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A case of lymphoid interstitial pneumonia associated with primary Sjögren's syndrome

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Lymphoid interstitial pneumonia (LIP) is a rare benign lymphoproliferative interstitial lung disease. LIP has been associated with autoimmune disorders, HIV disease, viral infections and an adverse reaction to some medications. Once underlying systemic diseases have been excluded, a diagnosis of idiopathic LIP can be made. There has been 5 cases of LIP in Korea so far but there was no case of pathologically confirmed LIP associated with primary Sjögren's syndrome. A 44-year-old man was admitted due to dry cough and dyspnea on exertion for 2 months. He presented dry mouth over 2 months. The chest radiography showed multiple variable sized cystic lesions on bilateral lung and interstitial infiltration and consolidation at both lower lung fields. Pulmonary function test showed restrictive ventilatory defect. Test for autoantibody showed positive results of anti-nuclear antibody and anti-Ro/La antibody. The Schirmer's test revealed positive result. The patient underwent a video assisted thoracoscopic surgery (VATS) biopsy and pathologically confirmed as LIP. We report a first case of LIP associated with primary Sjögren's syndrome in Korea as well as we known.

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A Case of Pulmonary Langerhans Cell Histiocytosis

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Pulmonary Langerhans cell histiocytosis(PLCH) is a rare disorder of unknown etiology that occurs predominantly in young smokers, with an incidence peak at 20～40 years of age. PLCH is characterized by a proliferation of Langerhans cells and this results in granulomas that involve multiple organs of the body. The incidence of PLCH is very low in Korea and worldwide. We experienced a case of curren smoker, a 26-years-old male patient who had suffered from cough, sputum, progressive dyspnea on exertion. Chest X-ray and Chest CT scan show thin-walled cysts of various sized and nodule in both upper to middle lung zone. Lung biopsy was performed. Immunohistochemically, langerhans cell showed strong cytoplasmic staining with S-100 protein and CD1a. He was diagnosed PLCH. We recommended stop smoking as his treatment, and has been observing without any complications until now.