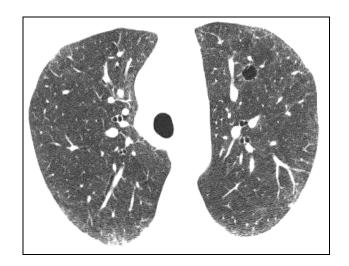
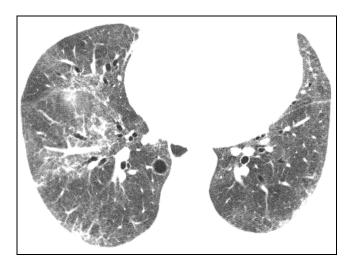
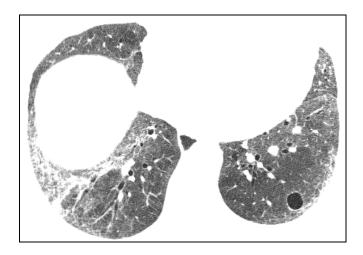
We ask: which lung risk is associated to the basic disease in this case?

Female, 47 years old, Sjörgen Syndrome







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The purpose of this section is to stimulate the clinical reasoning from radiological data. We would like the whole community to participate by sending your diagnostic to the email diagnostico.jpneumo@terra.com.br (do not forget to identify yourself; the right answers will be announced). These are the most important images of the case that may be seen in more detail in jornaldepneumologia.com.br. CHECK THE DIAGNOSIS IN THE NEXT ISSUE.

Diagnosis of the case of the previous issue

J Pneumol 2003; 29(1):49

Wegener's Granulomatosis

THORAX CT

- Two nodes, measuring 1.0 cm, irregular edges, one at the right and one at the left.
- Reduction of the intermediate lobe (atelectasis), with noticeable opacity in opaque glass and anterior displacement of the oblique cleft (major), due to the presence of a node in the bifurcation of the segment bronchi.

CORONAL CT OF THE FACIAL SINUS

- Pansinusopathy

Comments:

Wegener's Granulomatosis is a vasculitis of small vessels.

It is a rare disease, multisystemic, without gender predominance, affecting mainly 30 to 50 year-old adults.

Pathologically, it is characterized by an inflammatory, granulomatosis, necrotic disease of the upper and lower airways, glomerulonephritis and

necrotic vasculitis in the lungs and in several organs and systems. Clinically, the most usual form is the one that damages the respiratory ways and lungs.

The typical aspect consists of the presence of pulmonary nodes of few millimeters to 10 cm, bilateral in most cases.

Cavities occur in half of the cases. Calcification is rare.

The second more common radiological presentation is the consolidation of air space or areas of opaque glass due to hemorrhage.

The impairment of bronchi walls may cause narrowing, possibly occurring atelectasis.

Pleural effusion, hilus and/or mediastinal lymphonodusmegaly may occur.

Fraser RS, Müller NL, Colman N, Pare PD. Diagnosis of Diseases of the Chest. 4th ed., Vol. III, Philadelphia, Pennsylvania: WB Saunders Company 1999;1489-506.

Armstrong P, Wilson AG, Dee P, Hansell DM. Imaging of Diseases of the Chest. 2nd ed., St. Louis: Mosby 1995;494-9.

Correct diagnosis:

Adalberto Sperb Rubin Armando Takahiko Koga Edgard Passos de Souza José Antonio Baddini Martinez Karina Tavares Oliveira Marlon B.M. Molina Richard Volpato