



Ça bourgeonne

Benoît Ghaye

Service de Radiologie
Cliniques Universitaires St-Luc
Université Catholique de Louvain

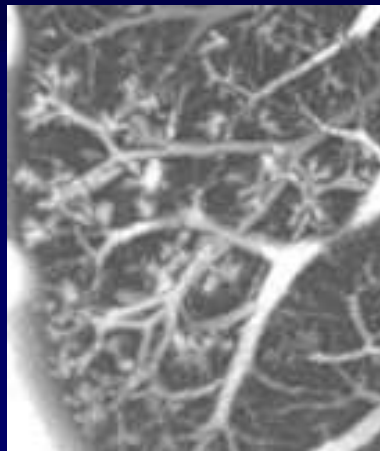
Avenue Hippocrate 10 - 1200 Bruxelles benoit.ghaye@uclouvain.be

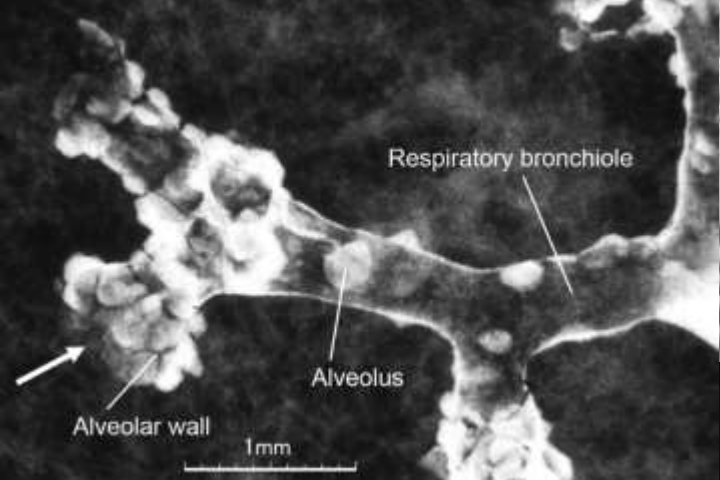
Remerciements à Catherine Beigelman, Lausanne



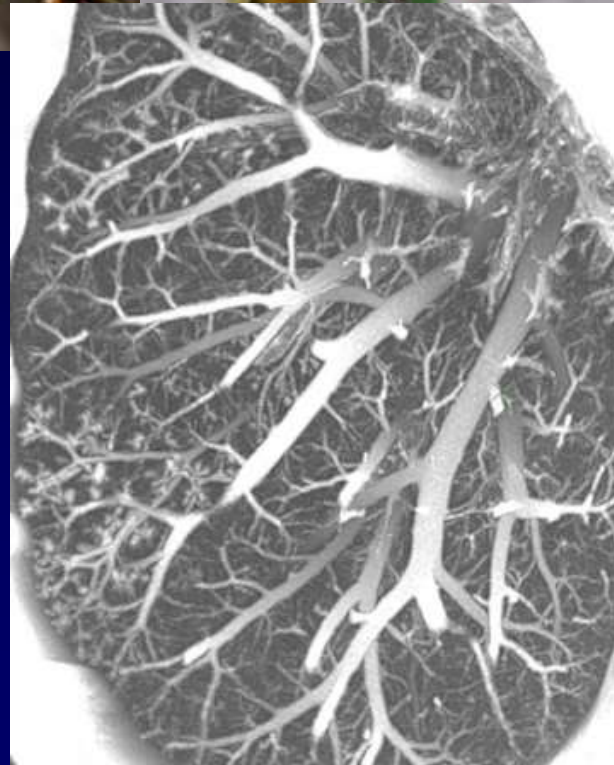
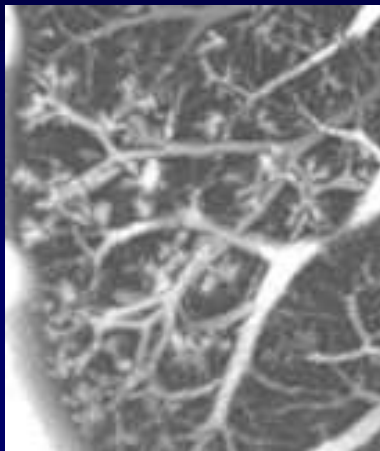
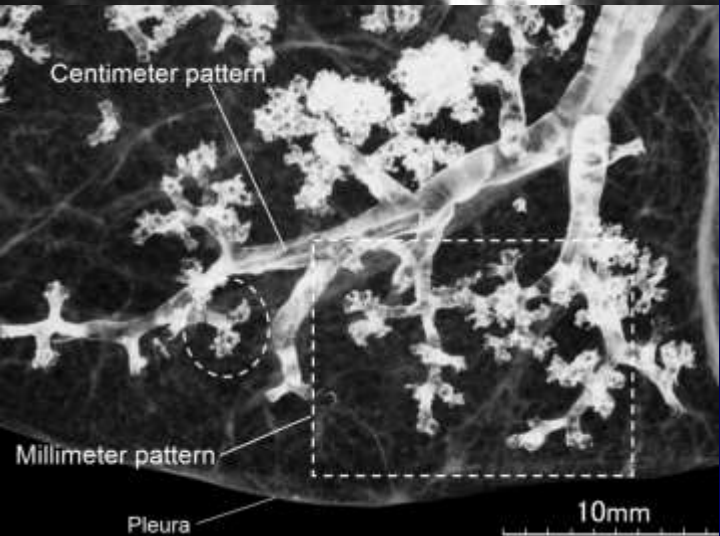


