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Title: Noninfectious infiltrative lung diseases after allogeneic hematopoietic stem cell transplantation (HSCT)

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Body: Late onset noninfectious pulmonary complications (LONIPC) following allogeneic HSCT are a frequent cause of morbidity and mortality. Although half of LONIPC have been related to infiltrative lung diseases (ILD), very few data are available in regard to their clinical characteristics. We retrospectively analysed our cohort of 40 allogeneic HSCT recipients who were diagnosed with a noninfectious ILD between 2001 and 2010. Donor hematopoietic stem cell source was peripheral blood stem cells in 75% of the cases and conditioning regimen was nonmyeloablative in 57.5%. Median time from transplant to ILD was 11.3 months [IQR: 5.9-19.2]. 82.5% of the patients had extrathoracic chronic GVHD. We identified two computed tomography (CT) scan patterns according to the predominance of ground glass opacities (n=22) or alveolar consolidations (n=18). The predominant profile of pulmonary function tests was a restrictive lung defect and bronchoalveolar lavage mainly found lymphocytic alveolitis. Histological analysis was available for 7 patients that concluded to diffuse alveolar damage, non specific interstitial pneumonia, organizing pneumonia or lymphoid interstitial pneumonia. The median follow-up after ILD diagnosis was 9.3 months (IQR: 2.1-31.75). Thirty-five patients were treated with systemic steroids for their ILD. Thirteen patients died, 10 of respiratory failure. Median survival rate at 24 months was 61 % (IQR: 45.3-82.1%). No factors were

associated with survival, and no significant difference in prognosis was observed between the two lung CT patterns. Further studies are needed to identify the risk factors for such complications and to evaluate the best management of these patients.