

# pulmonary fibrosis

## MCQs

- the correct about idiopathic pulmonary fibrosis?

**Antifibrotic drugs decrease the decline in lung function**

Antifibrotic drugs, such as pirfenidone and nintedanib, have been shown to decrease the decline in lung function in patients with idiopathic pulmonary fibrosis (IPF).

- complication of amiodarone ?

**Pulmonary fibrosis**

- A 65-year-old man presents with progressive dyspnea and dry cough for 2 years. He is diagnosed as idiopathic pulmonary fibrosis. One of the following medications has LIMITED role in the treatment regarding this radiologic stage?

Select one:

- a. Heart lung transplantation.
- b. Oxygen therapy
- c. Pulmonary rehabilitation
- d. High dose corticosteroids**
- e. Anti-oxidants and anti-fibrotics

- A 55 year old women, with past history of rheumatoid arthritis , presents with progressive shortness of breath and dry cough a few months ago , on examination bilateral fine inspiratory crackles . whats the Dx ?

- a. Pulmonary odema
- b. Consolidation
- c. Pleural effusion
- d. Pulmonary fibrosis**
- e. Lung cancer

**MOT IDIOPATHIC !!** → Given the patient's history of rheumatoid arthritis and the presence of bilateral fine inspiratory crackles, the likely diagnosis is pulmonary fibrosis secondary to rheumatoid arthritis. While idiopathic pulmonary fibrosis (IPF) is a possibility, the presence of an underlying connective tissue disease such as rheumatoid arthritis increases the likelihood of secondary pulmonary fibrosis. Therefore, without additional information indicating otherwise, pulmonary fibrosis secondary to rheumatoid arthritis would be a more likely diagnosis than IPF in this case.

- lung fibrosis biopsy :

**subpleural fibrosis + cystic lesion**

- interstitial lung fibrosis ? Answer:

**CT ????**

- Side effect of statin include followings except ?

**A. Pulmonary fibrosis**

B. Headache

Drug-induced → amiodarone, nitrofurantoin, bleomycin, phenytoin.

- In patients with idiopathic pulmonary fibrosis (usual interstitial pneumonia) all of the followings are expected pathophysiological changes EXCEPT :

a. Low DLCO .

**b. Decreased FEV1/FVC .**

c. Severe O<sub>2</sub> desaturation on exercise.

d. Reduced vital capacity and total lung capacity .

e. Increased pulmonary artery pressure

Answer: B (increased FEV1/FVC ratio).

- In patients with suspected idiopathic pulmonary fibrosis, the most valuable measure is:

a. Bronchoscopy

b. Sedimentation rate

c. Trial of steroids

**d. Open lung biopsy**

- 6. Which of the following is one form of "interstitial lung disease" :

a-Asthma

b-Bronchiectasis

**c-Idiopathic pulmonary fibrosis**

d-Pulmonary hypertension

- Which of the following is NOT a feature of idiopathic pulmonary fibrosis?

a- Age of onset greater than 50 years

**b- Bilateral apical inspiratory crackles (it is basal not apical)**

c- Restrictive pulmonary function test

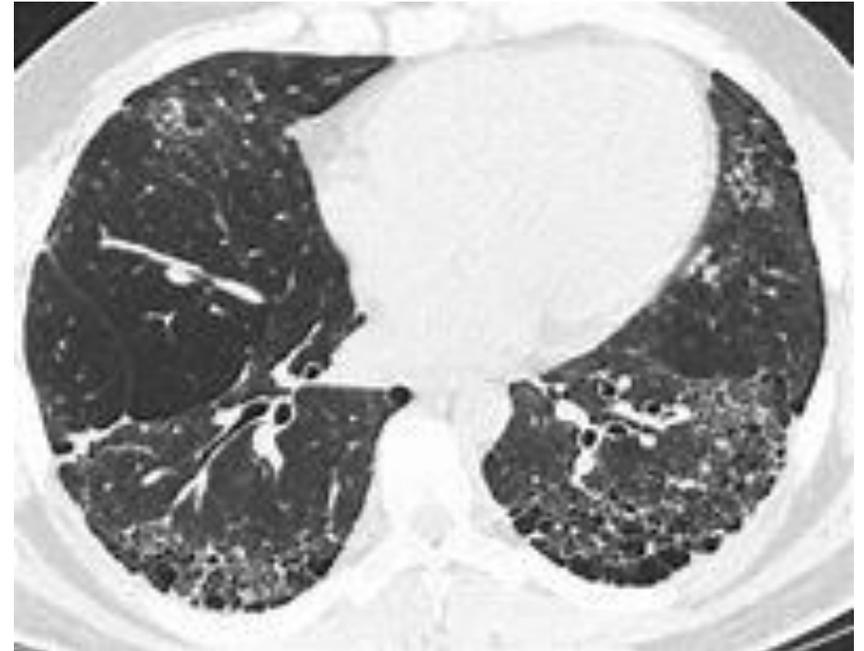
d- Bilateral basal reticular abnormalities in chest CT

