İPF-VAKA SUNUMU

Prof. Dr. Ercan KURTİPEK

S.B.Ü. Konya Şehir Hastanesi, Göğüs Hastalıkları Kliniği

Başlarken-Hoşgeldiniz

- Ne şikayetiniz var?
- Fizik Muayene
- Nasıl görünüyor?
- Parmaklarınızı görebilirmiyim?
- Akciğer Filmi
- HRCT
- SFT
- DLCO

Ne şikayetiniz var?

Kuru öksürük

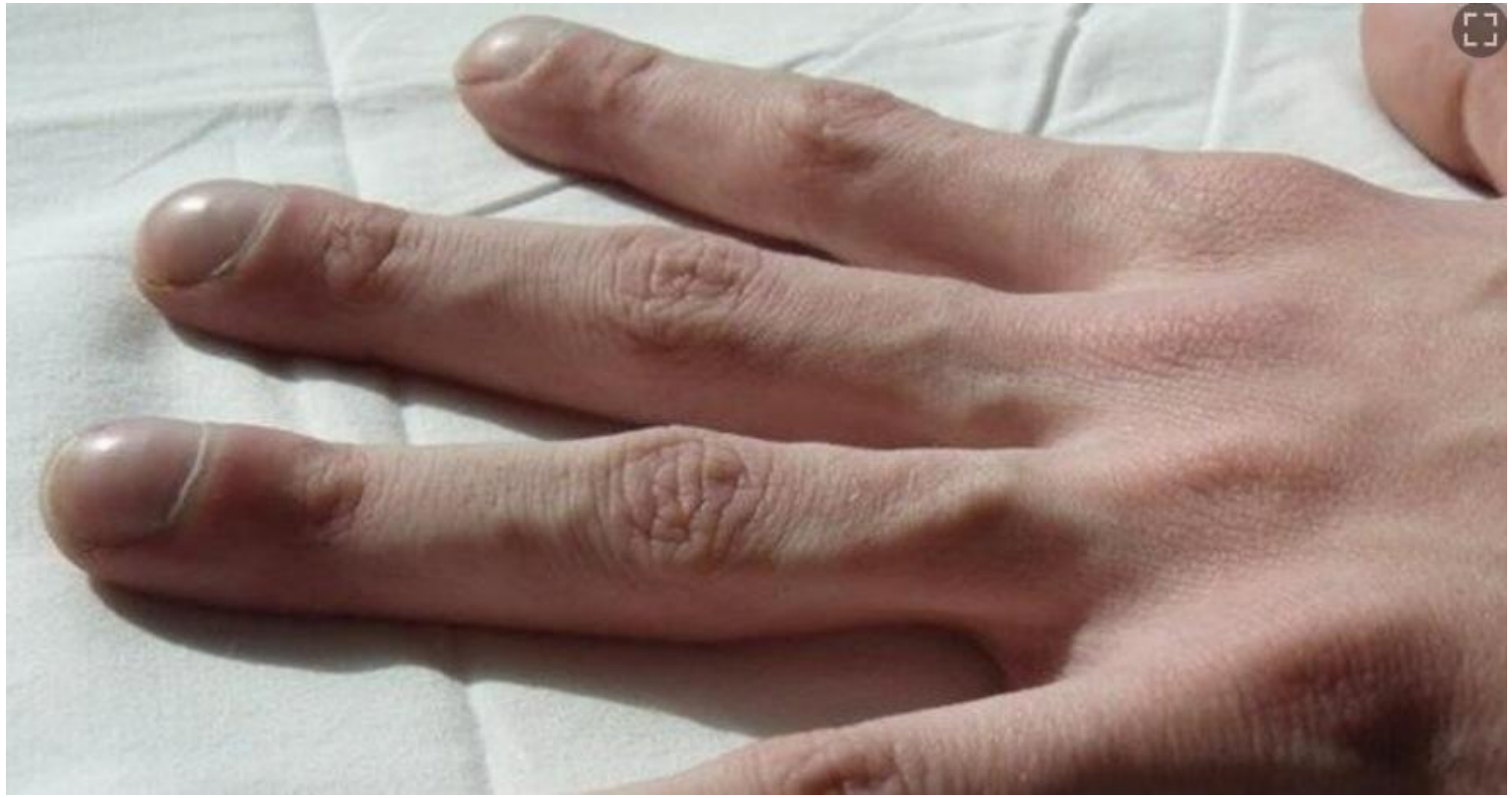
Nefes Darlığı

Fizik Muayene

Velcro Ral

Çomak Parmak

Parmaklarınızı görebilirmiyim?

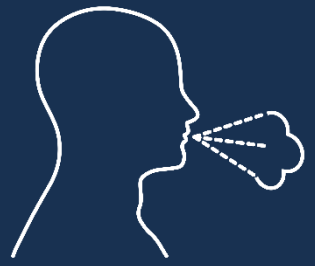


İPF'den Ne Zaman Şüphe Edilmeli?

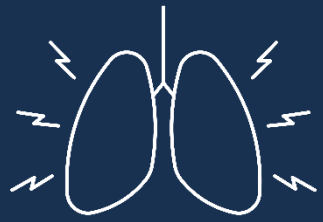
1

Nefes darlığı

Çomak parmak

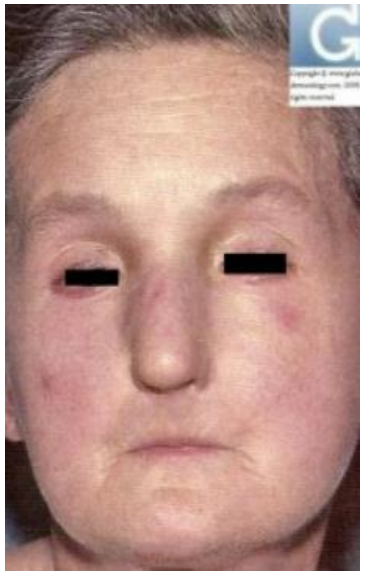


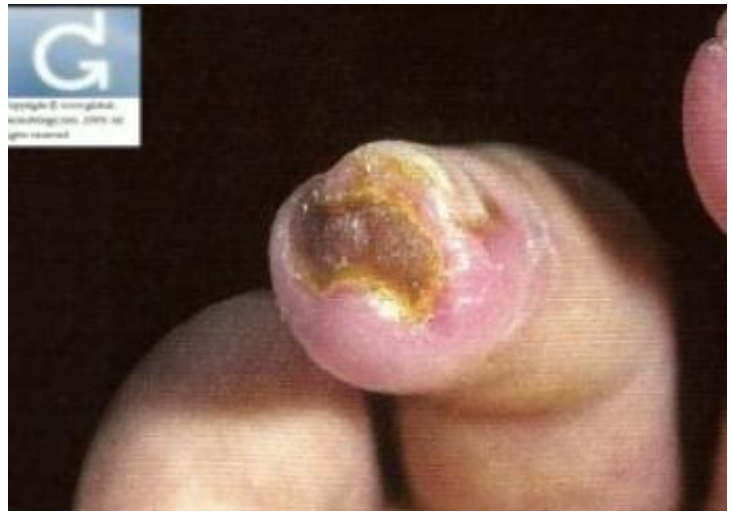
Kronik
kuru öksürük

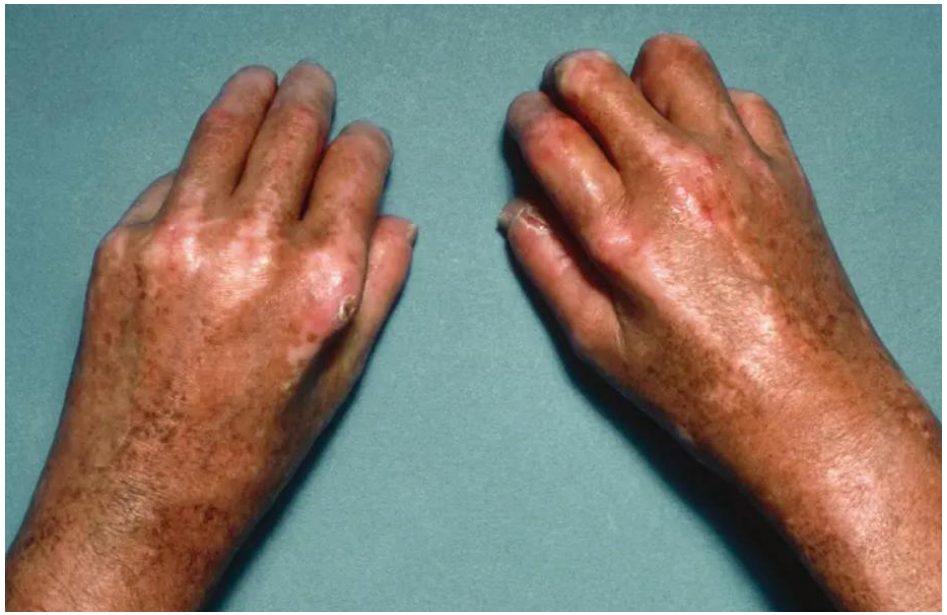


Fizik muayenede
Velcro raller

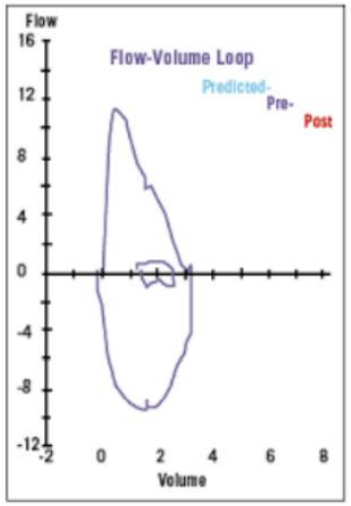
Nasıl görünüyor? İpucu var mı?

