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Extensive interstitial infiltrates

Extensive interstitial infiltrates are present. What does interstitial infiltrates mean. What causes interstitial infiltrates. What is interstitial infiltrates. Extensive bilateral interstitial infiltrates.

[illegible]

guidelines require preventive training. However, since the advent of the HRCT, this classification system has been used less often .87 Kest HRCT offers a better definition of pleural lesions and pneumoconotic pulmonary lesions less than 2 mm. It is the procedure recommended when the results of the thoracic radiography are not diagnostics, or when associated diseases are suspected, such as tuberculosis, pulmonary neoplasia or emphysema. Diagnosis. This is based on the existence of a clinical picture and radiographic results consistent with this diagnosis in conjunction with a previous history of exposure to potentially causal inorganic agents. In some cases, medical history, clinical signs and radiographic results are not sufficient to establish a conclusive diagnosis. In such cases, a histological examination of the lung can be needed. A mineralogical examination of pulmonary samples is occasionally necessary to demonstrate that there is a pulmonary deposit inorganic. It is advisable to perform this analysis on surgical specimens, since the transbronchial biopsy specimens are not representative of the lung as a whole. Since when A certain amount of inorganic lung deposition exists in the general population, mineralogical analysis should be quantified and compared with expected values for the relevant population. Analysis with optical and polarized light microscopy allows the detection of bi-refracting elements, such as asbestos bodies, non-fibrous silicates and silica. However, most particles or fibres smaller than 5 11/4 are not visible, and their nature cannot be determined by chemical analysis. The quantification of the deposition of inorganic dust in the lung requires the destruction of organic material by incineration or chemical digestion and the identification of fibre particles using electron microscopy and analytical methods (techniques outside the scope of most hospitals specialising in respiratory medicine in Spain). The most accessible technique is X-ray energy dispersion analysis (EDAX). The result is expressed as the number of inorganic elements per gram of dry lung. In the case of asbestos, exposure can be confirmed using BAL.87 The presence of 1 or more asbestos organisms per millilitre is considered to indicate occupational exposure to this treatment. There is no effective treatment once the disease has started. An exception is the case of berilyllosis, which can improve treatment with corticosteroids. Another spread of interstitial lung diseases spread inflammatory bowel diseases. Ulcer clitis and Crohn's disease are, in very rare cases, associated with certain Dilds (police officer, NSIP, UIP, diving, pulmonary eosinophilia). Sometimes these Dilds are caused by the medicine the patient is taking (sulfasalazine or melphalan). Whypple disease may be associated with Dild and the radiographic characteristics are similar to those of sarcoidosis (ilar lymphadenopathy and intersectional pattern).88 amyloidosis. Amyloidosis can cause a dodic form without special features. The prognosis is bad as the disease progresses within a few years and there is no effective treatment.1CacknowledGments. J. Ferrer (Vall D'Hebron Hospital, Barcelona) collaborated in the pneumoconiosis section. Dr. C. Almonacid (Hospital de la Princesa, Madrid) collaborated on the Diagnostic Methods Section. Dr. J. GaudAA3 (Hospital RamÃ3n Y Cajal, Madrid) collaborated on the section on lymphangioleiomyomatosis. Dr J. Font and Dr R. Cervera (Servicio de Enfermedades Autoinmunes Y SistÃ A© Micas, CIÃ¡nic Hospital, Barcelona) Collaborated on therapeutic regimens for Dild associated with systemic sclerosis.Correspondence: Dr. A. Xaubet. I served Pneumology. Clinical hospital. Villarroel, 170. 08 036 Barcelona. Spain. E-mail: axaubet@clinic.ub.es axaubet@clinic.ub.es

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