

Hossam Bajbouj, Lila Alkassab

CLINICAL CASE REVIEW ON IDIOPATHIC PULMONARY FIBROSIS

Kharkiv National Medical University

Department of Internal Medicine No.3 and Endocrinology

Kharkiv, Ukraine

Scientific advisor: Oleksander Yankevych, MD

Objective: evaluate the condition, diagnosis, and management of IPF.

Material: the study covered a 62 years old female patient. The patient suffered from fatigue, dry cough, shortness of breath with moderate exercise, and intermittent discomfort in the heart. She had a history of recurrent pneumonia for 3 years that was later on treated and increased BP to a maximum of 160/90 mmHg. An angiogram and a high-resolution computed tomography (HRCT) of the lungs were conducted.

Results: Right, and left coronary artery angiogram was normal. HRCT revealed usual interstitial pneumonia (UIP) pattern with bilateral honeycombing of the lungs, reticular opacities, traction bronchiectasis also peripheral and basilar predominance. However, no pleural effusion or any other lung abnormalities were found. Physical examination revealed bilateral fine crackles and Rhythmic heart activity on chest auscultation. Percussion over the lungs denoted clear lung sound. On palpation-normal abdomen size, soft and painless. Peripheral lymph nodes and thyroid gland are not enlarged. No peripheral edema. HR- 78/min. BP- 130/90 mmHg. Thus, we excluded all other known causes of interstitial lung diseases (e.g. collagen vascular disease, asbestosis).

Conclusion: complaints, angiogram, HRCT, and physical examination indicated IPF. Management recommendations include lifestyle changes such as exercising regularly with a healthy diet. Antifibrotic medication, annually getting flu and one of the pneumococcal vaccinations, and lung rehabilitation.