Granulomatous-lymphocytic Interstitial Lung Disease in a Patient with Common Variable Immunodeficiency

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A 44-year-old man was referred to our hospital due to chest abnormalities. He had suffered from pneumonia and otitis media repeatedly since childhood. Laboratory examinations revealed hypogammaglobulinemia, while reticulonodular lesions and bronchiectasis were observed predominantly in the bilateral lower lobes on chest high-resolution computed tomography HRCT (Picture 1). Histopathologically, multiple epithelioid cell granulomas with non-caseating necrosis were scattered in the alveolar space and peribronchiolar interstitium, in addition to prominent dilatation of the bronchioli and fibrocellular nonspecific interstitial pneumonia (Picture 2). The patient was diagnosed as having common variable immunodeficiency (CVID) associated with granulomatous-lymphocytic interstitial lung disease (GLILD). He was treated with high doses of intravenous immunoglobulin (IVIG) and erythromycin. GVILD is an uncommon condition associated with CVID (1). Although there are no established guidelines for the treatment of GLILD in patients with CVID (2), the administration of combination therapy with IVIG and macrolide may prevent the progression of chronic lung diseases, such as GLILD.

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References


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