

CT 1

2 3 4 5

CT 3 가 13 , 13  
 CT CT , 1.8 cm 6.5  
 cm . 8  
 , 5 (bronchovascular bundle)  
 , 5 (coarse spiculation) , 4 (pleural tag)  
 (air - bronchogram) , 4 (satellite nodule)  
 가 1 CT 4 3  
 :

가 13 가 10 ,  
 가 3 , 32 74 ( 60 )  
 가 5 ,  
 가 6 , 2 (alveolar  
 (1-4) . CT space) (fibroblast)  
 3 가 CT

CT

CT

iopromide (Ultravist 300, Schering AG, Berlin, Germany)  
 150 ml 50 ml 100 ml 3  
 (dripping) CT GE 9800  
 Scanner (General Electric Medical System, Milwaukee,  
 U.S.A.) CT

2000 2 29

2000 10 13

10 mm

CT

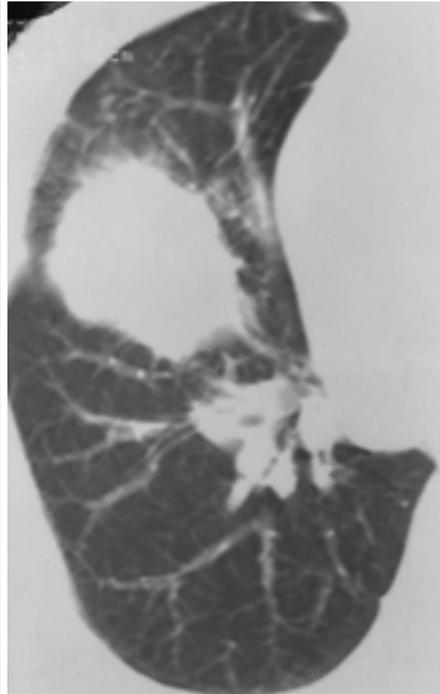
1.0 mm, 10 mm  
 window width/level 1500/-750  
 .4

3 1  
 . CT  
 . 1

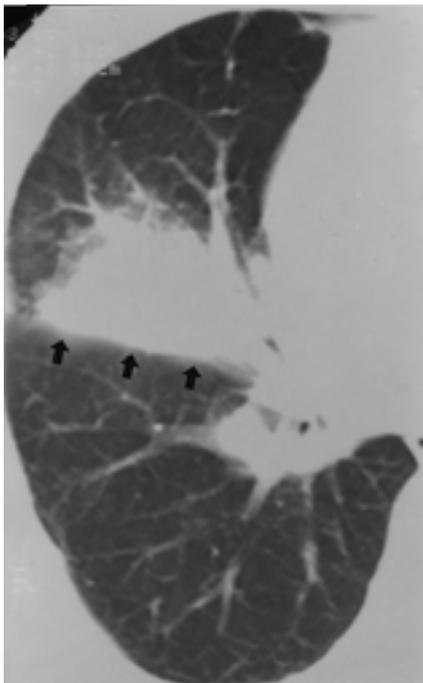
6.5 cm 1.8 cm  
 (61.5%) CT 8  
 9 가 , 5 (38.5%) CT



