European Respiratory Society
Annual Congress 2012

Abstract Number: 4798

Publication Number: P3621

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Bronchoscopy **Keyword 2:** Interstitial lung disease **Keyword 3:** Bronchoalveolar lavage

Title: BAL findings in idiopathic NSIP and IPF

Dr. Micaela 29805 Romagnoli m.romagnoli@ausl.fo.it MD [1], Dr. Claudia 29806 Ravaglia claudiaravaglia@alice.it MD [1], Dr. Sara 29807 Tomassetti s.tomassetti@gmail.com MD [1], Dr. Christian 29808 Gurioli christian.gurioli@libero.it MD [1], Dr. Carlo 29809 Gurioli carlogurioli@libero.it MD [1], Dr. Gian Luca 29820 Casoni casonig1970@libero.it MD [1] and Dr. Venerino 29823 Poletti venerino.poletti@gmail.com MD [1]. [1] Thoracic Diseases, Pulmonology Unit, Forlì, Italy, 47122 .

Body: The role of bronchoalveolar lavage (BAL) in differentiating idiopathic NSIP (iNSIP) and idiopathic pulmonary fibrosis (IPF) is still controversial. Some authors described that BAL lymphocytosis is more likely suggestive of NSIP rather than IPF, that BAL neutrophilia is more suggestive of IPF, whereas other authors reported that BAL findings are not discriminating between NSIP and IPF. BAL findings were retrospectively assessed in 57 patients, 26 with a histologically proven diagnosis of iNSIP (surgical lung biopsy n=19, criobiopsies n=7), and 31 with a diagnosis of IPF. BAL was obtained before lung biopsy, or at the first patient evaluation for some of the IPF patients. All patients underwent bronchoscopy during stable clinical conditions, and BAL excluded malignancy and/or infections in all cases. All patients were discussed at a multidisciplinary approach. BAL total and differential cell counts did not differ between iNSIP (20 fibrosing, and 6 cellular) and IPF. The median (range) lymphocytes% was 11.5 (2-75) in iNSIP, and 7 (1-48) in IPF; the median (range) neutrophils% was 10.5 (0-59) in iNSIP, and 20 (1-83) in IPF. In the iNSIP group (age 56±12 years) patients were significantly younger than in IPF (age 70±6.6; $p<0.0001$), with a predominance of females (iNSIP n=17; IPF=22). One patient in the iNSIP group (3.8%) and 15 patients in the IPF group (48%) died during follow up. BAL findings were not predictive of survival nor of changes in lung function. In conclusion, BAL findings are not helpful to discriminate the diagnosis between iNSIP and IPF patients. However, these data suggest that there might be different clinical-biological phenotypes in both iNSIP and IPF patients.