ILD Collaborative

Project ECHO

Project ECHO for Interstitial Lung Disease
Case Form

ECHO ID: ILDECHO-053 ☒ New Case ☐ Follow-up Case

Current or suspected ILD diagnosis (if known):

How was this diagnosis made (select all that apply)?

☒ Radiology

☒ Pathology

☒ Multidisciplinary discussion

Main Question:

By presenting this case, I hope to obtain:

☒ Help making a diagnosis ☐ Help with lab/test interpretation

☒ Help with clinical management

☐ Other (please specify):

Patient Demographic Information:

☐ Male ☒ Female ☐ Transgender Age (years): 73

State of primary residence:

Ethnicity: ☒ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check all that apply): ☐ American Indian or Alaskan Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

☐ Other ☐ Unknown

Case Summary:

Five years of dyspnea and cough, now with new hypoxia, chest CT scan showed ILD, thought to be IPF but she also has Raynaud's, severe esophageal disease and chest CT is not typical for UIP.

Exposure History:

☐ Previous or current bird ownership ☐ Down products in the home

☐ Woodworking ☐ Well water ☐ Hay exposure ☐ Hot tub/jacuzzi/sauna

☐ Humidifiers ☐ Dusty environments ☐ Water damage or mold at work or home

☐ Farmland/barns ☐ Amiodarone ☐ Chemotherapy past/present

☐ Chest radiation past/present ☐ Asbestos

Past Medical History:

Cervical disc disease; chronic GERD; dyslipidemia; past Hx of positive Tb Quant GOLD 2017; fibromyalgia; Hx of severe burns at age 10; Tb exposure at age 4, does not think she was ever treated

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Medications:

Duloxetine, atorvastatin, famotidine, cyclosporine eye drops

Focused ROS:

☐ Rashes ☐ Skin thickening ☒ Arthralgias ☐ Myalgias ☒ Muscle weakness

☐ Dry mouth ☒ Dry eyes ☐ Red or painful eyes ☒ Raynaud s ☐ Oral ulcers

☐ Alopecia ☐ Dysphagia ☒ Heartburn/reflux ☐ Fevers ☐ Night sweats

☐ Palpitations ☐ Weight loss

Smoking History:

☒ Never smoked

☐ Current smoker (packs per day)

Pack years: Quit date (if applicable):

☐ Cocaine use (route)

☐ Vaping/e-cigarettes (frequency)

☐ Inhaled marijuana (quantity)

Occupations, current and previous (if industrial or factory work, please provide specific details):

Tailor

Travel and Residential History:

No travel in over 2 years, lives alone, house with no mold or water damage.

Family History:

☐ Pulmonary fibrosis or interstitial lung disease

☐ RA, Lupus, or other autoimmune diseases"

☐ Premature gray hair ☐ Cirrhosis of the liver ☐ Bone marrow disorders

☐ Leukemias

Comments:

Physical Exam:

Vital signs:

BP: 160/90 Height: 157 cm Wt: 83 kg BMI: 33.9

Oxygen saturation: 90% Ambulatory saturation: 84%

HEENT:

☐ Scleral injection ☒ Dry mucous membranes ☐ Poor dentition ☐ Ptosis

Pulmonary:

☐ Wheezes ☐ Rhonchi ☒ Crackles

☐ Squeaks ☐ Stridor ☐ Dullness to percussion ☐ Pleural Rub

☐ Bronchial breath sounds

☐ Other:

Cardiac:

☐ Murmur ☐ Gallop

☐ RV heave ☐ Pulmonary tap ☐ JVD ☐ Irregular

☐ Edema ☐ Other:

Abdomen:

☐ Distended ☐ Tender ☐ Tympanitic ☐ Pulsatile liver ☐ Fluid wave

☐ Other:

Skin/Nails:

☐ Rash (location, description)

☐ Clubbing ☐ Ragged cuticles ☐ Telangiectasias

☒ Abnormal nailfold capillaroscopy

☒ Digital swelling / Sclerodactyly ☐ Ulcerations

☐ Mechanic s hands

Joints:

☐ Synovitis ☐ Deformity ☐ Tenderness ☐ Erythema

Neuro:

☐ Proximal muscle weakness

☐ Other:

Other pertinent findings:

Relevant Studies (please list key findings):

☒ PFTs:

	10/2023	**06/2024**	**11/2024**
FVC	1.86	1.74	1.38
FEV1	1.59	1.49	1.16
FEV1/FVC	0.86	0.86	0.84
DsbHb	14.5	14.6	12.4

TLC "reduced"

☐ CXR Uploaded to Ambra: ☐ Yes ☐ No

☒ CT chest Uploaded to Ambra: ☒ Yes ☐ No

☒ Echocardiogram Uploaded to Ambra: ☐ Yes ☒ No

☐ Right heart catheterization:

☒ Other relevant testing:

Echocardiogram: Normal LV, normal valves, normal RV size and function, SPAP 47, TAPSE 1.9, no pericardial effusion.

Lung Biopsy: Right upper, middle, and lower lobes, wedge biopsies. Chronic fibrosing interstitial pneumonia with a mixed pattern with superimposed chronic aspiration-related changes, favor connective tissue disease-related interstitial lung disease.

Relevant Labs:

Has the patient been evaluated by a Rheumatologist? ☒ Yes ☐ No

Date of last labs (month/year):

CBC/differential: Hb 13.2, WBC 8, Plts 374, Eos 0.4, normal differntial otherwise

ANA: ☐ Neg ☒ Titer 1:1280 Pattern Speckled

ANA #2: ☐ Titer Pattern

ANA #3: ☐ Titer Pattern

Smith: ☒ Neg ☐ Titer

SSA/Ro60: ☒ Neg ☐ Titer

SSB/La: ☒ Neg ☐ Titer

dsDNA: ☒ Neg ☐ Titer

Scl-70: ☒ Neg ☐ Titer

Centromere: ☒ Neg ☐ Titer

RNA polymerase III: ☒ Neg ☐ Titer

RNP: ☒ Neg ☐ Titer

RF: ☒ Neg ☐ Titer

CCP: ☒ Neg ☐ Titer

ANCA: ☒ Neg ☐ Titer Pattern

MPO: ☒ Neg ☐ Titer

PR3: ☒ Neg ☐ Titer

PM1-Scl: ☐ Neg ☒ Titer Low positive

Ro52: ☒ Neg ☐ Titer

Jo-1: ☒ Neg ☐ Titer

EJ: ☒ Neg ☐ Titer

OJ: ☒ Neg ☐ Titer

PL-7: ☒ Neg ☐ Titer

PL-12: ☒ Neg ☐ Titer

MDA5: ☒ Neg ☐ Titer

KU: ☒ Neg ☐ Titer

MI-2: ☒ Neg ☐ Titer

P155/140 (TIF1y): ☒ Neg ☐ Titer

NXP-2: ☐ Neg ☒ Titer Low positive

SRP: ☒ Neg ☐ Titer

SAE-1: ☒ Neg ☐ Titer

HP panel: ☒ Neg ☐ Pos

C3/C4: ☒ WNL ☐ Low

ESR: 31

CRP: 0.3

CK: 83

Aldolase: 1.6

ACE: Not checked

Urinalysis: Normal

Additional Comments:

Questions:

1) Is this scleroderma ILD?
2) How to decide treatment in "mixed" fibrosis: immune suppression or antifibrotic?