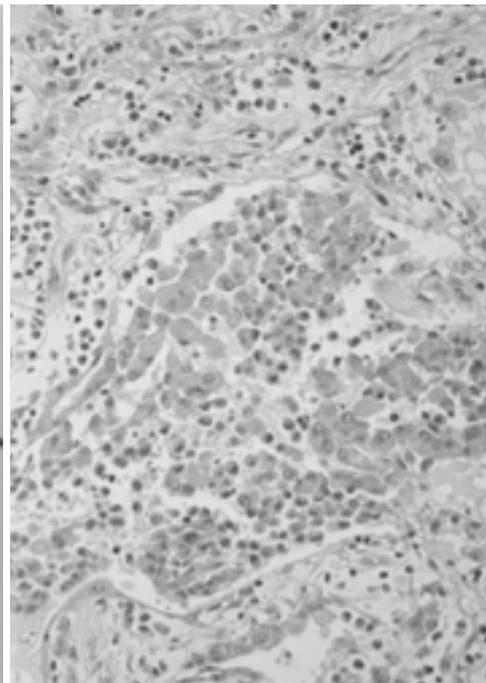
A



B



C



D

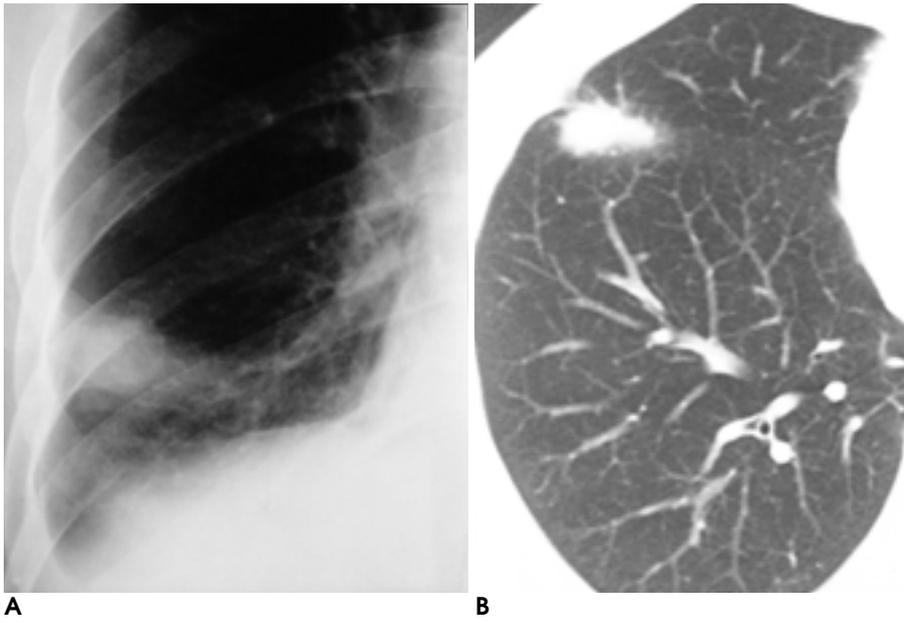
**Fig. 1.** A 74-year-old man with proved focal organizing pneumonia.

**A.** Chest radiograph reveals an ill-defined, round mass in right lower lobe.

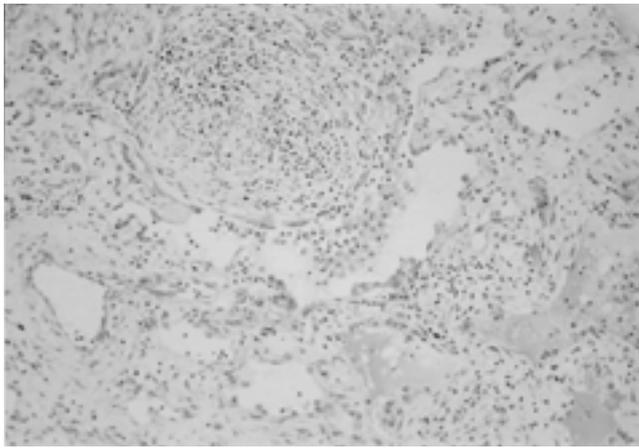
**B.** High resolution CT scan shows an oval shaped solitary mass with an irregular margin.

**C.** The lesion is located along the interlobar fissure (arrows).

**D.** Transbronchial lung biopsy specimen reveals proliferation of fibroblasts as well as intraalveolar and interstitial organization and fibrotic change (hematoxylin-eosin stain,  $\times 400$ ).