Petits nodules
centrolobulaires connectés à
de multiples structures
linéaires de même calibre
se ramifiant et connectée à une
tige unique

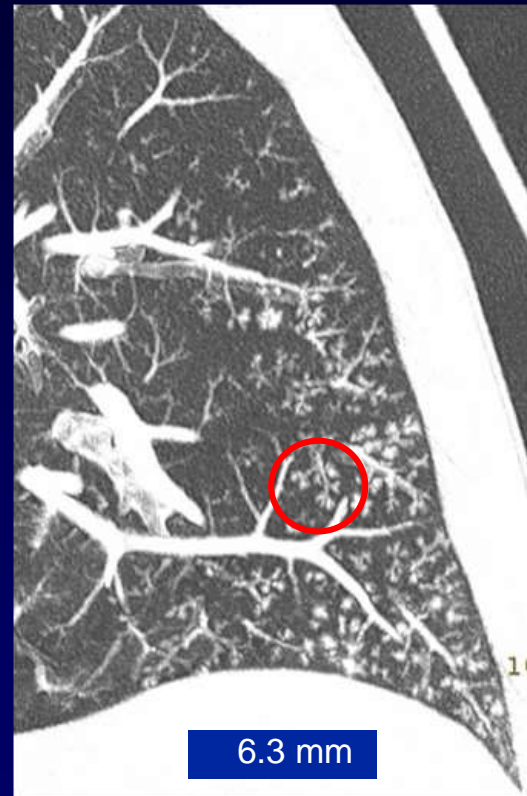
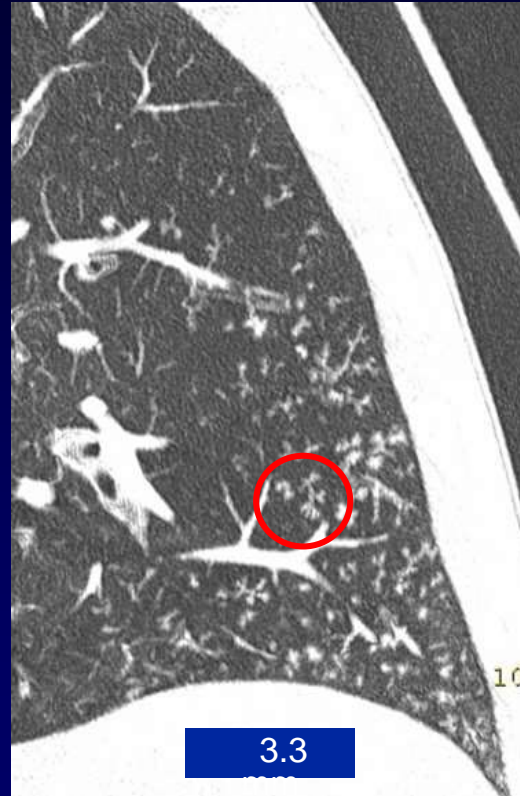
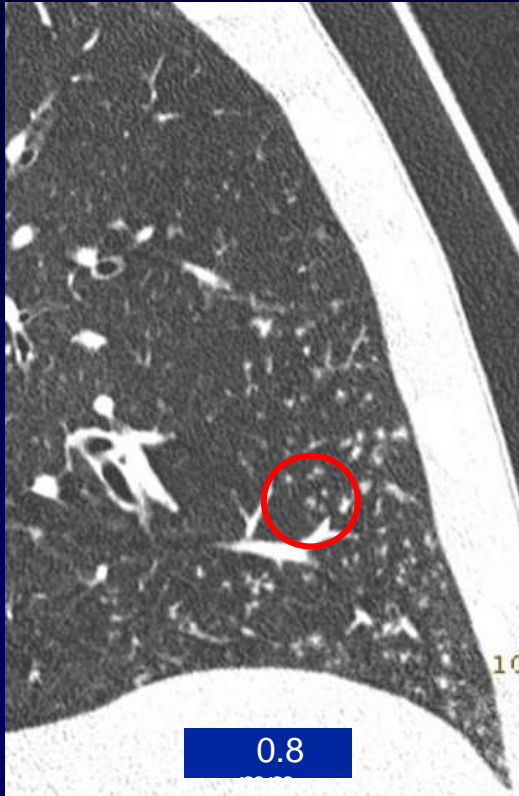




