INTERNAL MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Spontaneous Improvement of Interstitial Pneumonia with Autoimmune Features

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Key words: interstitial pneumonia with autoimmune features, anti-EJ antibody

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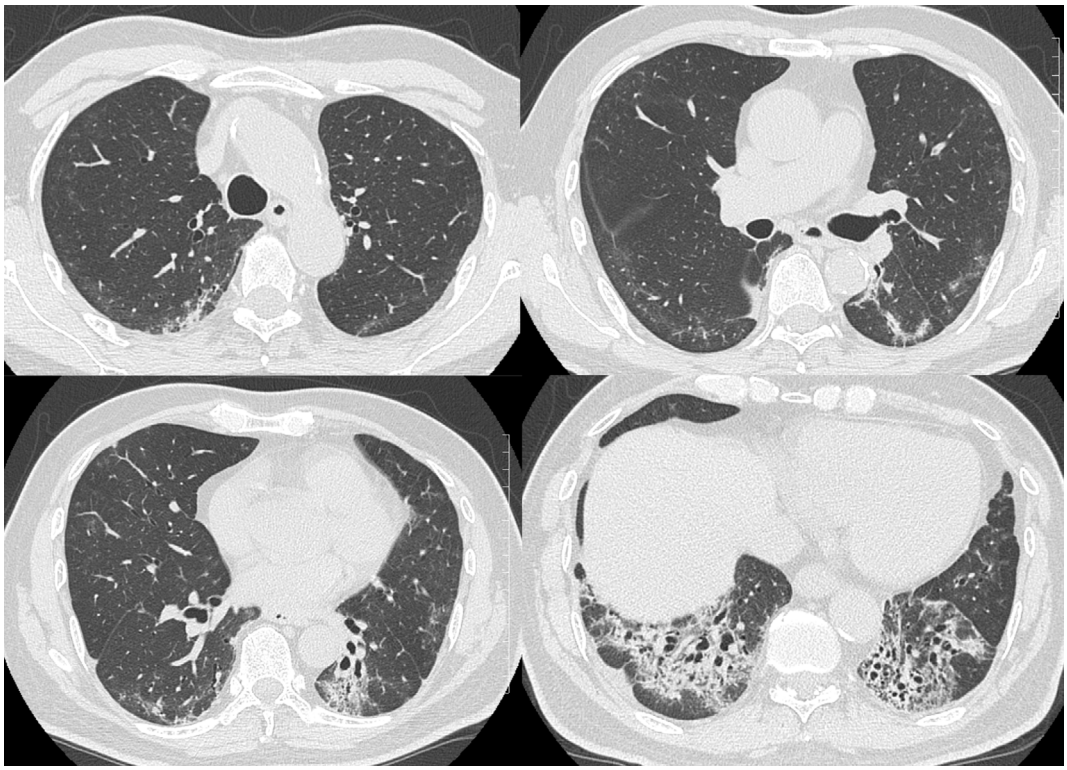

Picture 1.

A 66-year-old man, diagnosed with interstitial pneumonia based on high-resolution computed tomography (HRCT) findings (Picture 1) presented to our hospital due to a persistent dry cough with desaturation. Pulmonary function tests showed a reduced forced vital capacity of 1.90 L (51% predicted) and a decreased diffusing capacity for carbon monoxide (65% predicted). A surgical lung biopsy revealed nonspecific interstitial pneumonia (Picture 2A). Anti-EJ (glycyl tRNA synthetase) antibodies were positive on immunoprecipitation using ^{35}S-methionine-labeled K562 cell extract (Picture 2B). He did not meet the criteria for polymyositis and dermatomyositis and was diagnosed with interstitial pneumonia with autoimmune features (IPAF) (1). He declined corticosteroids and/or immunosuppressant therapy. A year later, spontaneous improvement of the features, including the desaturation, HRCT findings (Picture 3) and pulmonary function tests was noted. IPAF can show various clinical courses (2); we herein report the first known case of