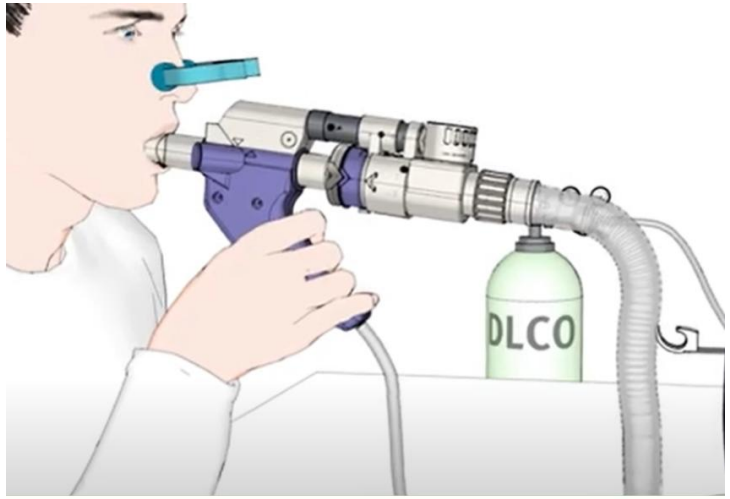


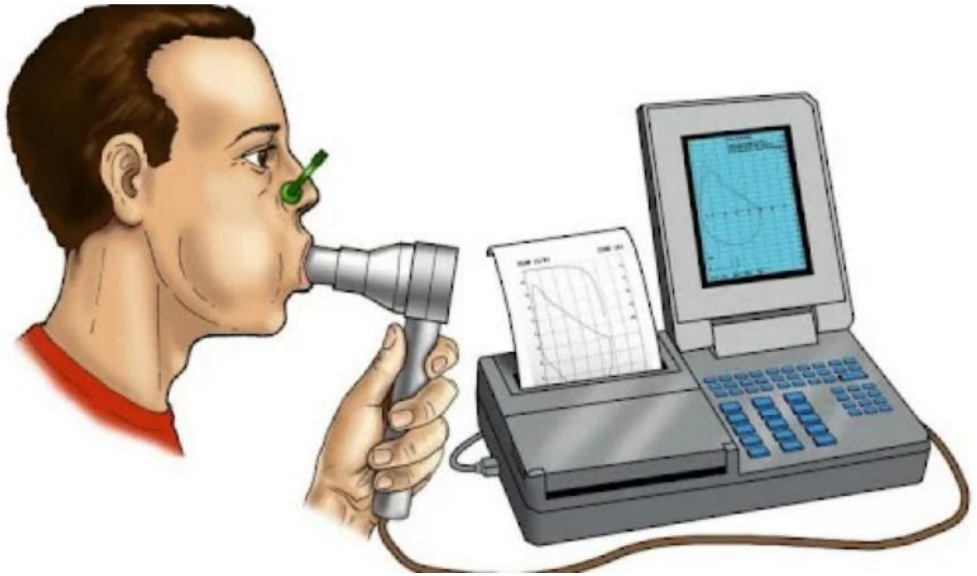




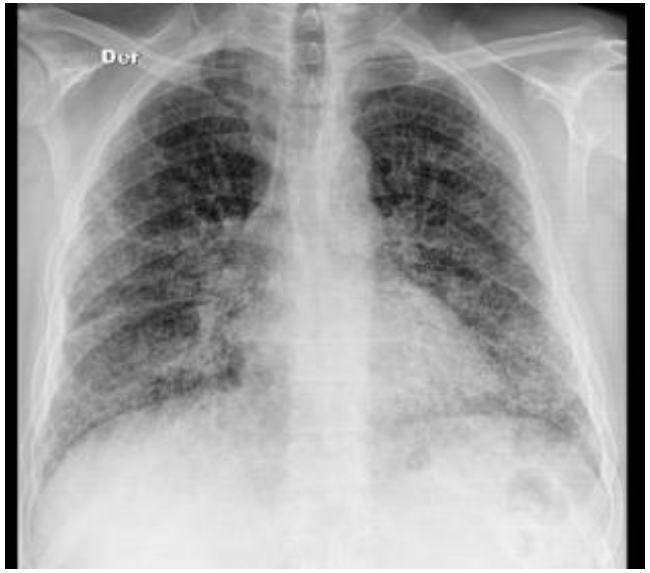
SFT-DLCO

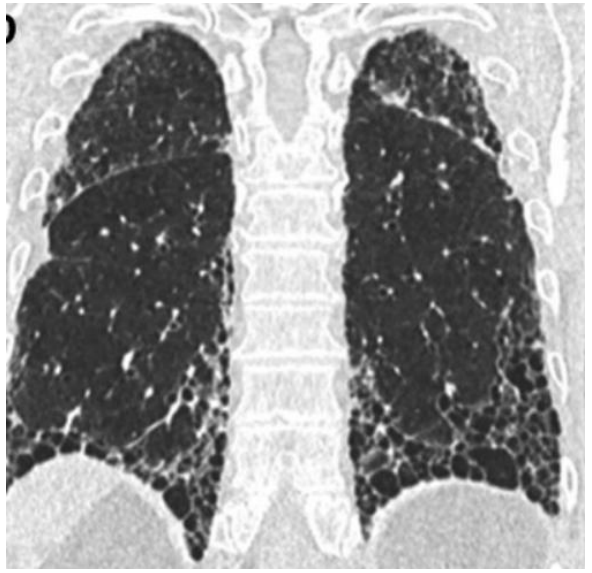

Flow
16
12
8
4
0
-4
-8
-12
-2
0
2
4
6
8
Volume
Flow-Volume Loop
Predicted-
Pre-
Post

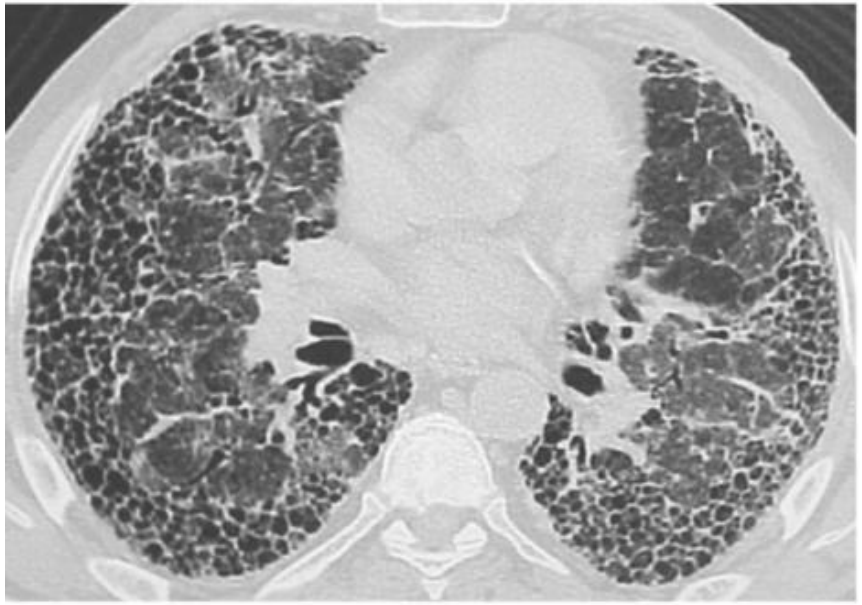

DLCO

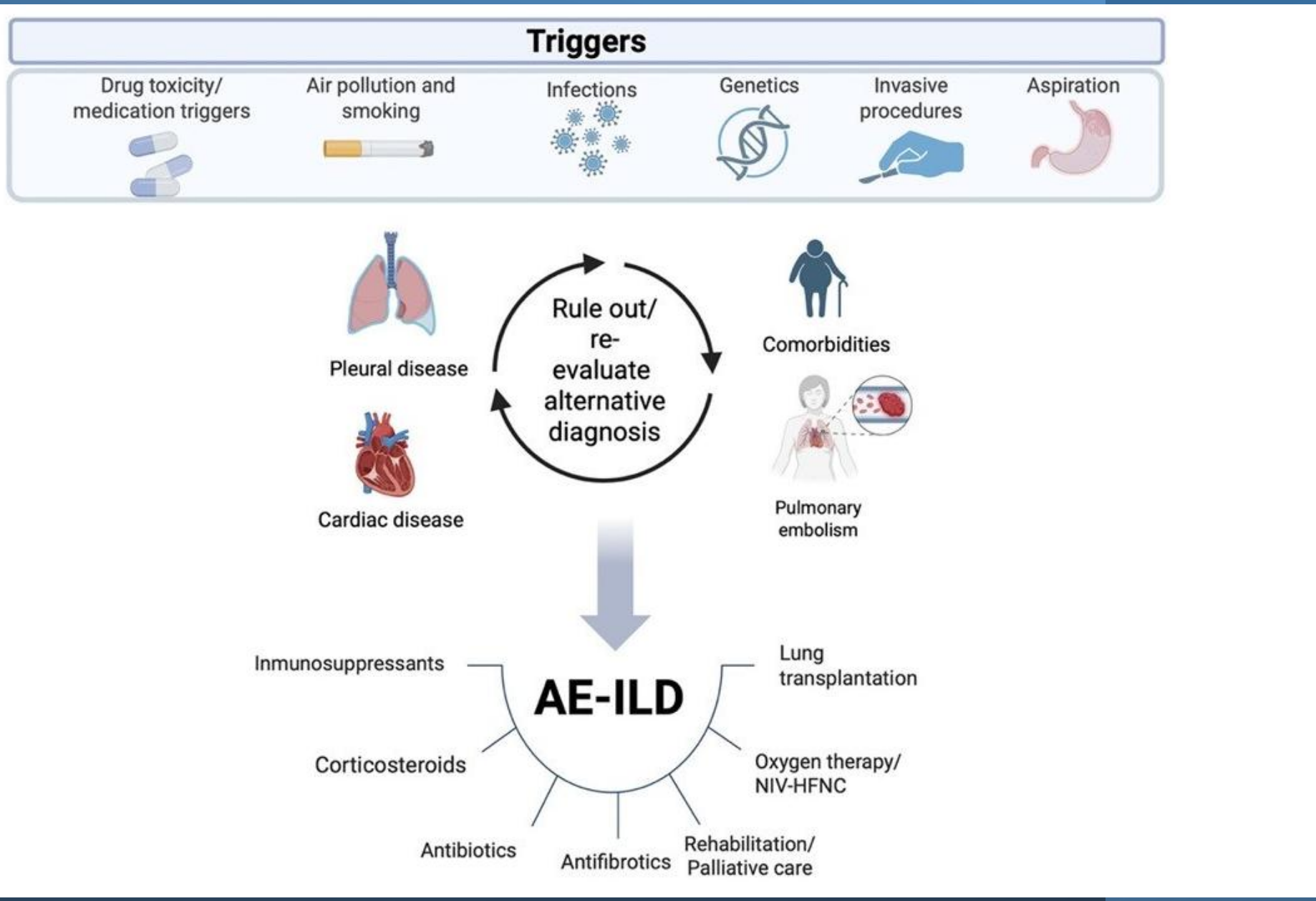


Radyoloji





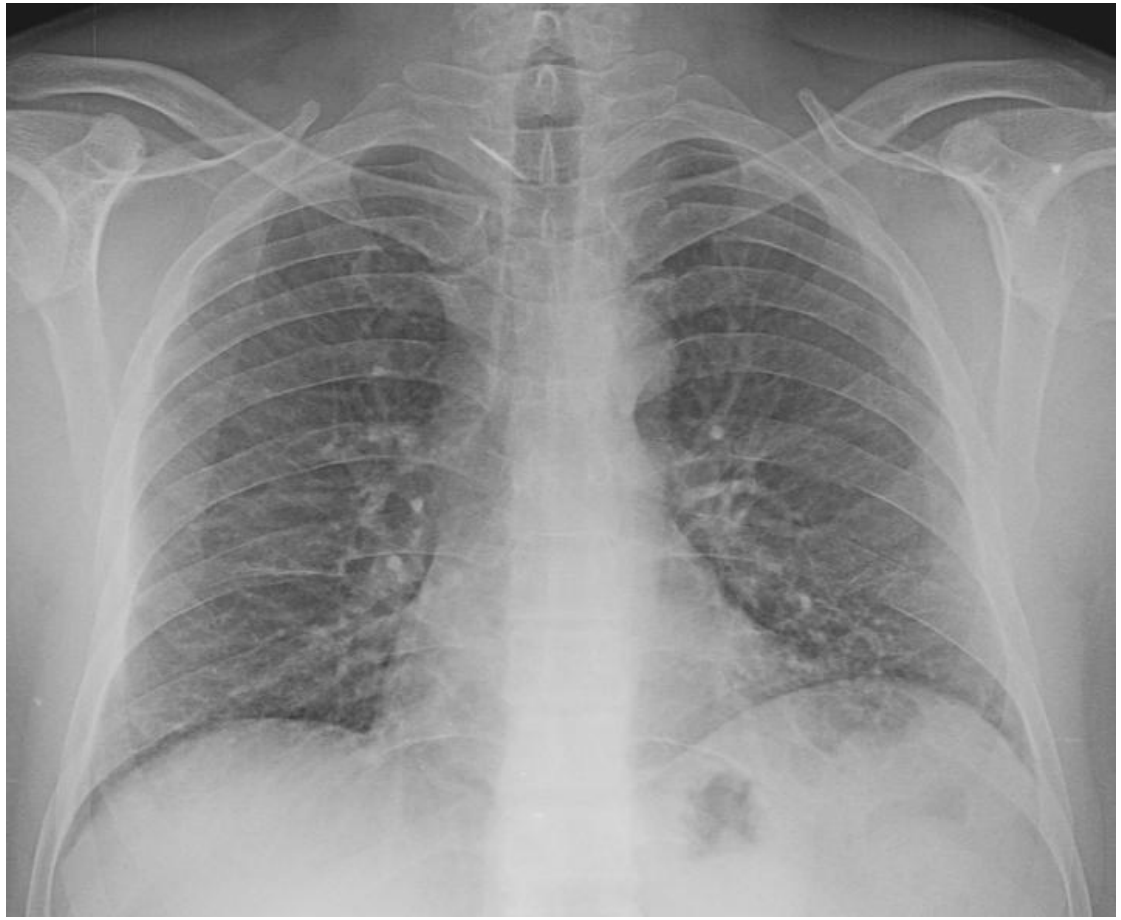



Triggers
Drug toxicity/ medication triggers
Air pollution and smoking
Infections
Genetics
Invasive procedures
Aspiration
Pleural disease
Cardiac disease
Rule out/ re-evaluate alternative diagnosis
Comorbidities
Pulmonary embolism
Inmunosuppressants
Corticosteroids
Antibiotics
Antifibrotics
Rehabilitation/ Palliative care
Oxygen therapy/ NIV-HFNC
Lung transplantation
AE-ILD