Petits nodules
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Projection d'intensité maximale



Bronchiolite infectieuse

Causes of the Tree-in-Bud Pattern

Peripheral airway disease

Infection

Bacterial

- Mycobacterium tuberculosis*
- M. avium-intracellulare* complex
- Staphylococcus aureus*
- Haemophilus influenzae*

Fungal

- Aspergillus*

Viral

- Cytomegalovirus
- Respiratory syncytial virus

Congenital disorders

- Cystic fibrosis
- Kartagener syndrome

Idiopathic disorders

- Obliterative bronchiolitis
- Diffuse panbronchiolitis

Aspiration

Inhalation

- Toxic fumes and gases

Immunologic disorders

- Allergic bronchopulmonary aspergillosis

Connective tissue disorders

- Rheumatoid arthritis
- Sjögren syndrome

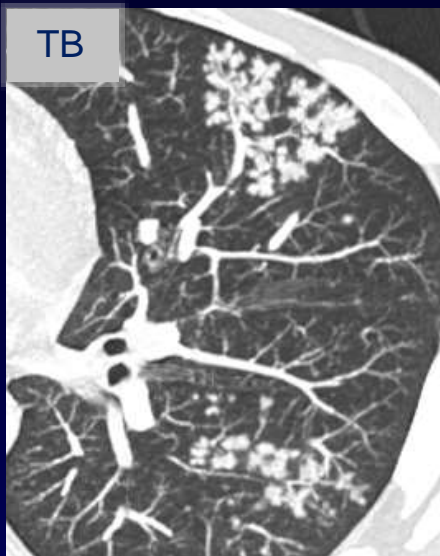
Peripheral pulmonary vascular disease

Neoplasms

- Gastric cancer
- Breast cancer
- Ewing sarcoma
- Renal cancer

Rossi RadioGraphics
2005;25:789

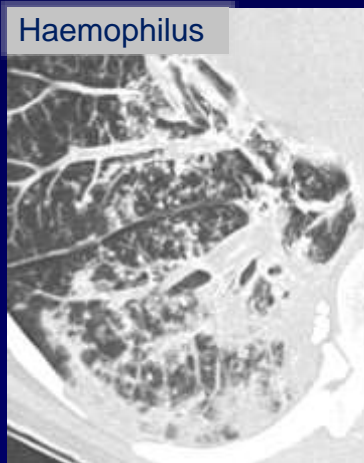
TB



MNT



Haemophilus



Mycoplasma



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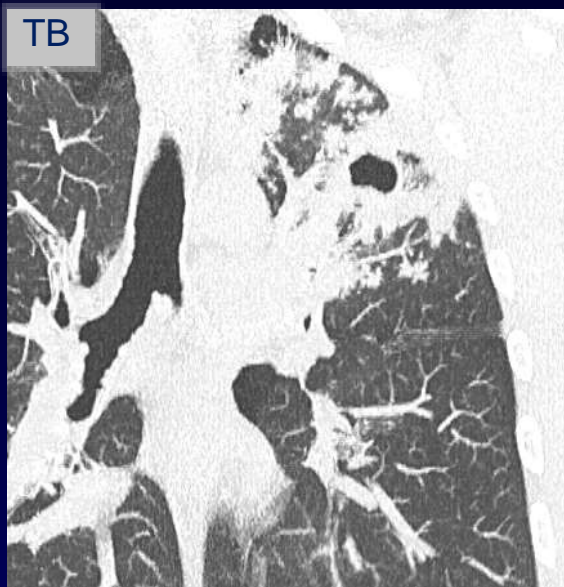
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Streptococcus anginosus



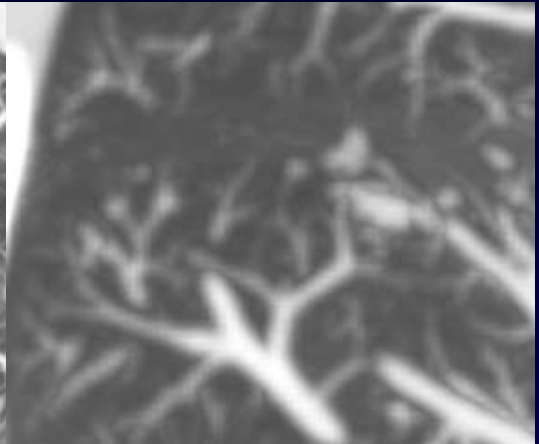
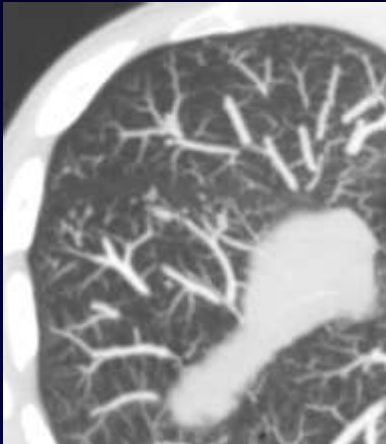
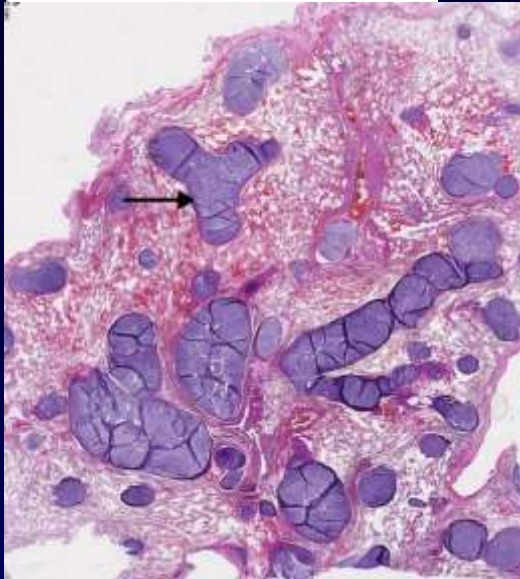
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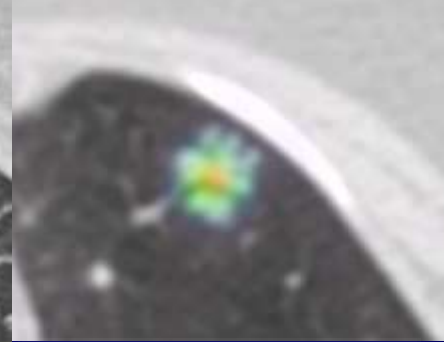
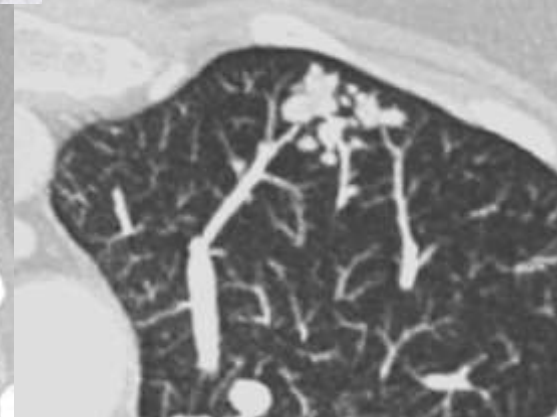
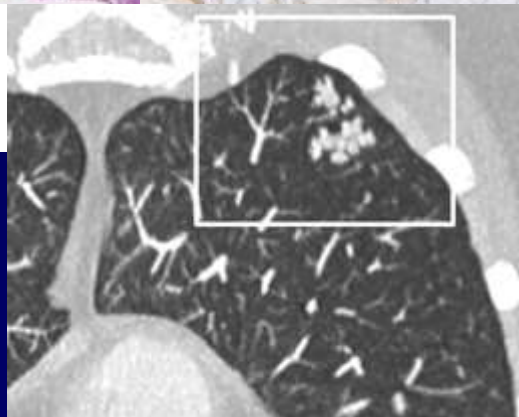


