PP142 A YOUNG, BREATHLESS WOMAN; A CASE REPORT ON CRYPTOGENIC ORGANIZING PNEUMONIA

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Cryptogenic organizing pneumonia (COP) is a rare interstitial lung disease that is often challenging to diagnose due to its wide and non-specific clinical presentation. We encountered a previously healthy 27-year-old lady in the emergency department with a complaint of shortness of breath and reduced effort tolerance for 2 months which has affected her normal daily routines. She initially visited a private clinic for the same symptoms and was referred to us for cardiac assessment. She denied having upper respiratory tract infections preceding the symptoms. She was not tachycardic, not tachypnoeic and her spO2 was 97% on room air. Our initial impression was likely to be anxiety. However, on further review, she has grade 3 finger clubbing and bi-basal coarse crepitations on examination. Bedside ultrasound revealed irregular pleura with multiple B lines bilaterally; anteriorly, laterally and posteriorly. There was no abnormality found on chest x-ray. She was discharged with an early referral to the respiratory clinic with a probable diagnosis of interstitial lung disease based on the ultrasound findings. A high-resolution computed tomography (HRCT) of the lungs reported bronchiectasis and subpleural peripheral consolidation at the right lung base which is suggestive of organizing pneumonia. COVID-19 and connective tissue screening results were negative. Bronchioalveolar lavage fluid analysis showed no malignant cells present. No lung biopsy was done. She was started on a course of oral prednisolone and since then had shown improvement of symptoms. In conclusion, due to its rarity, COP is not an easy diagnosis to make in the emergency department and with ultrasound guidance, it increases the index of suspicion hence aids in establishing the diagnosis of COP.

Keywords: cryptogenic organizing pneumonia, interstitial lung disease