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### Authors

Martires, Joanne  
Fogelfeld, Keren  
Barot, Nikhil  
[et al.](#)

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## Cryptogenic Organizing Pneumonia Presenting as a Cavitory Mass

Joanne Martires, MD; Keren Fogelfeld, MD; Nikhil Barot, MD; Payman Fathizadeh, MD; Nader Kamangar, MD  
UCLA Olive View Medical Center, Sylmar, CA

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### Abstract

**SESSION TITLE:** Interstitial Lung Disease Cases II

**SESSION TYPE:** Affiliate Case Report Slide

**PRESENTED ON:** Wednesday, October 29, 2014 at 11:00 AM - 12:15 PM

**INTRODUCTION:** Organizing pneumonia typically presents with patchy, alveolar, and migratory infiltrates on imaging. Other radiographic patterns include diffuse bilateral infiltrates and solitary opacities. Cavitory organizing pneumonia has been described in only a few case reports in the literature. We present a rare case of cryptogenic organizing pneumonia presenting as a cavitory mass.

**CASE PRESENTATION:** 52 year-old man with history of ischemic cardiomyopathy and diabetes presented with cough with brown sputum, subjective fevers, and shortness of breath for three weeks. He had taken a course of antibiotics without relief. He was originally from El Salvador and had a remote history of smoking. His pulmonary exam was significant for crackles in the right base and mild hypoxemia. He was afebrile and had no leukocytosis. Thoracic imaging was significant for a 5.7 x 5 cm cavitory mass at the right lower lobe with surrounding consolidation and ground glass opacities. The patient underwent a negative infectious workup and there was no evidence of malignancy. Bronchoscopy with transbronchial biopsies revealed multiple fibroplastic plugs (Masson bodies) in the alveoli consistent with organizing pneumonia. The patient was treated with systemic corticosteroids with near resolution of the cavitory mass and marked improvement in symptoms.

**DISCUSSION:** Organizing pneumonia is characterized by granulation tissue in the lumen of distal airspaces. It is an inflammatory response to alveolar and bronchial damage due an identifiable cause or may be idiopathic. Cavitory organizing pneumonia is very rare. Cavitory masses have a broad differential that includes necrotizing bacterial infections, fungi, mycobacteria, and primary or secondary malignancies. Organizing pneumonia can be an incidental finding in some of these disease processes. Therefore, when organizing pneumonia is found in the workup of a cavitory mass, an extensive workup for a potential underlying cause must be completed. In the case of our patient, no underlying cause of his cavitory mass or organizing pneumonia was identified. He was deemed to have cavitory cryptogenic organizing pneumonia. Histologic findings and his brisk response to steroids confirmed this diagnosis.

**CONCLUSIONS:** Organizing pneumonia presenting as a cavitory mass is rare and a diagnosis of exclusion; it should be considered in the differential of a cavitory mass.

**Reference #1:** Epler GR, Colby TV, McCloud TC, et al. Bronchiolitis obliterans organizing pneumonia. *N Engl J Med* 1985; 312: 152-158.

**DISCLOSURE:** The following authors have nothing to disclose: Joanne Martires, Keren Fogelfeld, Nikhil Barot, Payman Fathizadeh, Nader Kamangar

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