Causes of the Tree-in-Bud Pattern



Peripheral pulmonary vascular disease

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leiomyosarcome utérin

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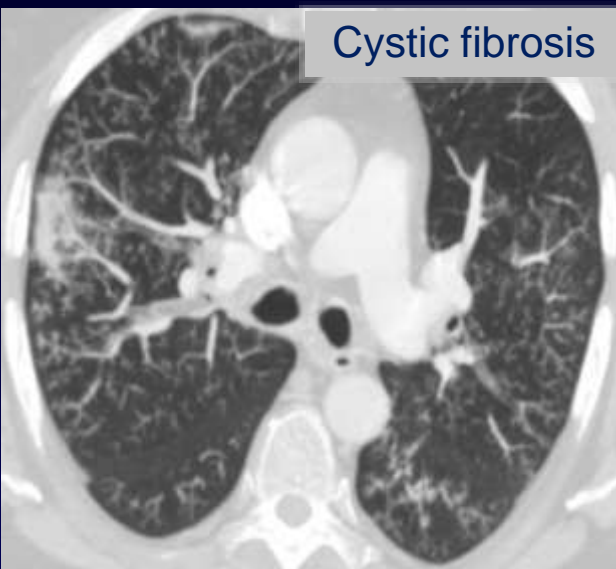
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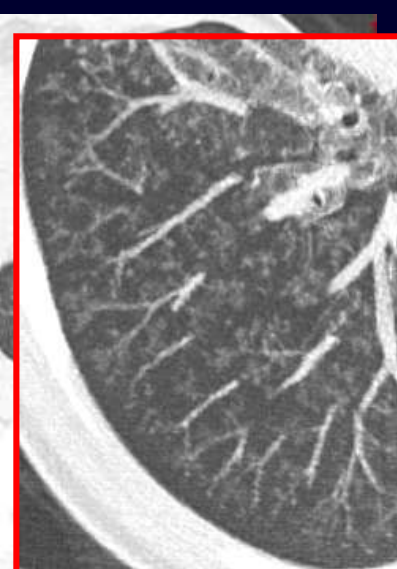
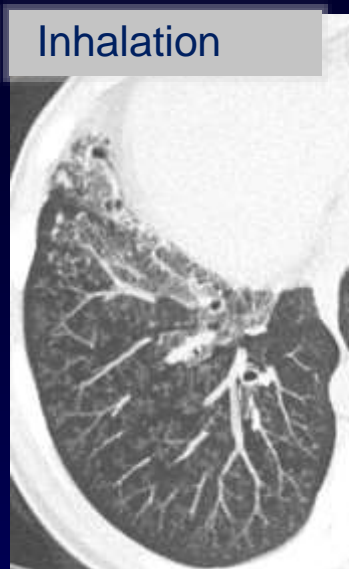
