



## B Ghaye – D Hoton – A Froidure

Homme de 53 ans

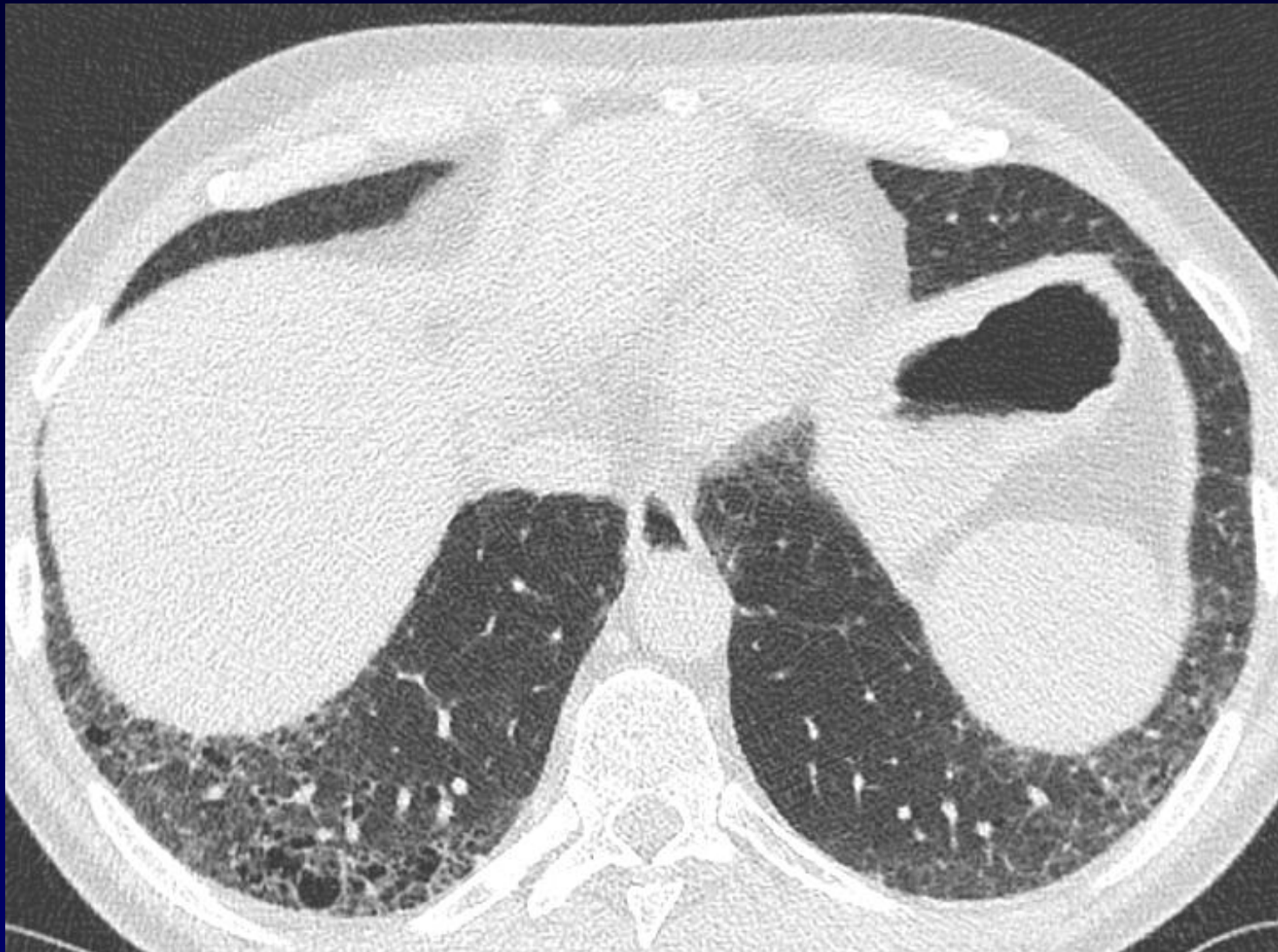
Toux réfractaire depuis 3 ans

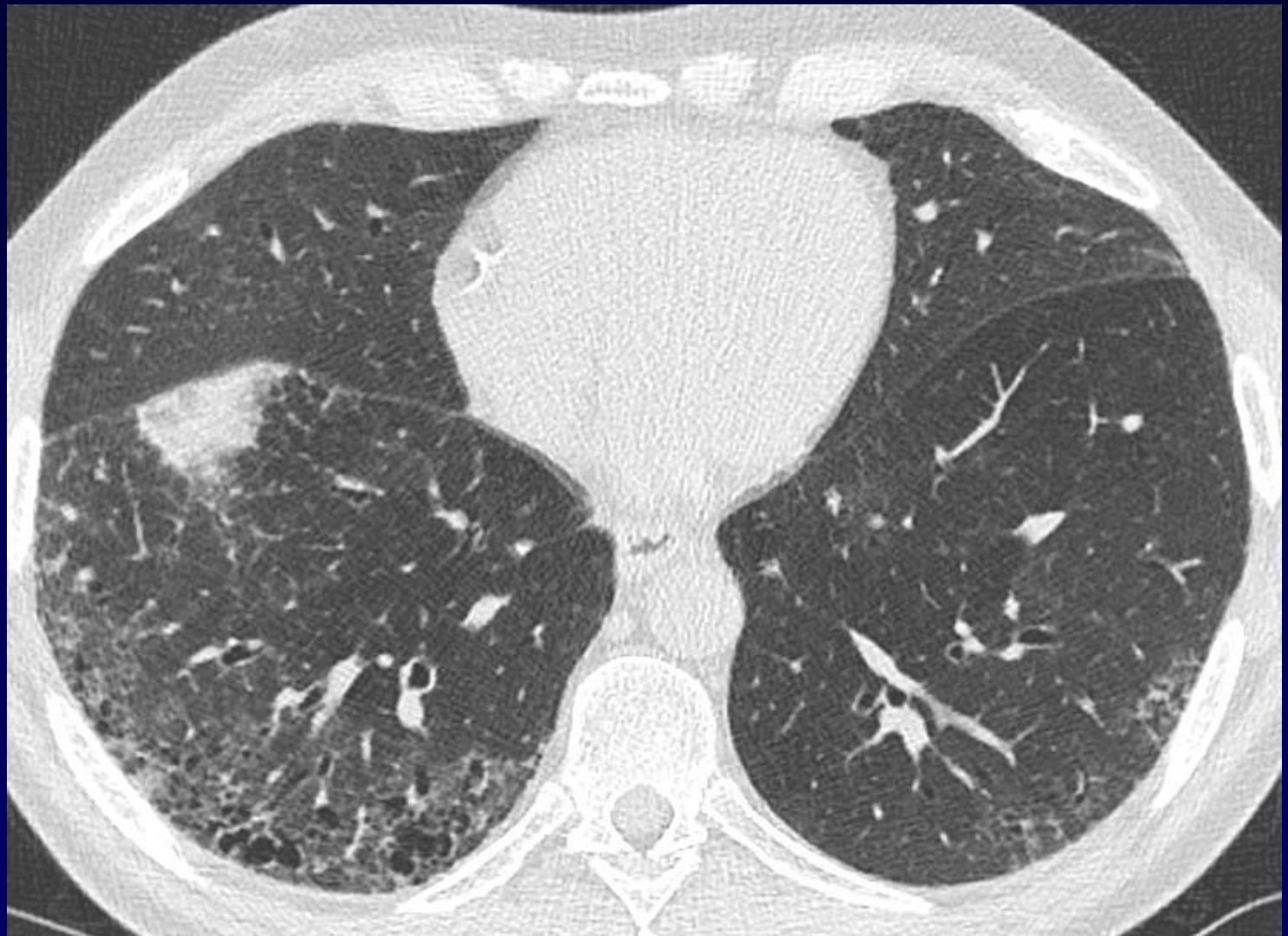
Antécédent de tabagisme (40 UAP), reflux gastro-oesophagien, possible exposition à l'amiante (ouvrier dans le bâtiment)

EFRs: volumes normaux, DLCO = 58%

Biopsie chirurgicale LIG en 2015 : « fibrose de type PINS ? »