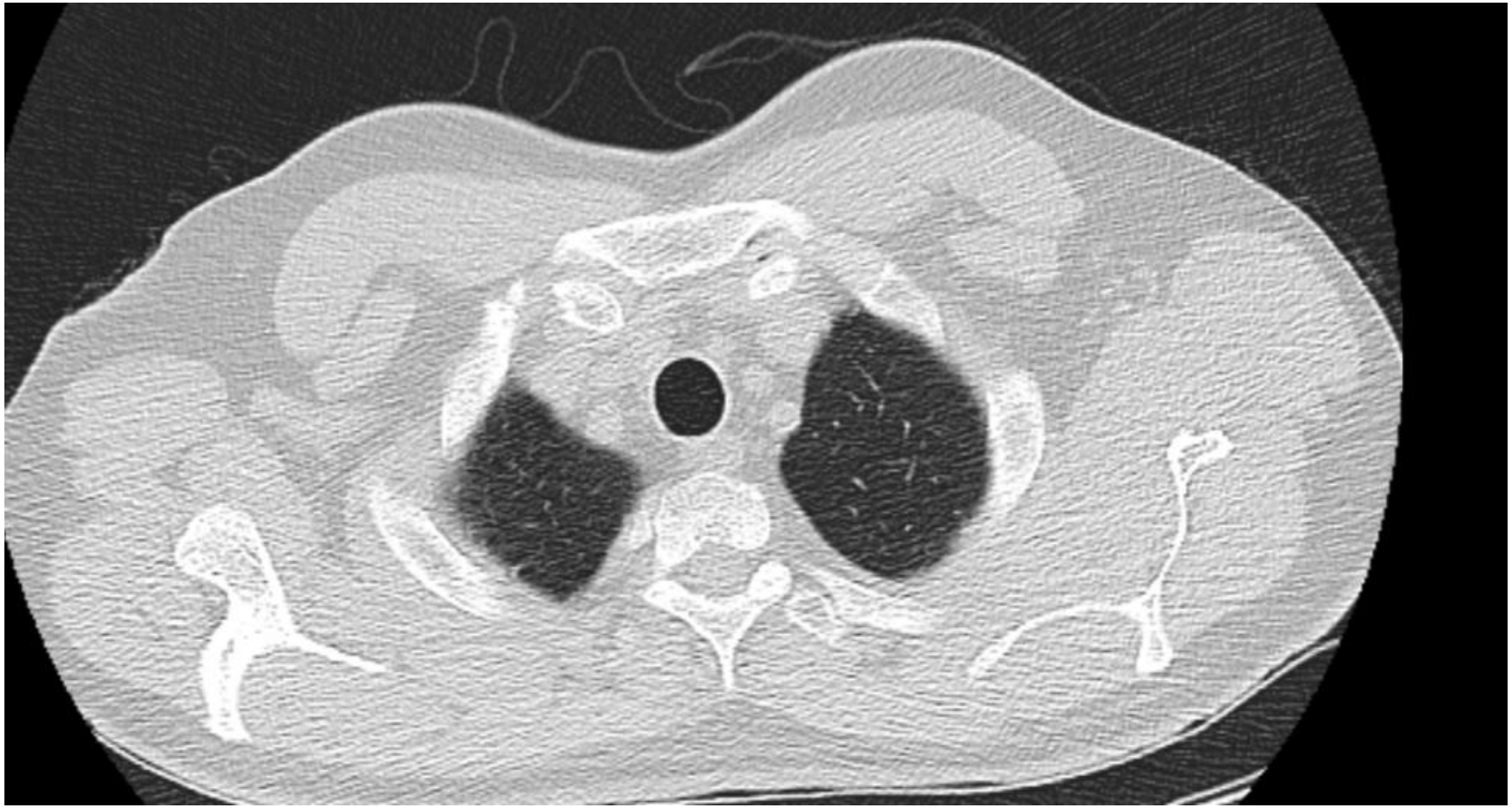
Olgumuz……

- İsim: E,S.
- Yaş: 46
- Cinsiyet: Erkek
- Meslek: Askeri Personel
- Şikayet: Nefes Darlığı, özellikle eforla
- Hikaye: Dış merkezden sevkli, PA Akciğer film, şüpheli İAH?
- Özgeçmiş: Sigara 30 paket/yıl