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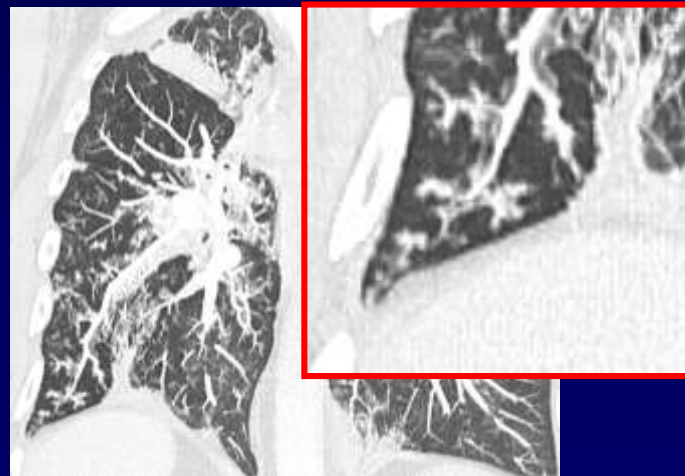
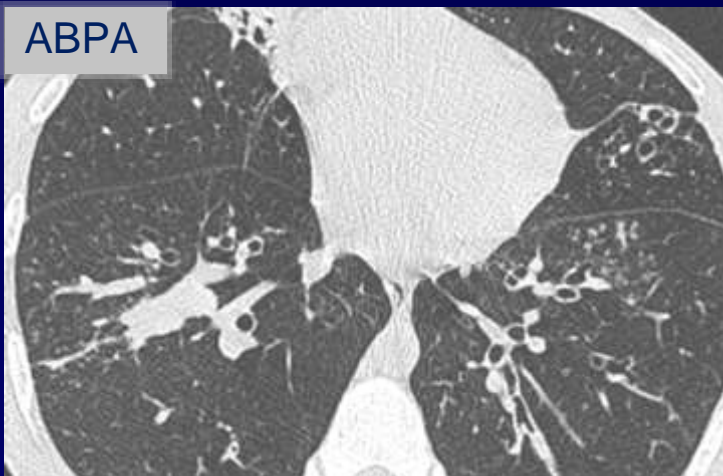
Cystic fibrosis



Inhalation



ABPA



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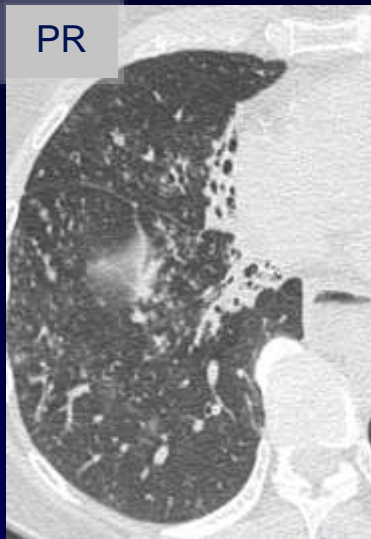
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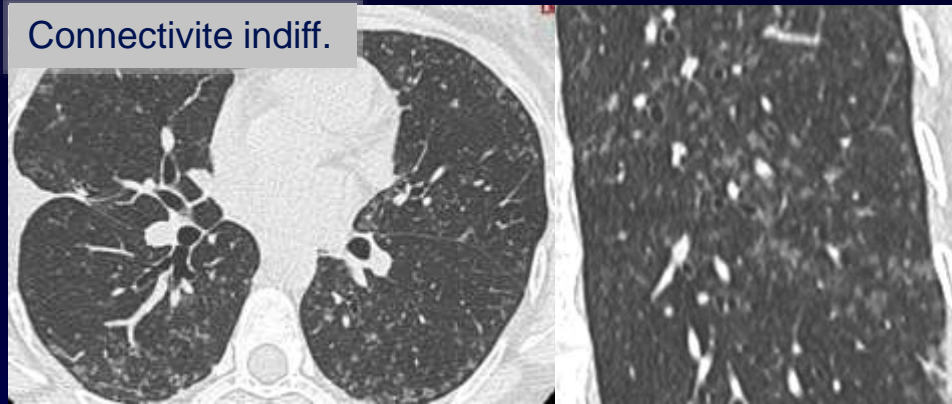
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PR