# Mini-OSCE

Case 5 : this xray is for a patient with respiratory symptoms  
(the ct shows honey coomb appearance of IPF)  
what is expected spirometry pattern you will find  
**restrictive pattern**

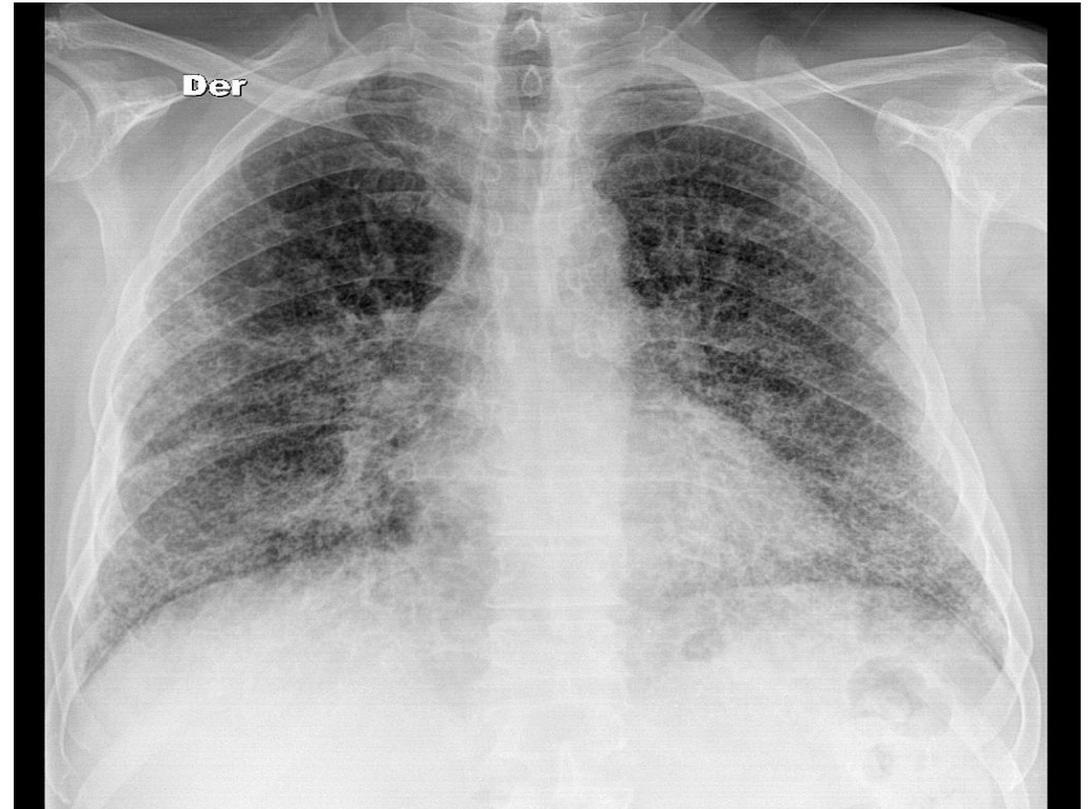
on examination , one of these findings is not true

- 1- inspiratory crackles at base of lung
- 2- ecg shows right ventricular hypertrophy
- 3- normal JVP**



# Q 8

- What are the findings ?
  - Bilateral reticulonodular opacification
  - Mention 4 ddx ?
- Interstitial lung disease  
Sarcoidosis  
Idiopathic pulmonary fibrosis



# Q7

- PFT of obstructive lung disease, non smoker and attacks of dyspnea triggered by cold
- Diagnosis?
  - Asthma
- X-ray findings?
  - can be normal or hyperinflated and increase translucency
- The patient also complained from scleroderma presented with dyspnea and Sat 81, Dx?
  - Lung fibrosis
  - Management?
    - CPAP, lung transplant