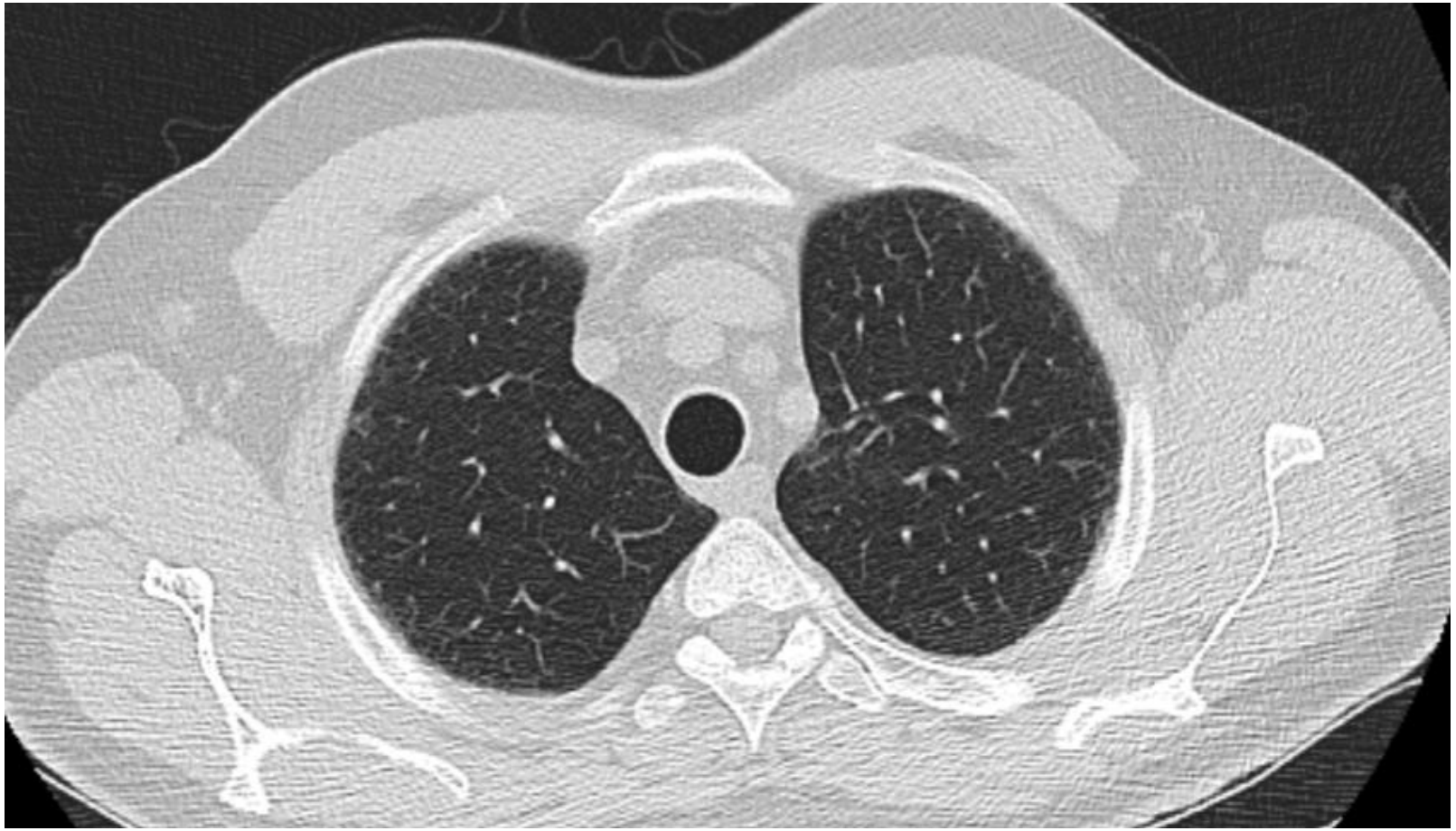
Ekim-2019



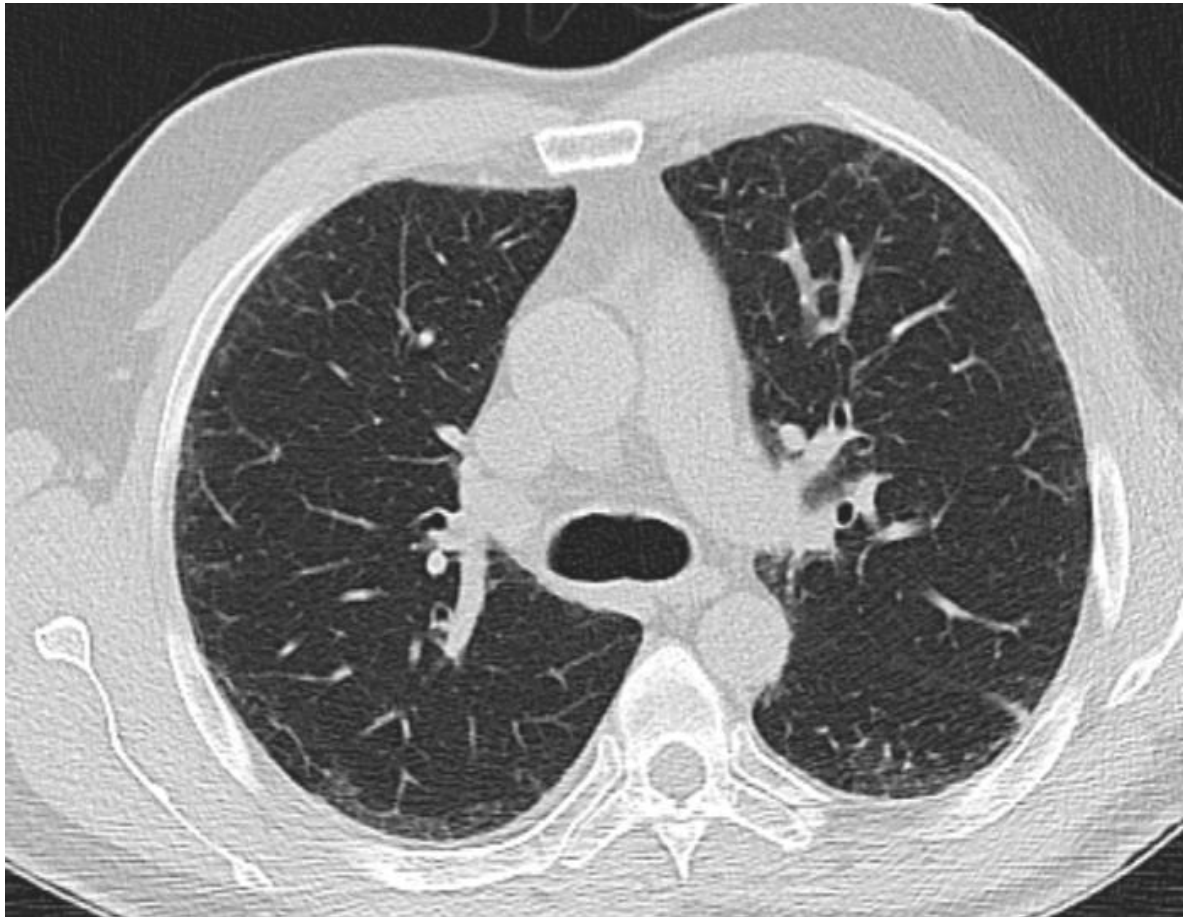
2020-Eylül



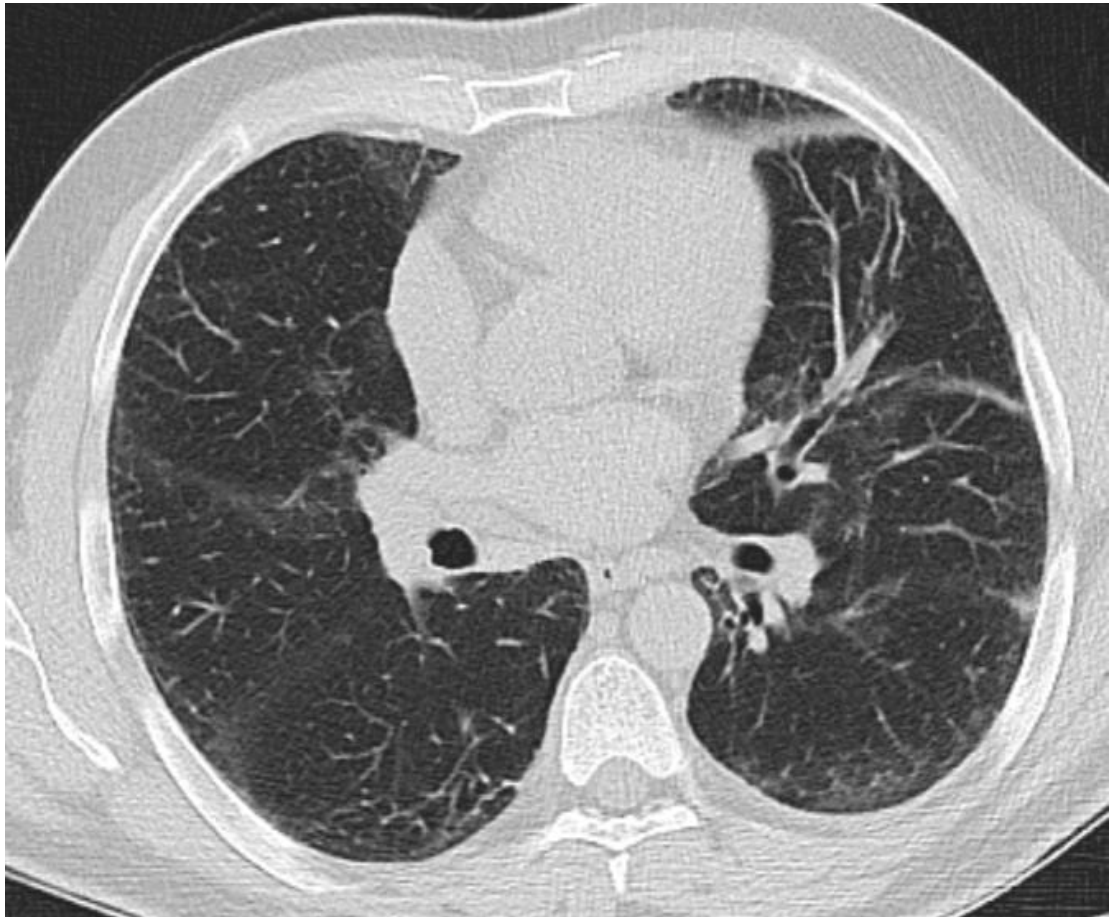
2020-Eylül



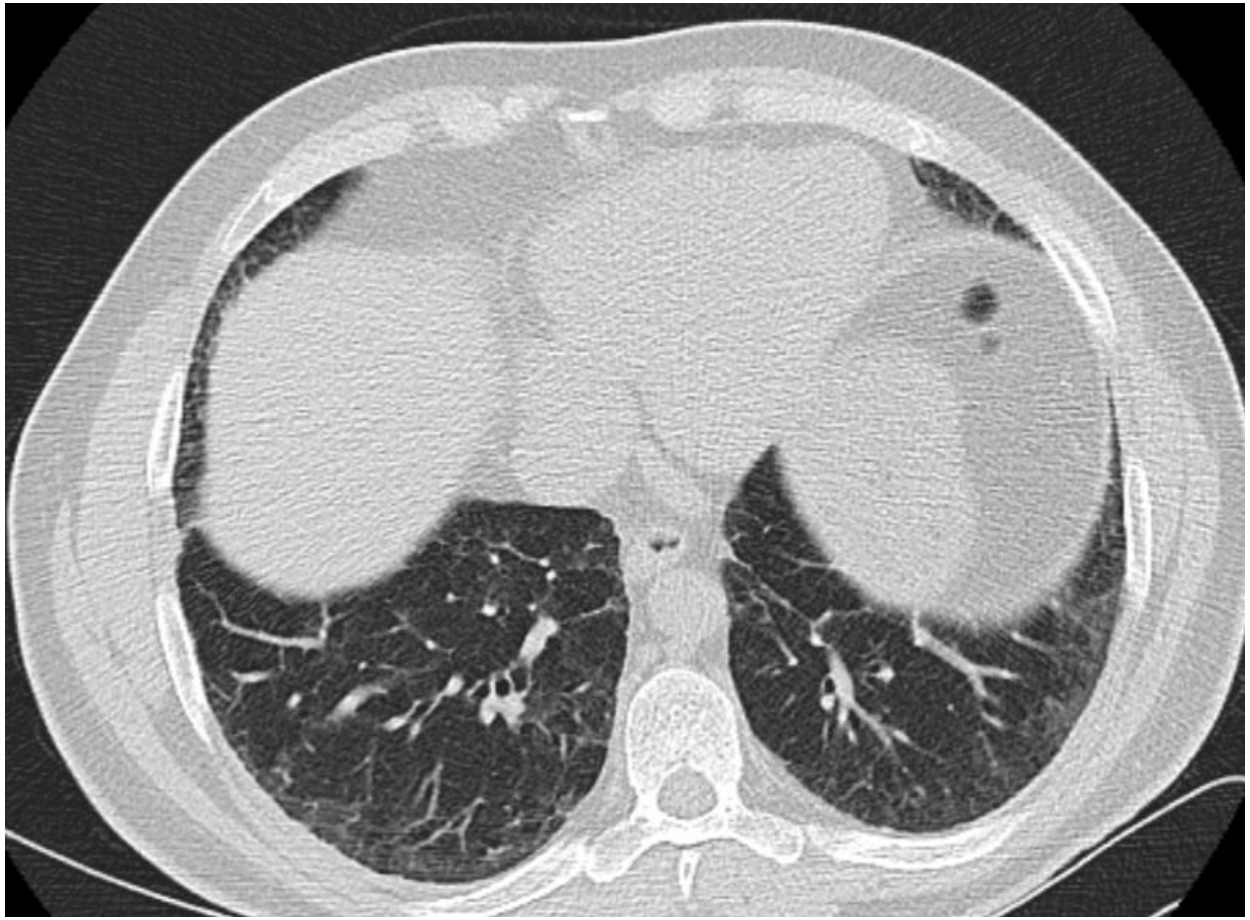
2020-Eylül



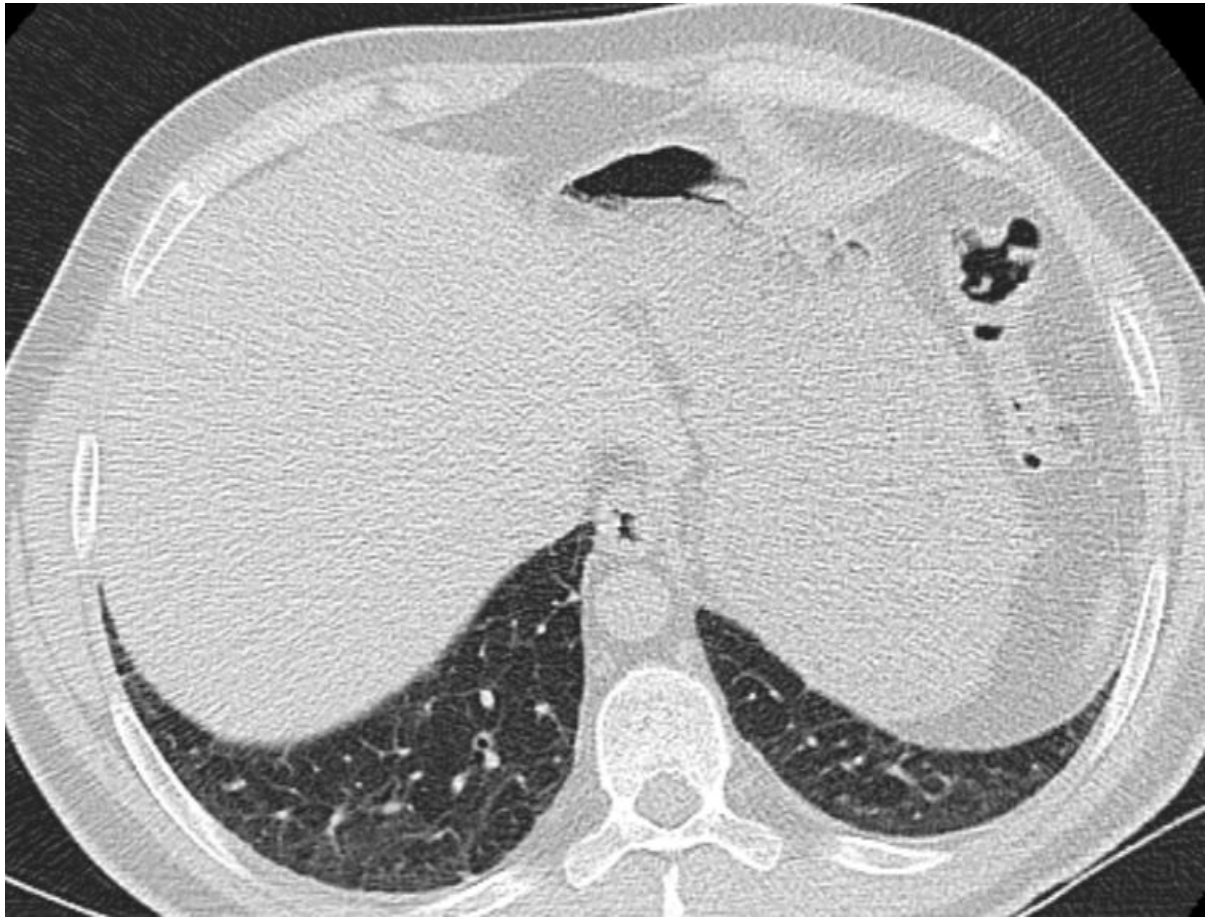
2020-Eylül



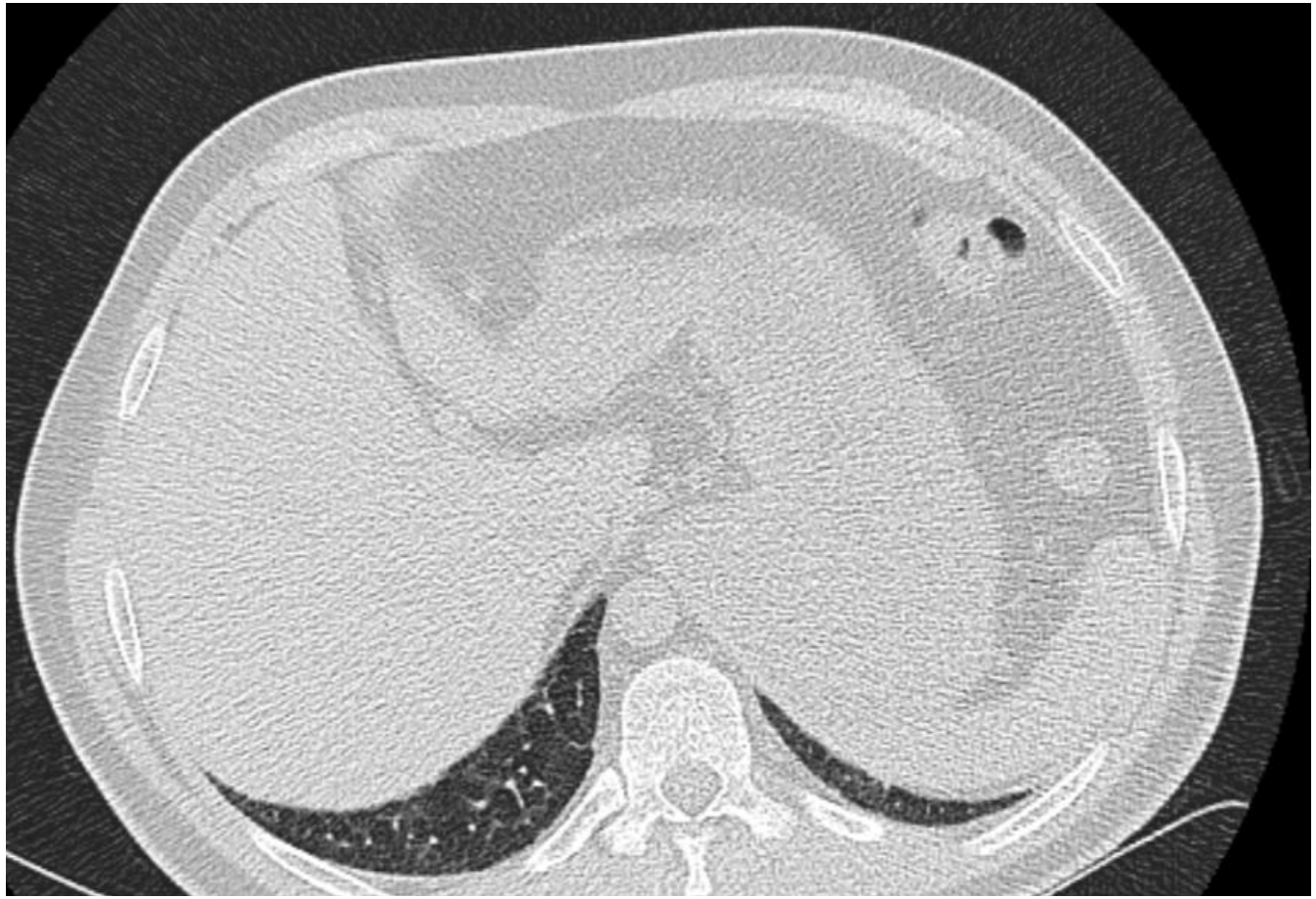
2020-Eylül



2020-Eylül



2020-Eylül



Nisan 2024 SFT

COSMED
The Metabolic Company

KONYA ŞEHİR HASTANESİ
GÖĞÜS HASTALIKLARI

Ziyaret Tarihi: **14.04.2025**
Yazdırıldı: **14.04.2025**

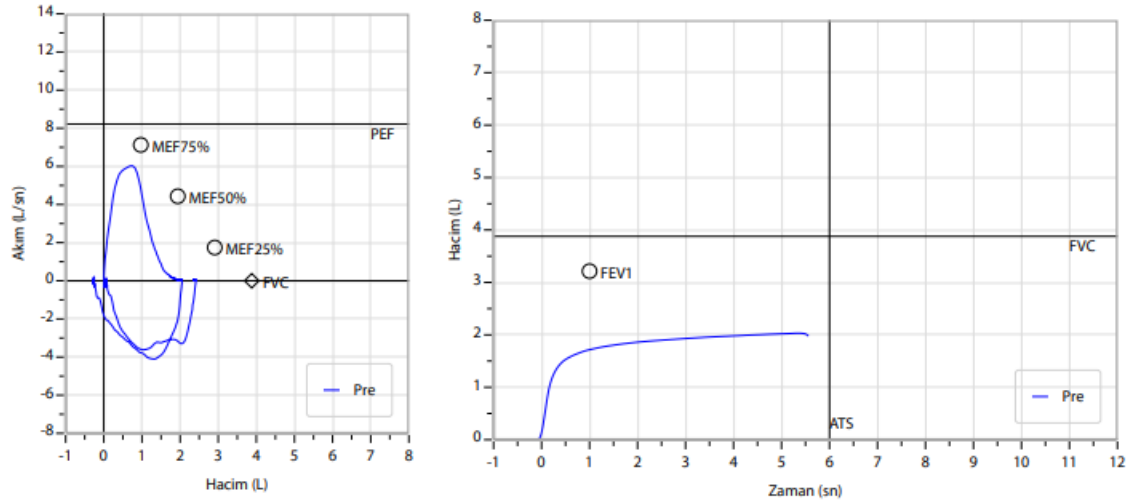
Ad	ID1	Cinsiyet	Yaş	Ağırlık (kg)	Boy (cm)
[redacted]	**19004614038**	**Erkek**	**45**	**73,00**	**163,0**

Şirket	D.O.B.	ID2	BMI (kg/m2)	Sigara içme	Sigara İçilen Yıllar	Sigara / Gün
--	**25.04.1979**	--	**27,5**	--	--	--

İş/Uğraşı	Operatör	Doktor
--	--	--

Etnik	Oda	Tahmini ayarlar