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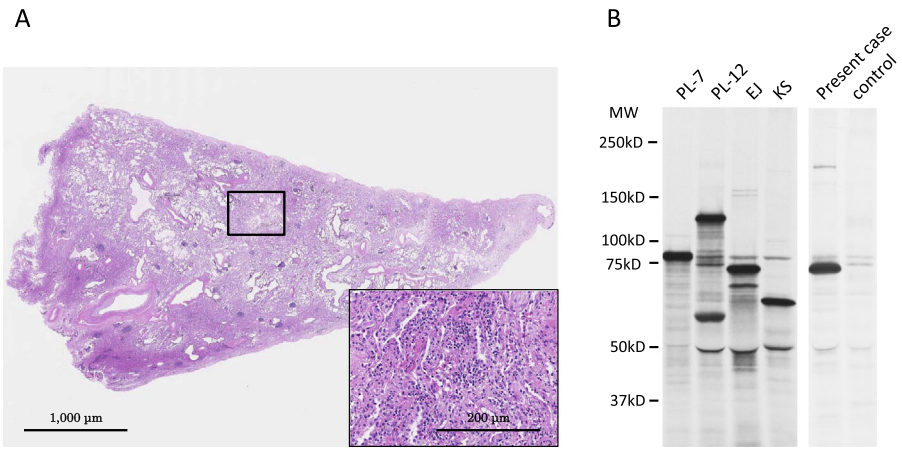
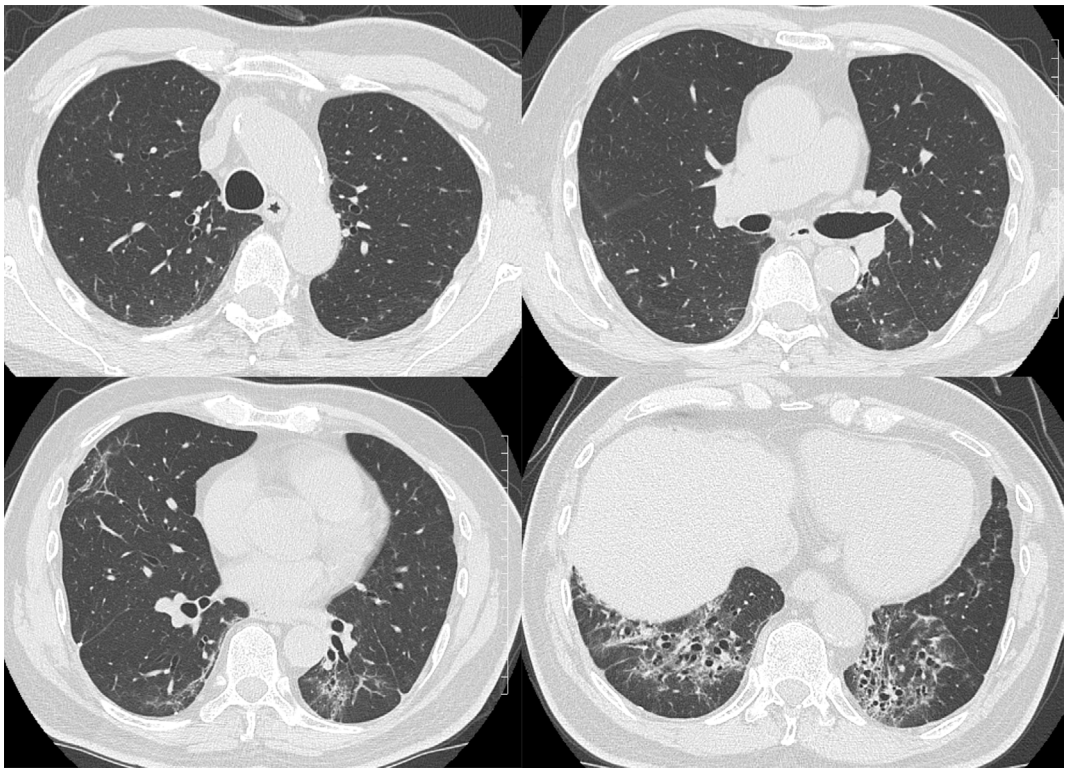


Picture 2.



Picture 3.

IPAF that spontaneously improved without any treatment.

The authors state that they have no Conflict of Interest (COI).

References

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