## Interesting Case Presentation

Dr. PTV Nair

### History and Examination

- Male, 65 years, nondiabteic,
- p/h/o TB 12 yrs ago treated, nonsmoker, has dry cough and exertional dyspnea..since 2 to 3 years effort tolerance 2 floors with difficulty sats 95 at rest..and dropped to 90 when he walked in. Grade 3 clubbing

RS: fine end inspiratory extensive Velcro rales bilaterally





















#### **Possibilities**

- 1. Bronchiectasis
- 2. Cystic disease of lungs
- 3. Carcinoma lung
- 4. Interstitial lung disease
- 5. Idiopathic pulmonary fibrosis

### Investigations

• HRCT Thorax: Extensive bilateral symmetrical honeycombing changes with subpleural cysts and interstitial thickening are seen in both the lung parenchyma predominantly involving the basal segments and subpleural aspect of the upper lobes on either side.

There is a cavitating mass lesion in the posterior segment of the right upper lobe which measures 4.8 x3.7cms. There is associated traction bronchiectasis seen. Bilateral pleural thickening is also noted.

Enlarged right paratracheal, prevascular, aortopulmunary window, subcarinal and precarinal nodes(2 are seen with, largest measuring 2.3 x 1.8 cm in right pretracheal region. some of them showing foci of calcification within.

•PFT/DLCO :Mild restriction. No obstruction

DLCO very severely reduced.

DLCO barely 23 % predicted

Echo: PA press 45...

 CT guided Right Upper Lobe Lung Mass

Moderately differentiated keratinising squamous carcinoma.

#### Diagnosis and Treatment

• Idiopathic Pulmonary Fibrosis (extensive honeycombing and subpleural reticulation with fine Velcro rales and Clubbing in elderly are diagnostic) with PH with Ca Lung

Tab Pirfenidone 200mg 3 tabs tds

- Home Oxygen Therapy
- Radiofrequency Ablation of the Bronchogenic Ca is being planned as he is not fit for any other curative therapy

# Thank You