Kafkas	--	ERS 93 extended (Spirometri), ECCS extended (DLCO),

FVC Pre @ 14:40



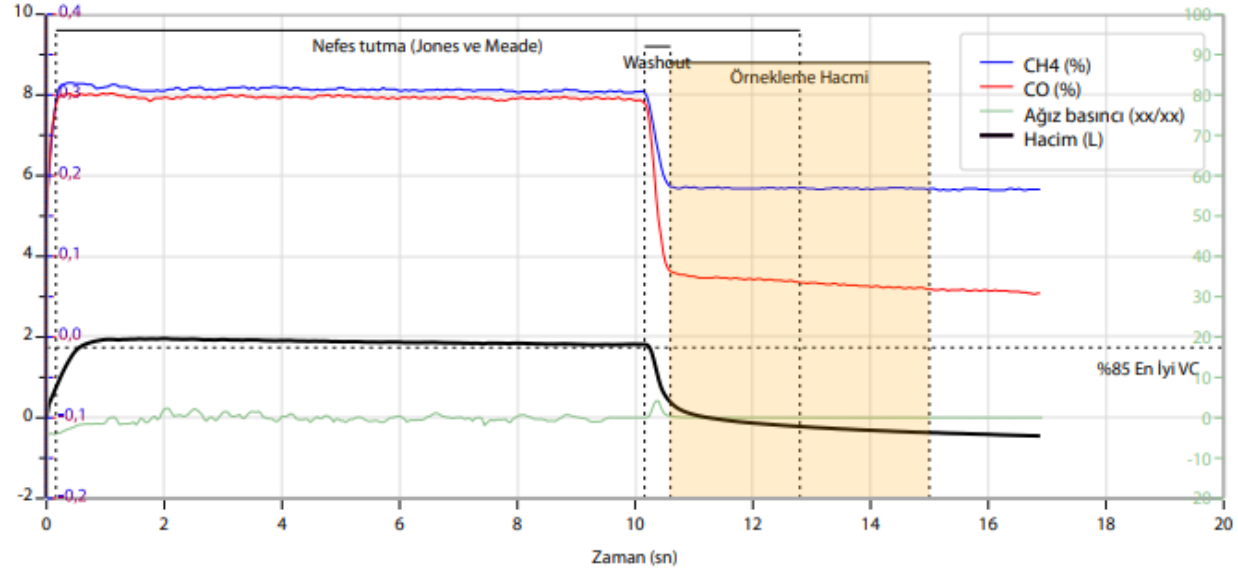
PRE

		Ölçüm	Normal Aralık	Bekl.	%Beklenen	z score
FVC	L	**2,04**	2,88 - 4,88	3,88	53	-3,01
FEV1	L	**1,74**	2,38 - 4,05	3,21	54	-2,90
FEV1/FVC%	%	**84,9**	67,3 - 90,9	79,1	107	0,81
PEF	L/s	**6,02**	6,23 - 10,21	8,22	73	-1,82
FEF25-75%	L/s	**2,54**	2,22 - 5,64	3,93	65	-1,34
MEF25%	L/s	**0,69**	0,46 - 3,03	1,74	40	-1,35
MEF50%	L/s	**3,58**	2,26 - 6,60	4,43	81	-0,65
MEF75%	L/s	**5,91**	4,31 - 9,94	7,12	83	-0,71
FEV6	L	**0,00**	3,35 - 4,87	4,11	0	-8,89
FEV1/FEV6%	%	**0,0**	72,2 - 90,1	81,1	0	-14,88

Nisan 2024 DLCO

Ad	ID1	Cinsiyet	Yaş	Ağırlık (kg)	Boy (cm)
[redacted]	19004614038	Erkek	45	73,00	163,0
D.O.B.	Beklenen değer ayarları				
25.04.1979	ERS 93 extended (Spirometri), ECCS extended (DLCO),				

