ATLAS OF INTERSTITIAL LUNG DISEASE PATHOLOGY

Pathology with High Resolution CT Correlations

First Edition

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Wolters Kluwer Health | Lippincott Williams & Wilkins

Philadelphia • Baltimore • New York • London
Buenos Aires • Hong Kong • Sydney • Tokyo

Acquisitions Editor: Ryan Shaw
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Senior Manufacturing Coordinator: Beth Welsh
Marketing Manager: Alexander Burns
Designer: Teresa Mallon
Production Service:

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103 USA
LWW.com

Printed in China

Library of Congress Cataloging-in-Publication Data

Churg, Andrew, author.
Atlas of interstitial lung disease pathology : pathology with high resolution CT correlations / authored by Andrew Churg, Nestor L. Müller.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-4511-7643-8 (alk. paper)
I. Müller, Nestor Luiz, 1948- author. II. Title.
[DNLM: 1. Lung Diseases, Interstitial—pathology—Atlases. 2. Tomography, X-Ray Computed—Atlases. WF 17]
RC734.T64
616.2'4075722--dc23

2013025500

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10 9 8 7 6 5 4 3 2 1

Dedicated to the late Drs. Charles Carrington and William Thurlbeck

Andrew Churg

Dedicated to my family

Nestor L Müller

Preface

Interstitial lung disease (ILD) is an extremely confusing topic, and this problem extends from clinicians to radiologists to pathologists. Confusion arises in part because of the sheer number of ILDs; clinicians can name more than 150 separate entities. From the point of view of the pathologist there are many fewer diagnosable patterns, but this phenomenon immediately raises the question of how to make those patterns correspond to clinically defined diseases, particularly so because, at first glance, there appears to be considerable morphologic overlap among these various conditions. A further source of confusion is that much of what is called "interstitial" lung disease is really characterized by processes that take place largely in the airspaces—bronchiolitis obliterans organizing pneumonia (BOOP) is a good example—or those that affect primarily small airways; for example, constrictive bronchiolitis.

However, we believe that the biggest problem for pathologists trying to deal with ILD is that the non-lung specialist will see relatively few such cases in a year, and turning to standard textbooks provides only limited help because textbooks by their very nature can supply only a few illustrations of any particular condition.

This Atlas is intended to address this problem by providing a large number of illustrations to give the practicing pathologist a feel for the morphologic spectrum of any given ILD and also to illustrate the various differential diagnoses of any particular condition, something that textbooks often do not provide. For this reason we have included some uncommon variants of relatively common ILD; for example, fibrosis in chronic eosinophilic pneumonia (CEP) and in BOOP, interstitial spread of Langerhans cell histiocytosis (LCH), and progression of desquamative interstitial pneumonia (DIP) to a picture of fibrotic nonspecific interstitial pneumonia (NSIP). We have also included some material on imaging in every chapter, because non-neoplastic lung disease in general and ILD in particular is very difficult to diagnose without clinical and especially radiologic information. Conversely, we hope that radiologists will find this volume to be helpful in understanding the pathologic changes behind the radiologic appearances. But this book is not intended as a general detailed text on clinical features, imaging, pathogenesis, treatment, and so on of ILD, and we have also purposely kept references to an absolute minimum. Rather the book is meant as a quick reference whereby one can look at a set of pictures and get a reasonable idea of whether and how well a particular case shows the diagnostic features of a particular disease.

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