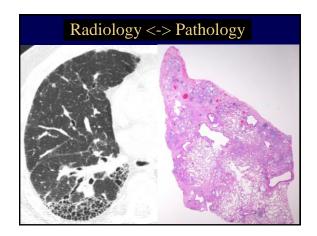
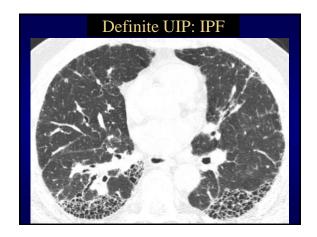


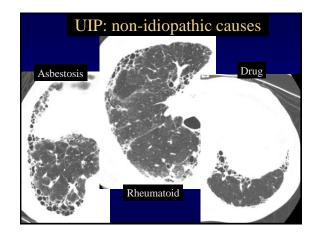
Histologic Pattern	Idiopathic Clinical Syndrome	Associated Diseases
Usual interstitial pneumonia	Idiopathic pulmonary fibrosis	Connective tissue disease (CTD), drugs, asbestosis
Nonspecific interstitial pneumonia (NSIP)	Idiopathic NSIP	CTD, drugs, hypersensitivity pneumonitis (HP)
Desquamative interstitial pneumonia (DIP)	Idiopathic DIP	Smoking, CTD, drugs, toxic inhalation
Organizing pneumonia (OP)	Cryptogenic OP	CTD, drugs, infections, chronic eosinophilic pneumonia, HP
Constrictive bronchiolitis (CB)	Idiopathic CB	Post-viral, CTD, drugs, graft vs. host disease, lung transplant rejection
Diffuse alveolar damage	Acute interstitial pneumonia	Infection, aspiration, trauma, sepsis, pancreatitis, etc.

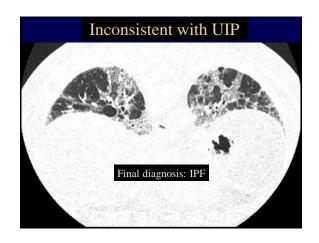


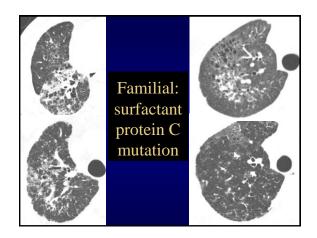
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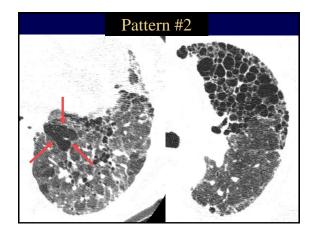
Usual interstitial pneumonia (HRCT) Raghu et al. Am J Respir Crit Care Med 2011; 183: 788				
Definite UIP	Possible UIP	Inconsistent with UIP		
Irregular reticulation	Irregular reticulation			
Honeycombing	NO honeycombing			
Subpleural, basilar distribution	Subpleural, basilar distribution	Mid-upper lung distribution OR not subpleural distribution		
Absence of features inconsistent with UIP	Absence of features inconsistent with UIP	OR presence of features inconsistent with UIP		

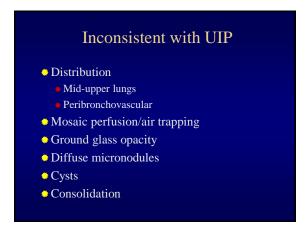


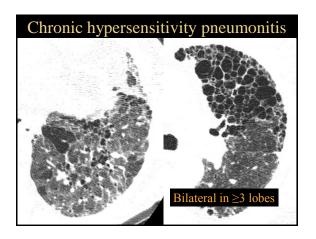


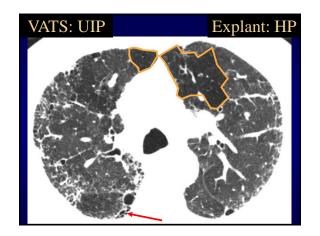


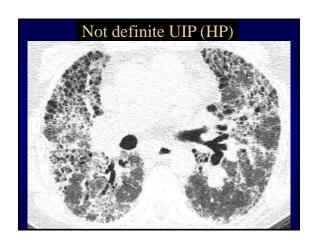


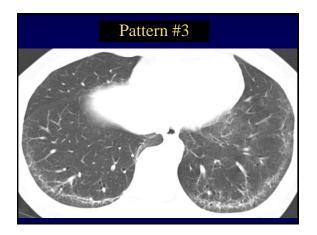


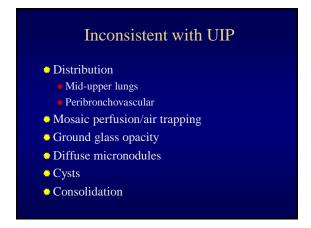


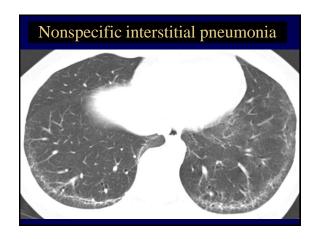


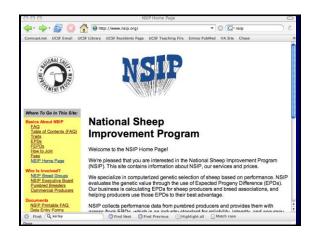












Can we distinguish UIP and NSIP on imaging?				
	UIP	NSIP		
Diseases	IPF, CTD, Asbestosis, Drugs	CTD, HP, Drugs, Idiopathic NSIP		
Fibrotic or inflammatory	Fibrotic	Fibroic > celluar		
Distribution	Subpleural/basilar	Subpleural/basilar		
Reticulation	Common	Common		
Traction bronchiectasis	Common	Common		
Honeycombing	Common	None or mild		
Ground glass opacity	No	May be present		
Subpleural sparing	No	May be present		

