disease classification of non neoplastic lung disease has been increasingly complex especially in diffuse lung diseases where

terminology has been
changing and clinical
and radiologic input
is advocated'

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lung biopsy results in
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diffuse parenchymal
lung diseases often
collectively referred
to as the interstitial
lung diseases ilds are
a heterogeneous group
of disorders that are
classified together

because of similar
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presence of clinical

disease and in the absence of patterns of other interstitial lung diseases acute and nonspecific interstitial lung diseases are diffuse processes and lack the focality of rbaild'

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of infancy a pattern
based

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dld of infancy has
multiple aetiologies
and the spectrum of
disease is

substantially
different from that
seen in older children
and adults in many
cases a specific
diagnosis renders a
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within the same
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children and its

pathological diagnosis
invariably has a
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defined as the presence of hemoptysis diffuse alveolar infiltrates and a drop in hematocrit level it is one of the manifestations of primary pulmonary vasculitis among other

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medications have been
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forms are recognized 1
drug mediated chronic

diffuse lung disease 2
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associated with drug
administration and 3
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medications 228 229
the last two
conditions are dealt

with in chapters 6 and
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