DLCO Tek Nefes @ 14:48

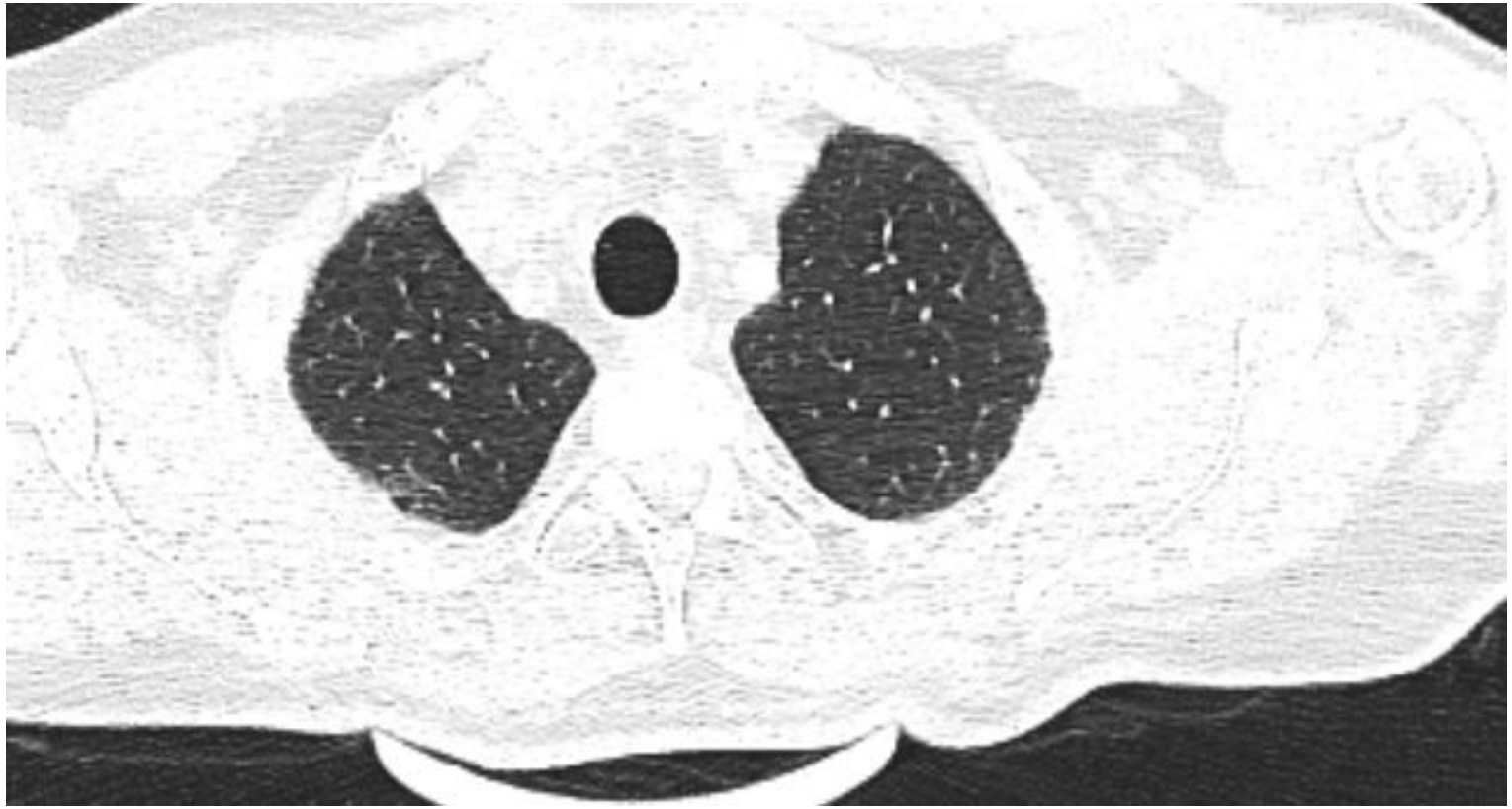


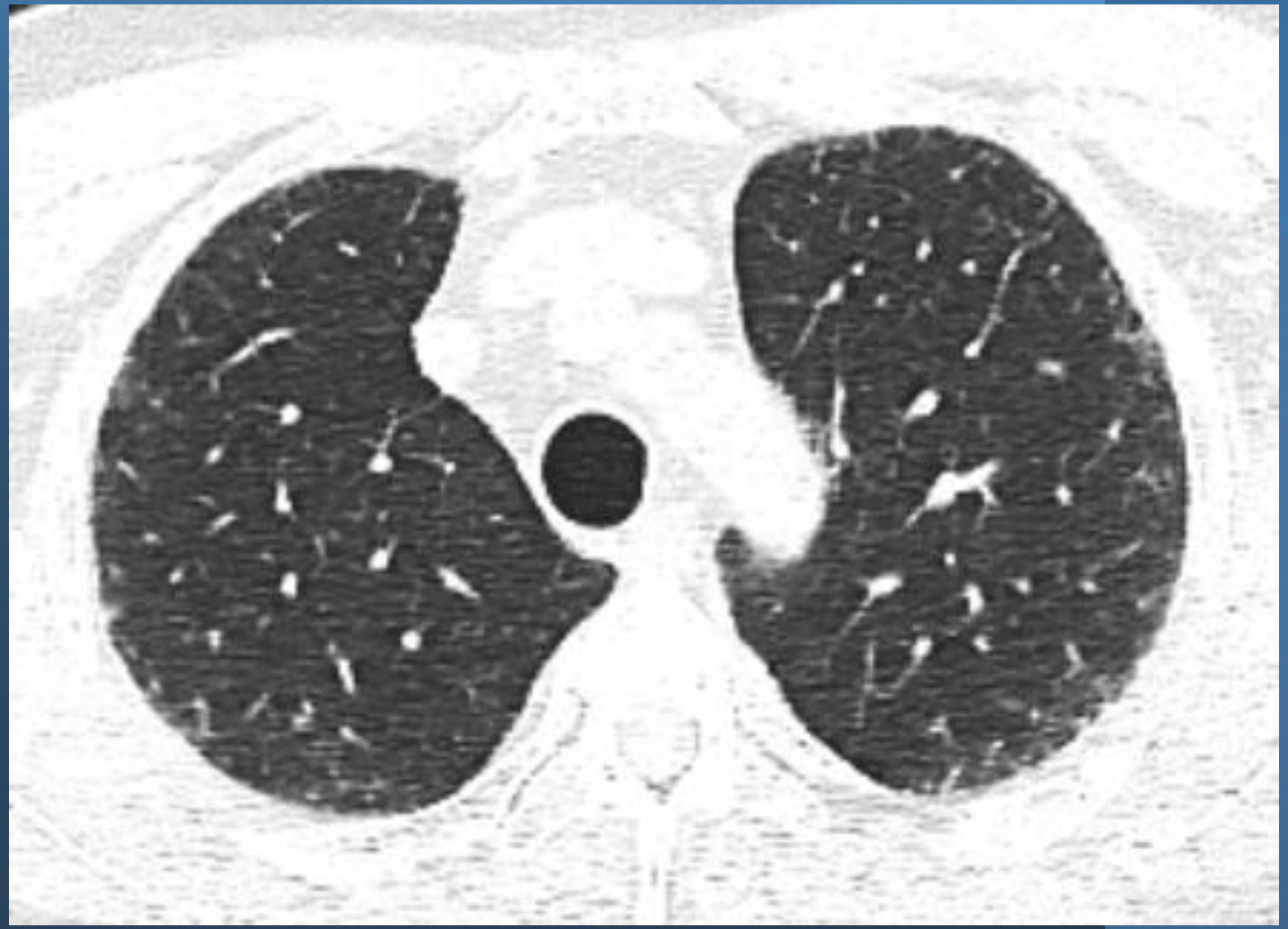
DLCO Sonuçları

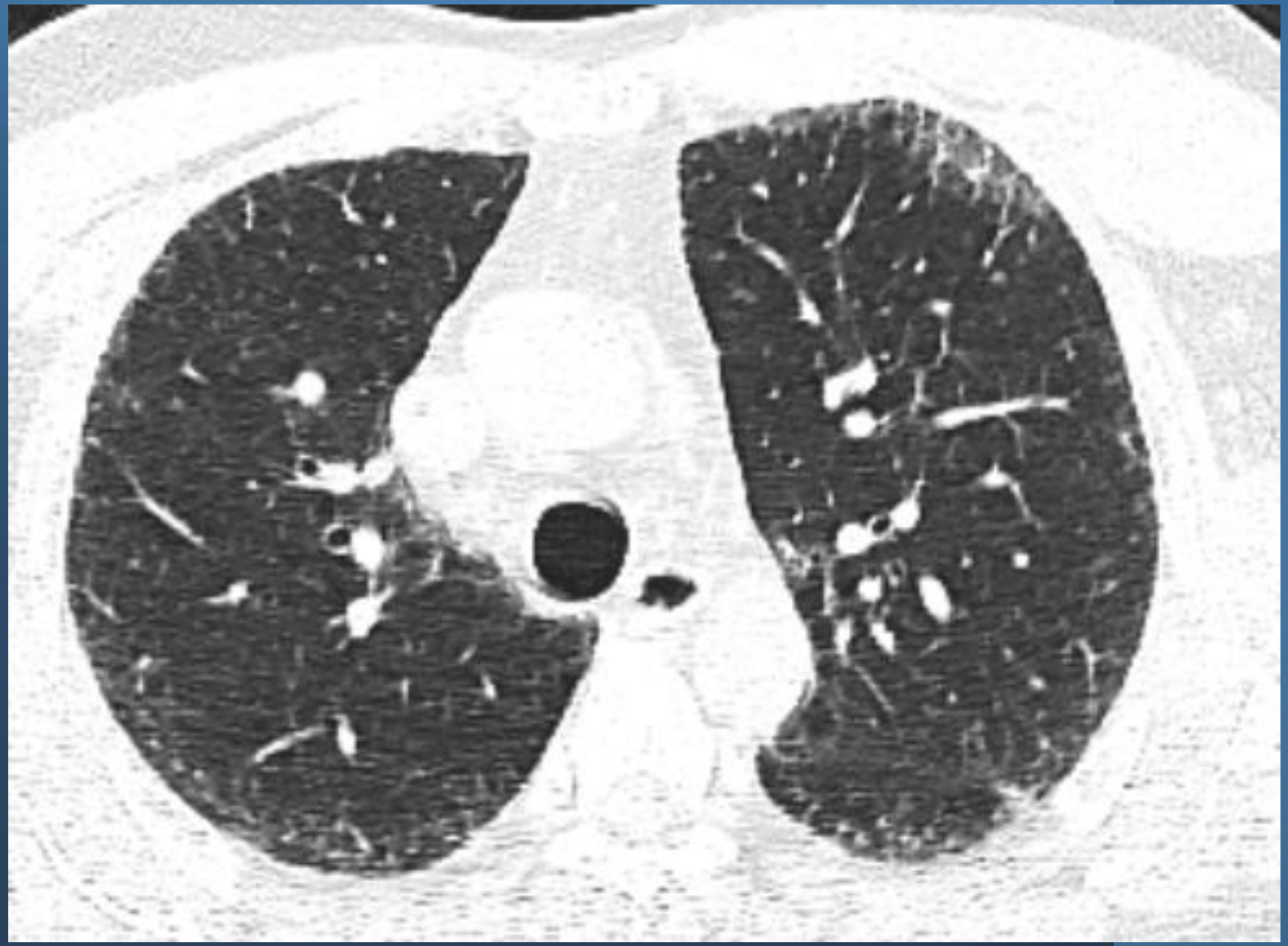
		Ölçüm	Normal Aralık	Bekl.	%Beklenen	z score
DLCO	mL/min/mmHg	**12,32**	20,26 - 34,14	27,20	45	-3,53
DLCO dzlt	mL/min/mmHg	**11,99**	20,26 - 34,14	27,20	44	-3,60
DLCO/VA	mL/min/mmHg/L	**4,48**	3,31 - 6,08	4,69	95	-0,26
VA	L	**2,68**	4,64 - 6,95	5,79	46	-4,45
TLC(DLCO)	L	**2,84**	4,79 - 7,10	5,94	48	-4,44
DLCO 3dnk	mL/min/mmHg	**16,81**	20,26 - 34,14	27,20	62	-2,46

