

## Syndromes of Bronchiolitis

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This month's quiz is based on the article "Syndromes of Bronchiolitis," which begins on page 9 of this issue. Choose the single best answer for each question.

- 1. A 48-year-old man presented with cough and worsening exertional shortness of breath over a 2-month period. Symptoms included fever, malaise, and anorexia and weight loss. A chest radiograph showed patchy pulmonary infiltrates and irregular nodular opacities in both lungs. Bilateral patchy ground-glass opacities with a triangular area of consolidation with the base along the pleural surface were evident on high-resolution computed tomography (HRCT). Pneumonia was ruled out based on findings from bronchoscopy with bronchoalveolar lavage (BAL). What is the most likely presumptive diagnosis of this patient's pulmonary disease?**
  - (A) Bronchiolitis obliterans organizing pneumonia (BOOP)
  - (B) Diffuse alveolar damage
  - (C) Hypersensitivity pneumonitis
  - (D) Nonspecific interstitial pneumonitis
  - (E) Usual interstitial pneumonitis
- 2. Which of the following investigations is necessary to make a definitive diagnosis of cryptogenic organizing pneumonia (idiopathic BOOP)?**
  - (A) Bronchoscopy and BAL
  - (B) Gallium scan
  - (C) Positron emission tomography
  - (D) Surgical lung biopsy
  - (E) Transbronchial lung biopsy
- 3. Which of the following is a common sign and symptom of cryptogenic organizing pneumonia?**
  - (A) Cough associated with sputum production
  - (B) Hemoptysis
  - (C) Pleuritic chest pain
  - (D) Shortness of breath
  - (E) Wheezing
- 4. BOOP should be considered as a causative factor in which of the following patients admitted to the hospital with respiratory failure?**
  - (A) A diabetic patient with chronic renal failure
  - (B) An elderly man with hypertension and coronary artery disease
  - (C) A multiple-trauma victim with systemic inflammatory response syndrome
  - (D) A patient with exacerbation of longstanding cystic fibrosis
  - (E) A transplant recipient with acute-onset shortness of breath
- 5. What radiographic finding is the most common and suggestive of BOOP?**
  - (A) Airway hyperinflation
  - (B) Triangle-shaped densities along the pleural edges
  - (C) Diffuse interstitial infiltrates
  - (D) Multiple lung nodules
  - (E) Pleural effusion
- 6. The following radiographic findings are commonly seen in bronchiolitis obliterans EXCEPT**
  - (A) Airspace opacities
  - (B) Hyperinflation or reticulonodular pattern
  - (C) Ill-defined centrilobular nodules on HRCT
  - (D) Mosaic perfusion on HRCT
  - (E) Normal chest radiograph
- 7. Which of the following is the mainstay treatment for BOOP?**
  - (A) Anti-infective agents
  - (B) Inhaled corticosteroids
  - (C) Inhaled cytotoxic drugs
  - (D) Macrolide medications
  - (E) Oral prednisone
- 8. Once successful treatment for BOOP has been started, relapse occurs in approximately what percentage of patients?**

(A) Less than 10%	(D) 40% to 60%
(B) 10% to 20%	(E) 60%
(C) 10% to 40%	

For answers, see page 52.

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**Answers to the Clinical Review Quiz, which appears on page 30. The article on bronchiolitis syndromes begins on page 9.**

1. (A) BOOP
2. (D) Surgical lung biopsy
3. (D) Shortness of breath
4. (E) A transplant recipient with acute-onset shortness of breath
5. (B) Triangle-shaped densities along the pleural edges
6. (A) Airspace opacities
7. (E) Oral prednisone
8. (C) 10% to 40%

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