**Fig. 2.** A 65-year-old man with proved focal organizing pneumonia.  
**A.** Chest radiograph reveals localized pulmonary parenchymal abnormality with an irregular margin.  
**B.** High resolution CT scan shows a solitary nodule with an irregular margin. A pleural tag is apparent.  
**C.** The specimen reveals intraalveolar and interstitial organization tissue with apparent fibrosis. (hematoxylin-eosin stain, x 200)



8 (61.5%)	6 (46.2%)	5
(coarse spiculation)	6 (46.2%)	(bronchovascular bundle)
(38.5%)		(pleural indentation)
4 (30.8%)		(pleural tag)
(satellite nodule)		2 (15.4%)
1	4	3
CT	1	
CT	Table 1	

**Table 1.** CT Findings of Focal Organizing Pneumonia

Age	Sex	Shape	Contact	Margin	Pleural tag	Spiculation	Air-bronchogram	Satellite nodule	Pleural indentation	Along the BVB
74	M	Oval	Pleura	Irregular	+	-	-	+	-	-
60	M	Oval	Pleura	Irregular	-	-	+	-	-	+
47	F	Oval	No	Smooth	+	+	-	-	-	+
65	M	Triangular	Pleura	Irregular	-	-	+	+	+	-
40	M	Triangular	Pleura	Irregular	-	-	+	-	+	-
77	M	Oval	No	Irregular	+	+	+	-	-	-
32	M	Triangular	Pleura	Irregular	-	+	+	-	+	+
61	M	Triangular	Pleura	Irregular	-	-	-	-	-	+
38	M	Oval	No	Irregular	-	+	-	-	-	+
47	M	Triangular	Pleura	Irregular	+	-	-	+	+	-
54	M	Oval	No	Irregular	-	+	-	-	+	-
71	F	Oval	No	Irregular	-	-	-	+	-	-
36	F	Triangular	Pleura	Irregular	-	+	+	-	-	-

Abbreviation: BVB-Bronchovascular bundle

CT  
가 ,

가 가 (21).

가 (1-

4). Israel 139  
121 (87%) 4  
, 17 4-8  
8 가  
(5).

5-10% (2-4, 6, 7). 가  
가 가 , ,  
(6, 7)

가  
(9-11).

(unre-  
solved)  
(air - space pneumonia)

(11).

tolol amiodarone , ,  
(9-10).

CT (nodule)  
, ( )  
(pleural indentation) (12-15). Kuriyama  
CT 2 cm  
65%  
5% (15). Zwirewich  
87% , 55%  
, 25% , 9%  
(12). CT  
(16-

19).  
Kohno (20) CT 18  
7 (39%) 가  
, 6 (33%) -  
5 (28%) -

Kohno 가 56%  
30.8%

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## CT Findings of Focal Organizing Pneumonia<sup>1</sup>

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**Purpose:** Focal organizing pneumonia (FOP) is a benign condition which is often difficult to differentiate from bronchogenic carcinoma, and many patients with FOP undergo invasive procedures. We tried to determine which CT features might help provide a confident diagnosis of FOP.

**Materials and Methods:** We retrospectively reviewed the medical records, chest radiographs and CT scans of 13 patients with histopathologically proven FOP. Initial chest radiographs in all 13 suggested bronchogenic carcinoma. The CT scans were reviewed by three radiologists, and final decisions were reached by consensus. They were analyzed in terms of the size, shape, contour and localization of the lesion, internal characteristics of the nodule, changes in surrounding structures, and changes in any of these findings, as revealed by follow-up chest CT scanning.

**Results:** FOP lesions were oval or triangular in shape and between 1.8 and 6.5 cm in their largest diameter. All had irregular margins and all but one were peripherally located. Eight (61.5%) were in contact with the pleura and five (38.5%) were located along the peripheral bronchovascular bundle, with pleural indentation; in eight (61.5%), post-contrast CT scanning revealed inhomogeneous enhancement, and four (30.8%) had pleural tags. In five (38.5%), there was coarse spiculation; for six (46.2%), air bronchograms were available, and in four (30.8%), satellite nodules were present. Spotty calcification and lymph node enlargement were each evident in one case only. Follow-up CT scanning, available in four cases, showed that the mass decreased in size in three and disappeared completely in one.

**Conclusion:** Although there were no consistent CT features for differentiating focal organizing pneumonia from lung cancer, the possibility of the former should be considered when a peripherally-located oval or triangular-shaped mass is in broad contact with the pleura or is located along the bronchovascular bundle, and satellite nodules are also present.

**Index words :** Pneumonia  
Lung, CT

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