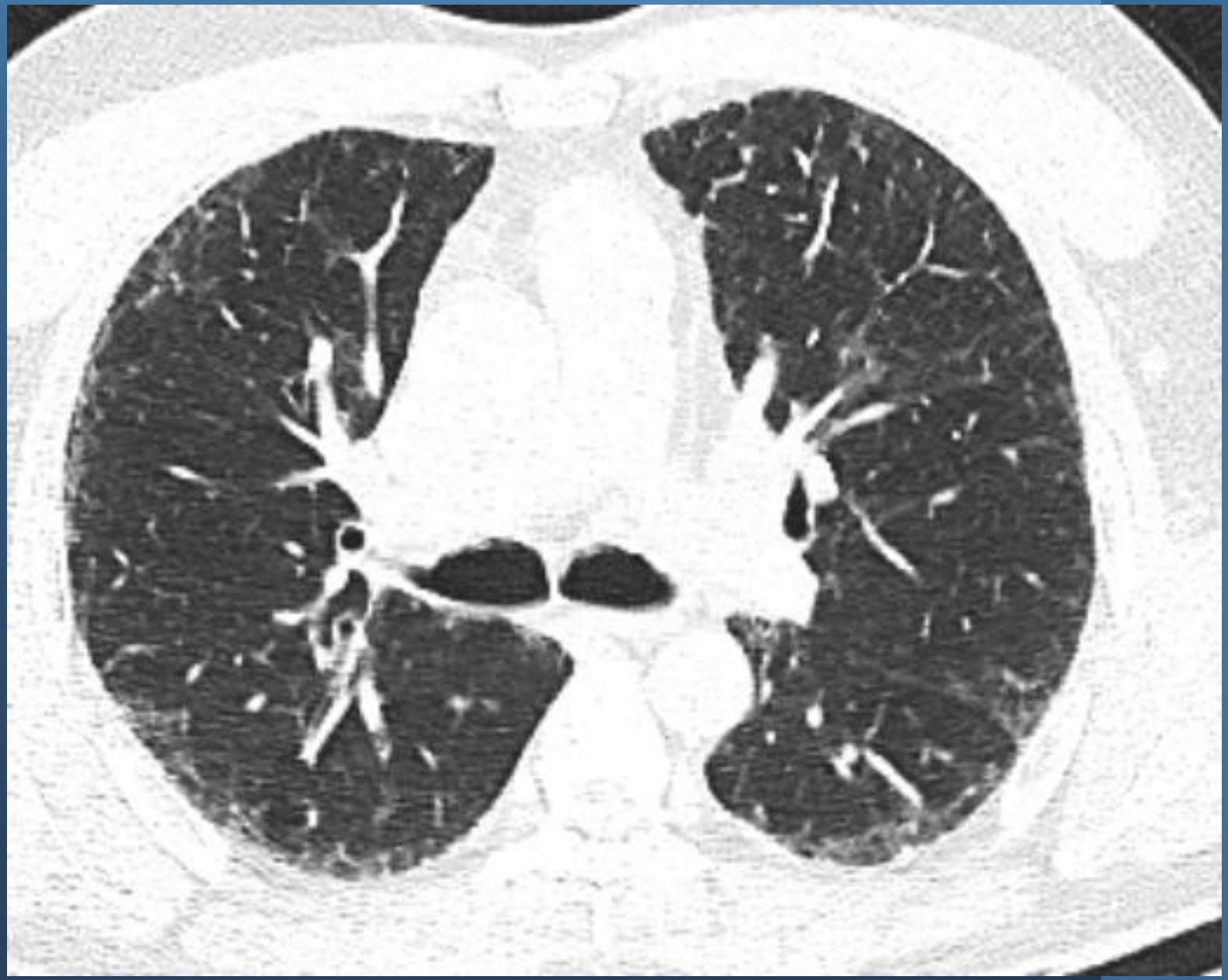
Bilgisayar QC: A B C D E **F** Hata Operatör QC: A B C D E F

