Case history

A five-year-old boy presented to us with pale looking, recurrent cough and haemoptysis for 1 year. In the past, he had been treated with antibiotics. There was no residual symptom after treatment. He was given iron supplement for his "anaemia" in China. Physical examination revealed pallor and mild cyanosis. Chest examination revealed mild insucking chest and increase respiratory rate to 30 per minute. There were diffuse crepitations heard over the chest. He was put on oxygen for his respiratory distress. Chest X-ray was taken.

Questions
1. What is your comment?
2. What are the investigations that you are going to order?
3. What is your diagnosis?

Figure 1. Chest X-ray.

Figure 2. Computed tomography thorax.

(Answer on page 16)
Answers to X-ray Quiz on page 14

1) There are multiple short interlacing linear densities present in bilateral mid and lower zones of the lungs. Costophrenic angles and apices are relatively spared. Fine soft nodular opacities were present. There is neither airspace consolidation nor pleural effusion seen.


3) Extensive ground glass and short interlacing linear opacities are seen involving both lungs. Multiple large and patchy opacities with ill-defined margins are also seen. High density centrilobular nodules are not seen. There is no honeycombing, atelectasis nor bronchiectasis noted. Pleural thickening is seen in the fissures.

Bronchoalveolar lavage showed blood stained fluid and positive for haemosiderin laden macrophages. Features in HRCT are suggesting interstitial lung diseases. Autoimmune disease screening was negative. Sections of lung tissue show numerous haemosiderin-laden macrophages with red blood cells in the alveolar spaces. There is no evidence of capillaritis or vasculitis. This is a case of idiopathic pulmonary haemosiderosis.