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Title: Interstitial lung disease associated with autoimmune thyroiditis (ILD-AT)

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Body: Aim. To show some peculiarities of an orphan syndrome which is often misdiagnosed on practice. Patients and methods. 8 cases of ILD-AT were revealed among about 5000 patients with various interstitial lung diseases during 25 years. Results. ILD-AT was diagnosed in 7 female patients (age 49-60 yrs) and 1 male (age 23 yrs). In 5 cases the onset of pulmonary and thyroid disease was simultaneous in 3 autoimmune thyroiditis (AT) appeared several years earlier than ILD. The average duration of disease was 8.6 yrs to the moment of ILD-AT was diagnosed (range 1-27 yrs). In all patients ILD-AT presented with constant dry cough, dyspnea and crackles in lungs. NSIP pattern was seen on HRCT scans of all patients. Spirometry found out restriction in 6 of 8 cases (FVC 52-20%) while FEV1/FVC ratio was not decreased and bronchodilator test was negative. DLCO was lowered up to 52.6-25.2% as well as PaO_2 arterial blood level (69-49 mm Hg) in all patients. Long term treatment with low dose corticosteroids (during 2-27 yrs) prevented disease progression. The level of thyroid peroxydase in serum initially elevated in all of patients returned to normal after treatment. The results of treatment were as much better as shorter was the disease duration. Conclusions. Appearance of constant dry cough and dyspnea should be the reason for chest HRCT, spirometry and DLCO measurement in patients with AT. Patients with interstitial lung disease of unknown origin should be tested for AT. In spite of rather favorable course ILD-AT should be diagnosed in time and treated long to avoid diffuse pulmonary fibrosis formation.