Lipoid pneumonia (LP) is an uncommon condition caused by accumulation of lipids in the lungs. Patients with LP may present either with no symptoms or with nonspecific symptoms, such as dyspnea and cough. Lipoid pneumonia typically arises from the aspiration of fatty substances (exogenous LP) or the aggregation of lipid-rich debris from damaged lung tissue (endogenous LP).\(^1\) Recently, cases of LP arising from e-cigarette use have been reported.\(^2\)

On computed tomography, LP commonly presents with irregularly margined bilateral consolidations and fat attenuation in the lower lobes of the lungs, and a high index of suspicion.

**Figure.** Computed Tomography (CT) and Positron Emission Tomography (PET)-CT of the Lungs in a 47-year-old Man with Maxillofacial Defect.

(A) CT image shows bilateral consolidations in the lower lobes (A, stars) with central fat attenuation (A, arrowhead). (B) PET-CT image shows diffuse mild fluorodeoxyglucose (FDG) uptake within regions of consolidation (B, stars), consistent with LP in the setting of chronic aspiration.
consolidations in the lower lobes (Figure) or masses; fat attenuation may or may not be present. “Crazy-paving” pattern has been reported.1 The diagnosis of exogenous lipoid pneumonia can be made more confidently when fat attenuation is observed, and consolidations are focal and distributed in the dependent regions. Absent this provision, chronic lung opacities, an appropriate history, and a high index of suspicion are important for the diagnosis. Lipoid pneumonia also shows mild or greater metabolic uptake (Figure) on fluorodeoxyglucose positron emission tomography. Differential diagnoses include bacterial pneumonia and malignant neoplasm.

Author Contributions
Conceptualization, C.L. and M.V.S; Writing – original draft preparation, M.V.S; Review and editing, C.L; Supervision, C.L. All authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Disclosures
None to report.

References