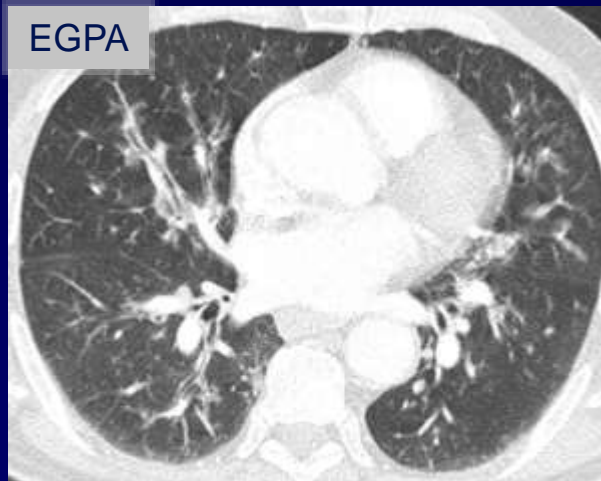
Courtoisie de
François Laurent,
Bordeaux

Connectivite indiff.



Courtoisie de Catherine Beigelman, Lausanne

EGPA

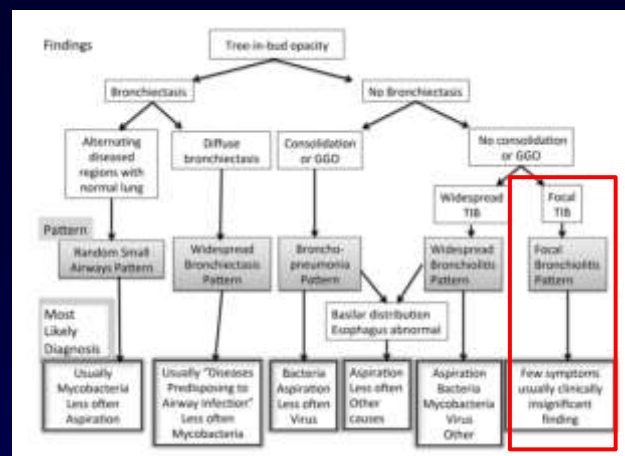


Courtoisie d'Eva Castaner, Barcelone

- ✓ 3% de tous les CT Thorax
- ✓ Diagnostic final dans 41%
- ✓ 18% causes multiples

Table 2—Patients With Proven Causes of TIB Opacities (N = 166)

Cause of TIB Opacities	No.	%
Infectious causes	119	72
Mycobacteria only	65	39
With bronchiectasis ^a	51	31
Without bronchiectasis ^b	14	8
Mycobacteria and bacteria	5	3
With bronchiectasis ^c	4	2
Without bronchiectasis	1	0.6
Bacteria only	44	27
With bronchiectasis ^d	14	8
Without bronchiectasis ^e	30	18
Virus only ^f	4	2
Virus and bacteria ^f	1	0.6
Aspiration	42	25
Without infection	31	19
With infection	11	7
Bacteria	9	5
Mycobacteria	2	1



DPAI	23g	14
Cystic fibrosis	11 ^h	7
ABPA	7 ^h	4
Primary ciliary dyskinesia	3	2
Hyper IgE syndrome	1	0.6
Acquired IgG deficiency	1	0.6
Panbronchiolitis	1	0.6
Tracheobronchomegaly	1	0.6
Bronchiectasis	87	52
Miscellaneous	11	7
BO/BOS ⁱ	5	3
Graft-vs-host disease	3	2
Obstructing lesion	1	0.6
Pulmonary lymphoma	1	0.6
BOOP/pulmonary fibrosis	1	0.6