

Cryptogenic organising pneumonia or acute fibrinous and organising pneumonia?

To the Editors:

In a recent issue of the *European Respiratory Journal*, CHEE *et al.* [1] present a case that was diagnosed and treated as cryptogenic organising pneumonia. We have a few comments about this case.

First, histology is described as follows: "...diffuse intra-alveolar exudate of granular, fibrinous material...". Organising pneumonia pattern, the histological hallmark of cryptogenic organising pneumonia, is characterised by intra-alveolar buds of granulation tissue. Recently, a new anatomical entity has been reported by BEASLEY *et al.* [2] as "acute fibrinous and organizing pneumonia (AFOP)". The clinical spectrum of this entity may be similar to cryptogenic organising pneumonia and, taking into account the morphological features on surgical lung biopsy specimens, in our opinion, the case reported by CHEE *et al.* [1] is more consistent with this diagnostic hypothesis.

Secondly, the diagnostic approach described in the paper by CHEE *et al.* [1] is dissimilar to that usually followed in our centre (GB Morgagni Hospital, Azienda USL di Forlì, Forlì, Italy). In patients with alveolar opacification shadows, bronchoscopy with bronchoalveolar lavage and transbronchial lung biopsy may contribute to a definitive diagnosis in >60% of cases [3, 4], with fine-needle aspiration being less sensitive and specific [5].

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- 2 Beasley MB, Franks TJ, Galvin JR, Gochuico B, Travis WD. Acute fibrinous and organizing pneumonia: a histological pattern of lung injury and possible variant of diffuse alveolar damage. *Arch Pathol Lab Med* 2002; 126: 1064–1070.
- 3 Dina R, Sheppard MN. The histological diagnosis of clinically documented cases of cryptogenic organising pneumonia. Diagnostic features in transbronchial biopsies. *Histopathology* 1993; 23: 541–545.

4 The diagnosis, assessment and treatment of diffuse parenchymal lung disease in adults. Introduction. *Thorax* 1999; 54: Suppl. 1, 1–14.

5 Poletti V, Chilosi M, Olivieri D. Diagnostic invasive procedures in diffuse infiltrative lung diseases. *Respiration* 2004; 71: 107–119.

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From the author:

We thank V. Poletti and G.L. Casoni for their comments and interest in our case report [1].

Acute fibrinous and organising pneumonia is certainly a possible differential diagnosis in our patient. However, the patient's subacute presentation, dramatic response to steroids and clinical course were more in keeping with, and indeed typical of, cryptogenic organising pneumonia. In contrast, in the original series by BEASLEY *et al.* [2], of 17 patients with the histological diagnosis of acute fibrinous and organising pneumonia, nine patients had a fulminant course with rapid progression to death. Of the seven patients in this series who were treated with steroids (with or without antibiotics), only two survived. It should also be noted that the histological diagnosis of acute fibrinous and organising pneumonia was made from open lung and autopsy specimens in all cases.

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The immune response to resistive breathing

To the Editors:

The excellent review by VASSILAKOPOULOS *et al.* [1] discusses in detail the immune response to resistive

breathing. The authors report the systemic effects of resistive breathing (cytokines in plasma), as well as the effects of resistive loads on the respiratory muscles (diaphragm).