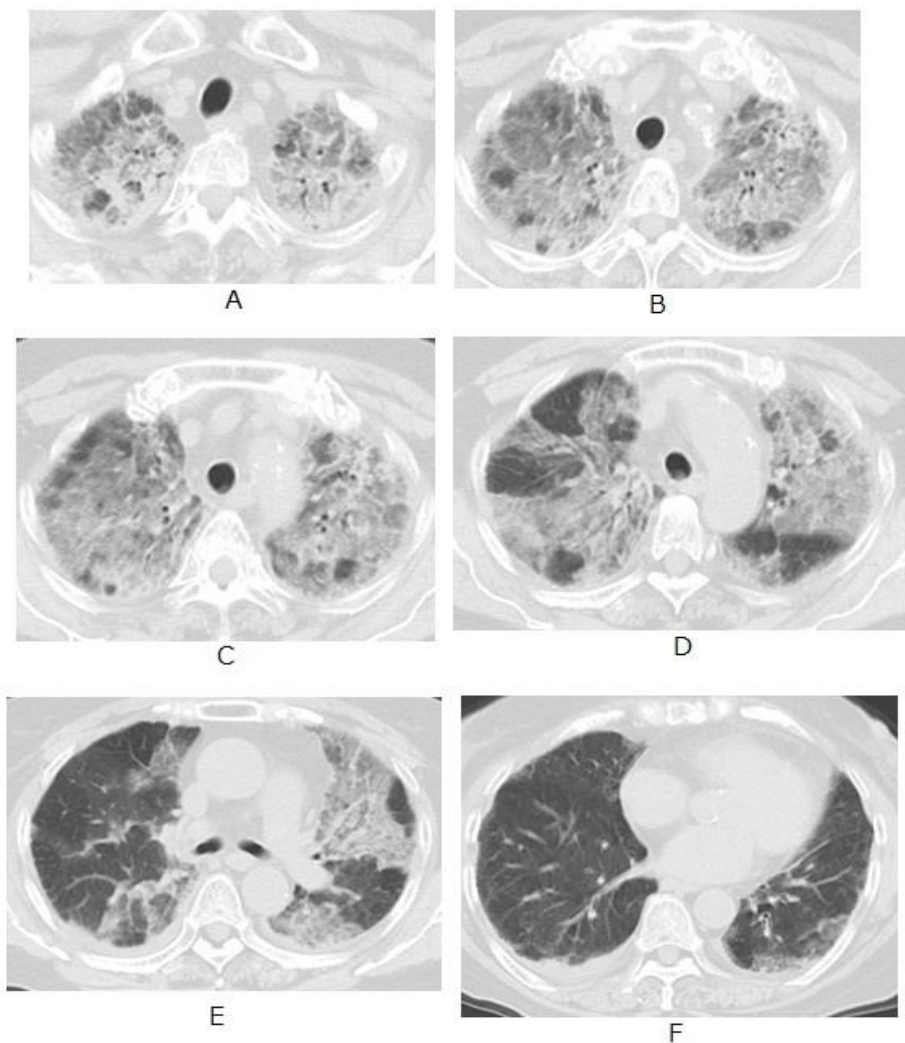


# A Case of the Week

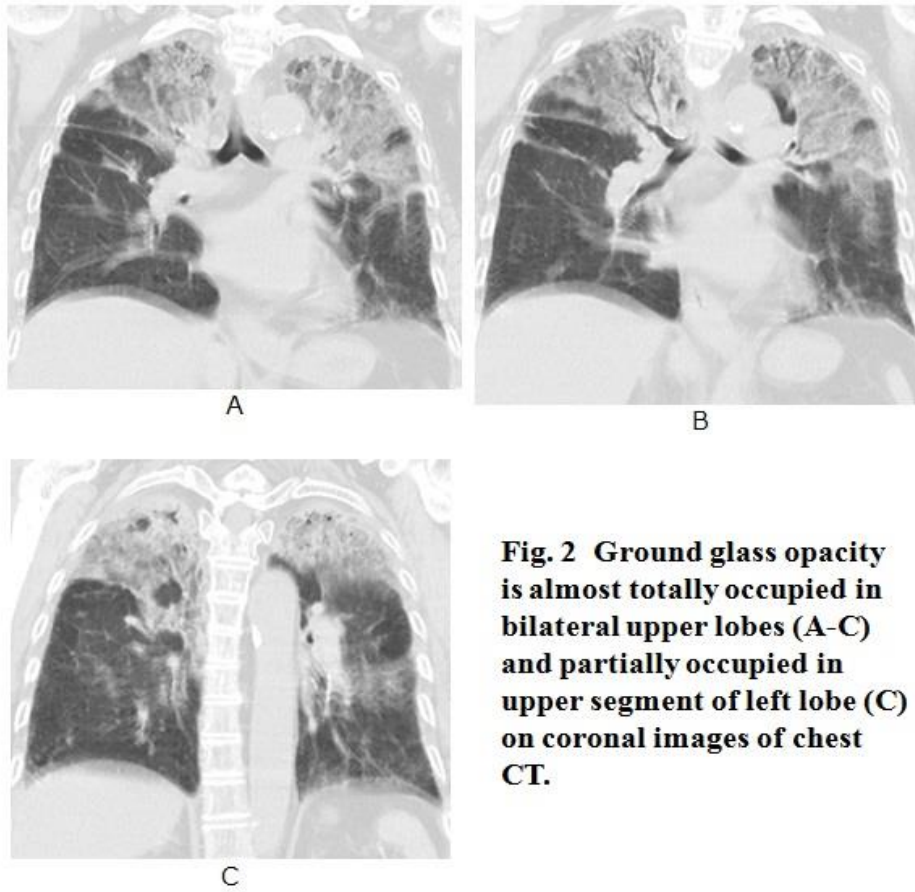
## Case 268

An eighty three-year-old female presented in our hospital for fever and dyspnea. Four days before, she felt hard to breathe and three days before, she felt appetite loss and general fatigue after going out. Yesterday, she was diagnosed pneumonia by a local clinic and given a home oxygen therapy. Her respiratory condition worsened. She was on the way of taking steroid and minomycin for contact dermatitis and lymphedema administered by dermatologists.

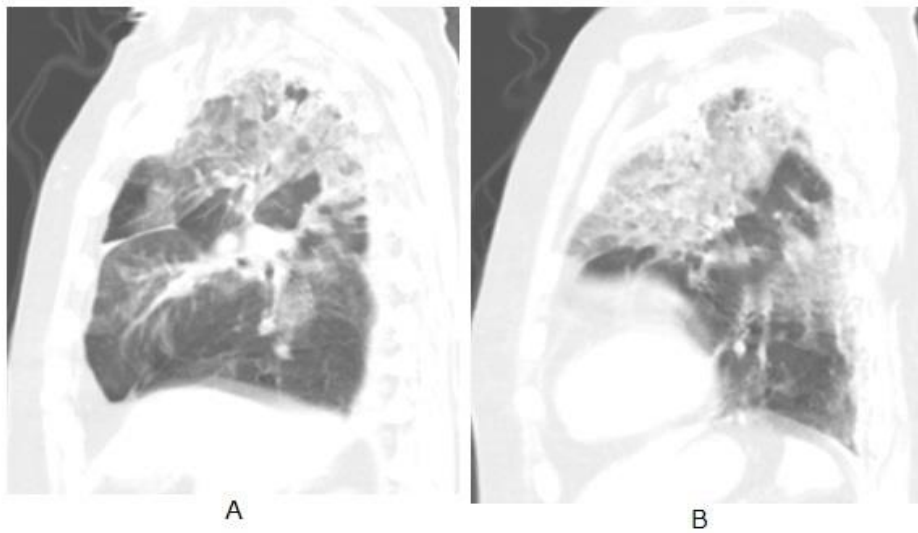
Laboratory test revealed CRP 19.59 mg/dL, white blood cells 11850/mm<sup>3</sup>, neutrophils 84.5%, lymphocytes 9.8%. KL-6 882 U/mL, SP-D 271 ng/mL, SA-A 123.4 ng/ mL. She received CT for further investigation (Figs 1-3).



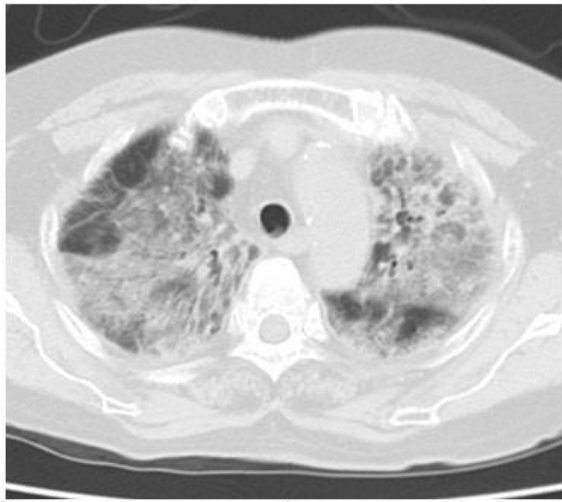
**Fig.1** Ground glass opacity is totally occupied in bilateral upper lobes (A-D) and partially occupied in left segment 6 (E, F) on axial images of chest CT.



**Fig. 2** Ground glass opacity is almost totally occupied in bilateral upper lobes (A-C) and partially occupied in upper segment of left lobe (C) on coronal images of chest CT.



**Fig. 3** Ground glass opacity is almost totally occupied in bilateral upper lobes (A, B) and partially occupied in upper segment of bilateral lower lobes (A, B) on sagittal images of chest CT.



A



B

**Fig.4** There is some space between posterior border of trachea and anterior border of thoracic vertebra, implying no evidence of flattening thoracic cage.

What is an imaging diagnosis?

1. Pulmonary tuberculosis
2. Non tuberculosis mycobacterial disease
3. Bacterial pneumonia
4. Virus pneumonia
5. Pleuro-parenchymal fibroelastosis

answer