2017

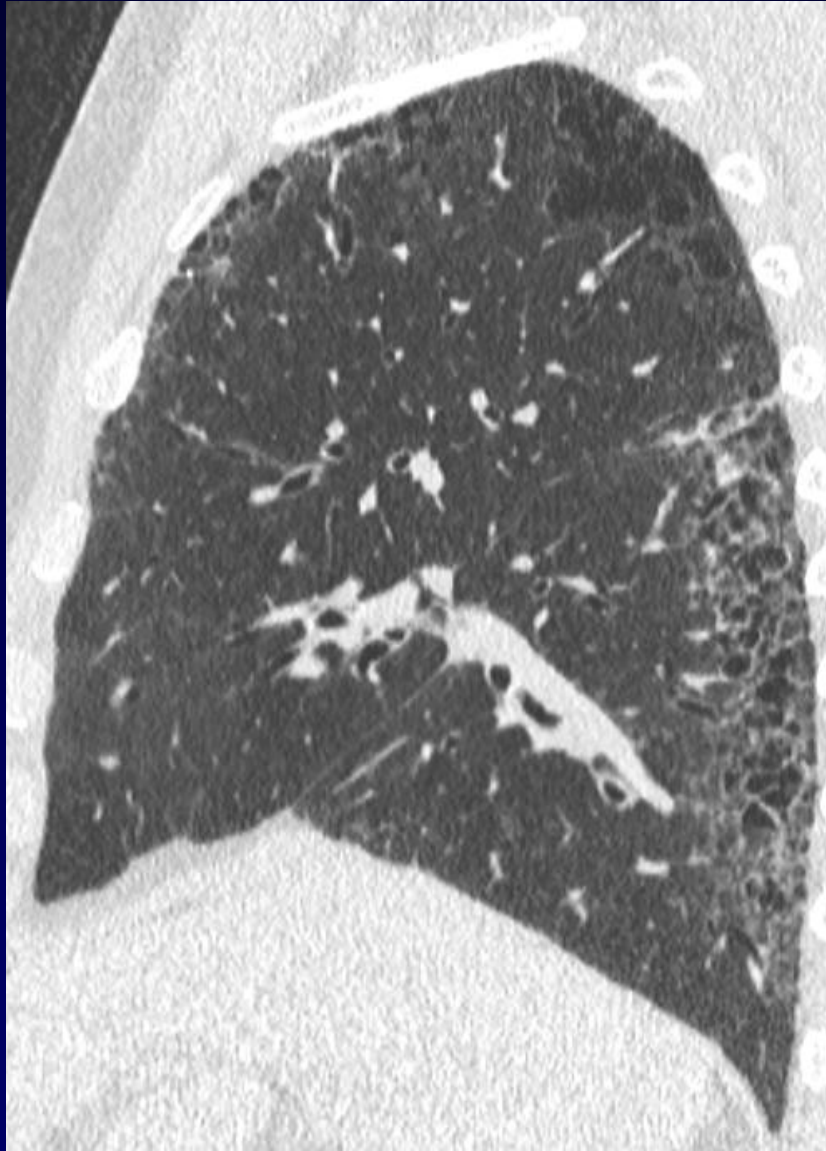












**Diagnostic ?**

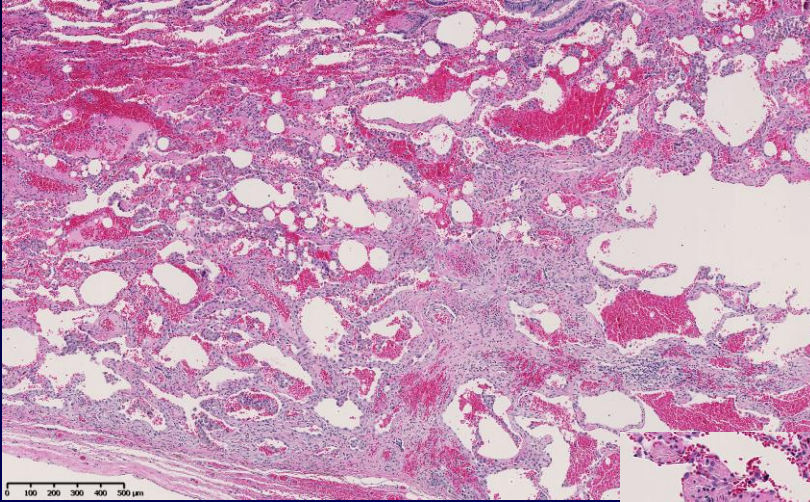
**Diagnostic**

**AEF**

Airspace enlargement with fibrosis



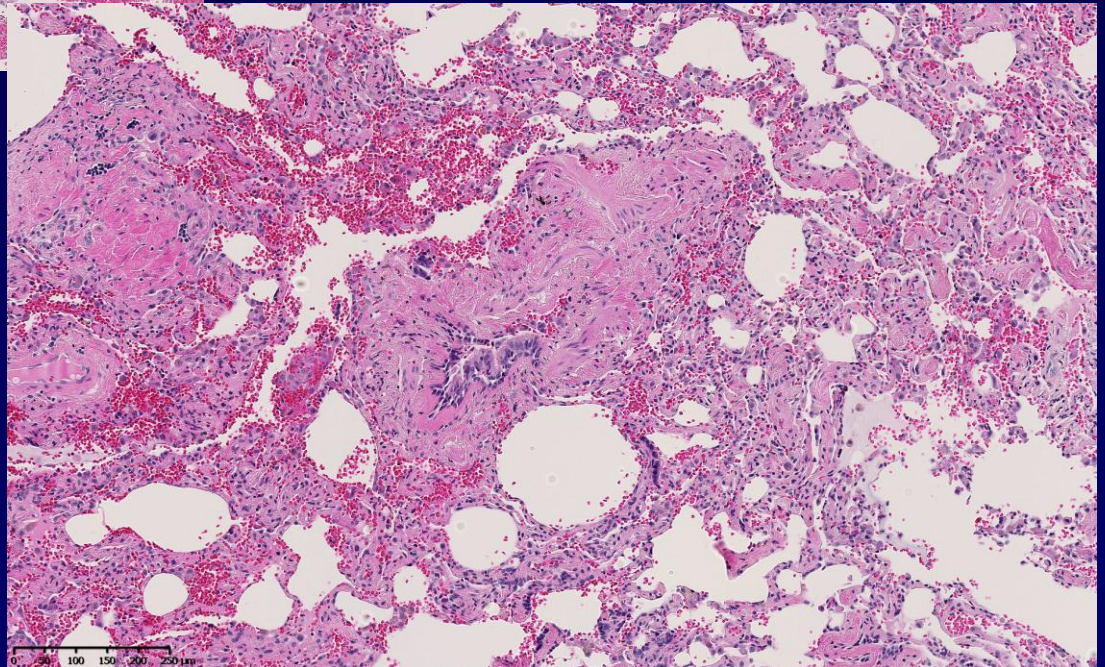
# Anatomopathologique



- Fibrose extensive par endroit pérbronchiolaire
- Pas de rayon de miel
- Pas de foyer fibroblastique
- Pas d'UIP ou NSIP
- Nombreux macrophages empoussiérés

Conclusion : SRIF et BR

**Biopsie chirurgicale  
LSD et LID en 2017**



# Discussion

AEF (airspace enlargement with fibrosis) et SRIF (smoking-related interstitial fibrosis) = présentation différente d'une même entité ?

- Kystes multiples
- Pas de contact pleural
- Paroi fine
- Epargne des bases
- Pas/peu de perte de volume

AEF

HRCT comparison between AEF and honeycombing and emphysema.		
	AEF	Honeycombing
Affected lobe	The upper lobe and upper and middle portion of the lower lobe	Mainly basal area of the lower lobe
Subpleural area	Slightly apart from pleura and involving deeper lung tissue	Subpleural
Thickness of cyst wall	Mostly less than 1 mm (mean 0.81 mm)	Thick wall (1–3 mm) in reticulation <sup>a</sup>
Volume of affected area	No volume loss	Volume loss <sup>a</sup>

# Bibliographie

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