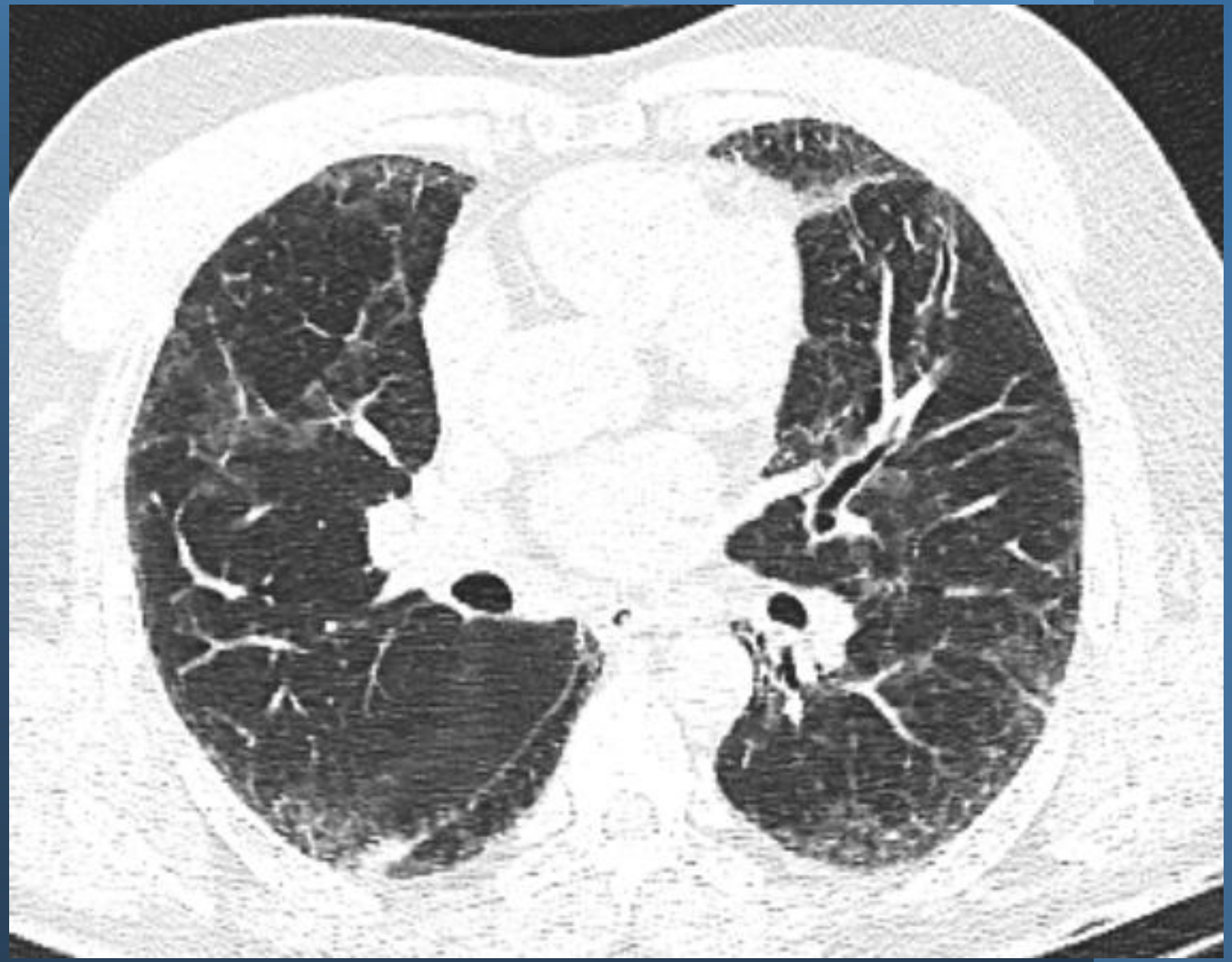
Ekim-2024

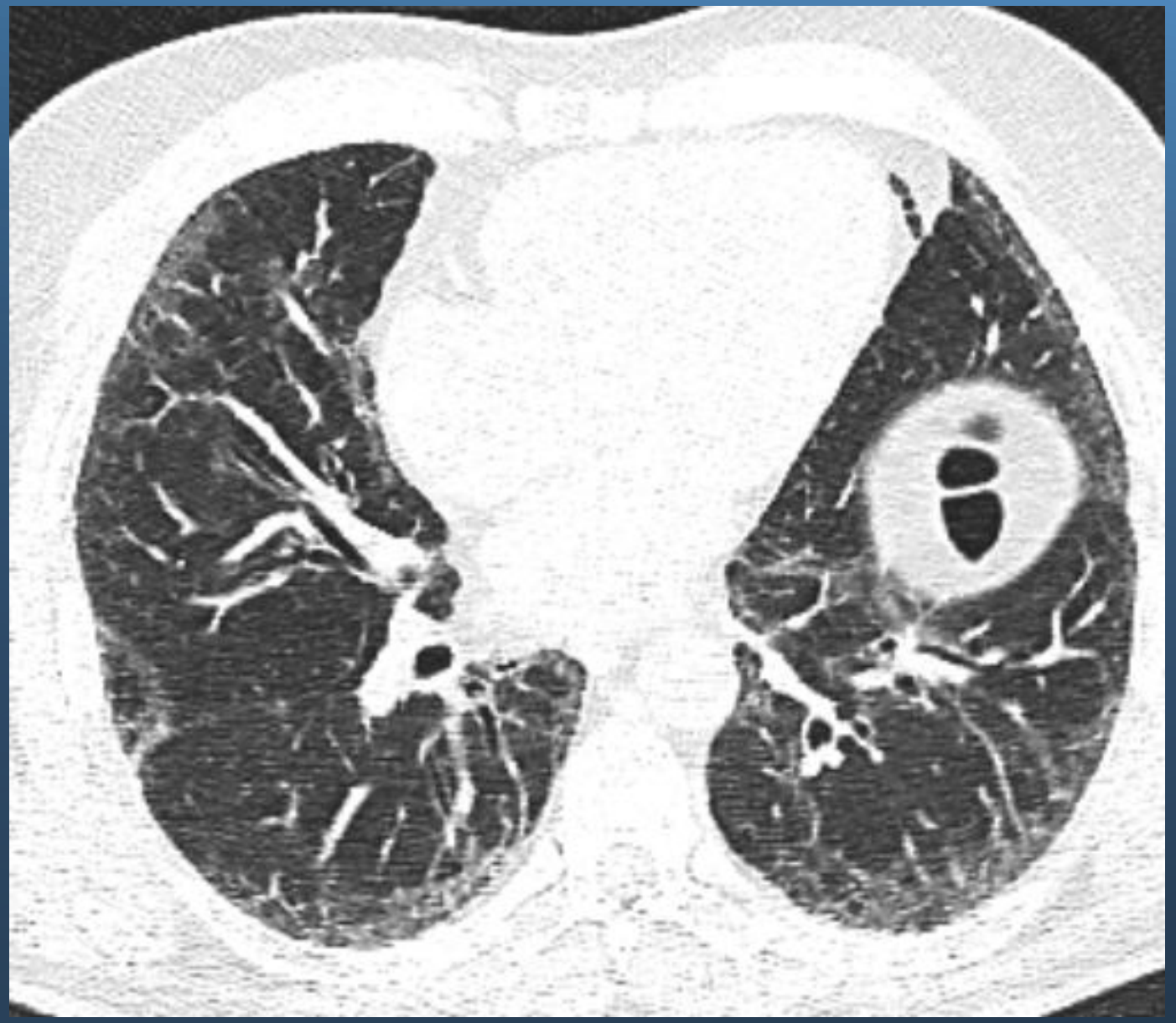


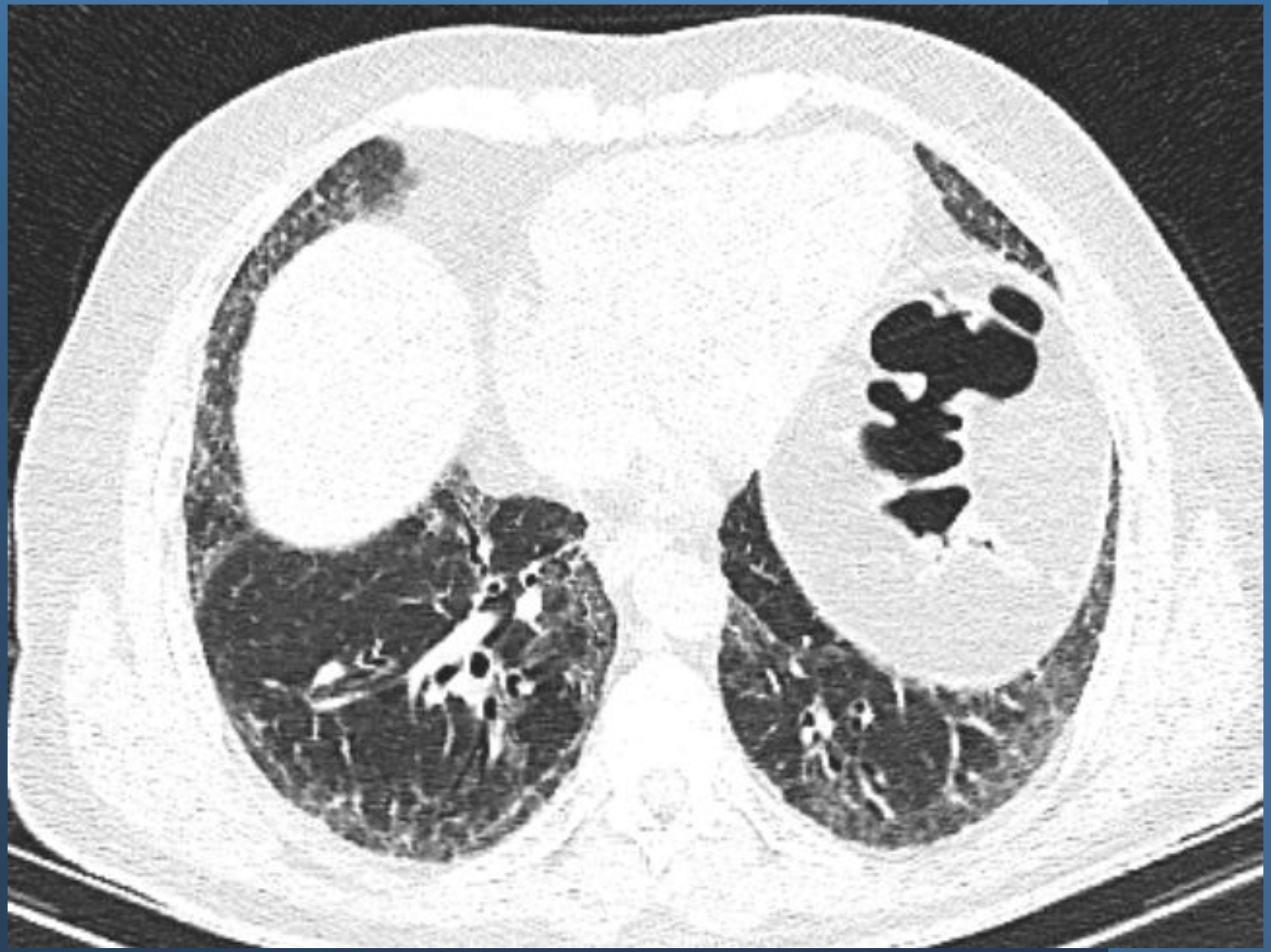


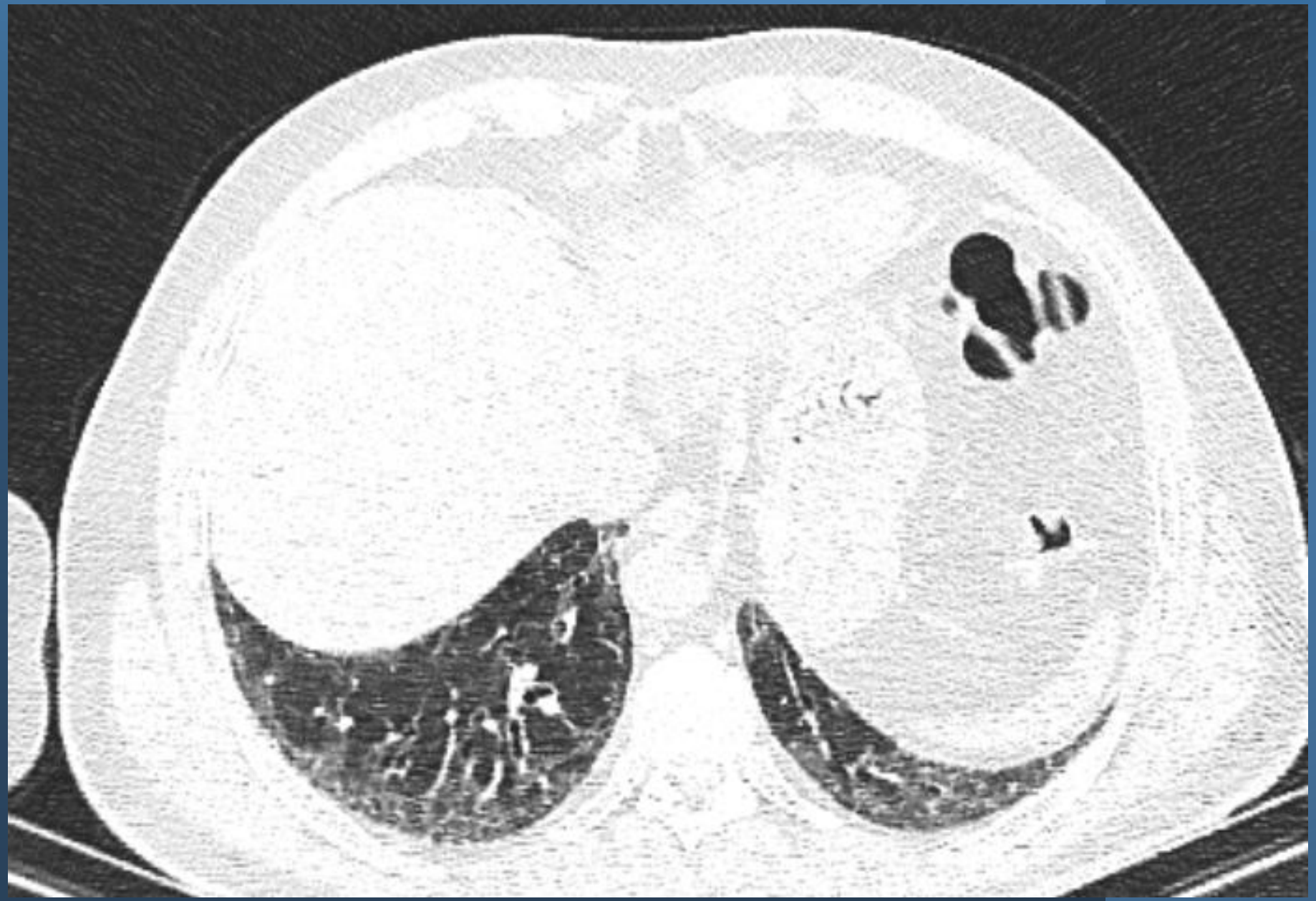


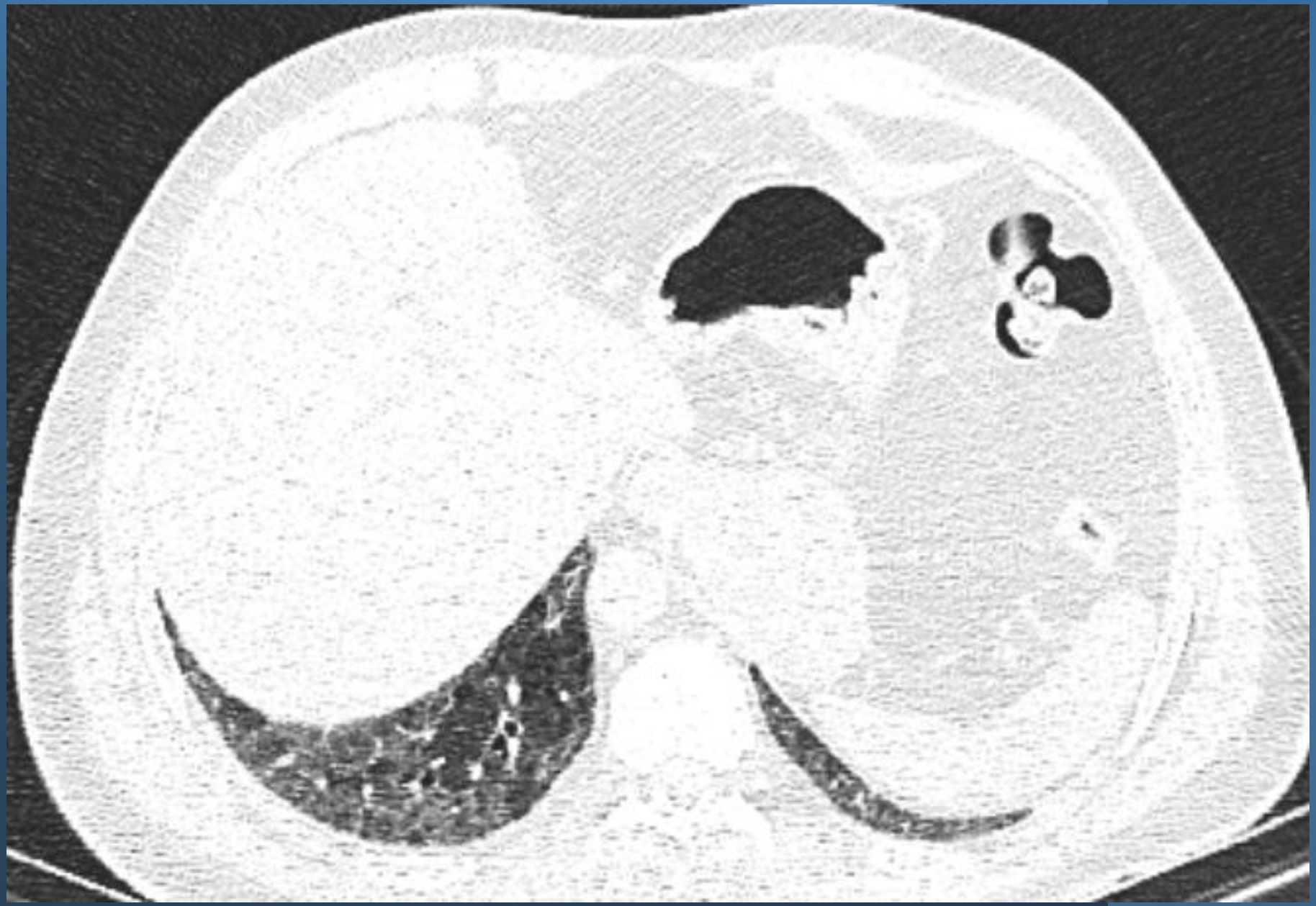


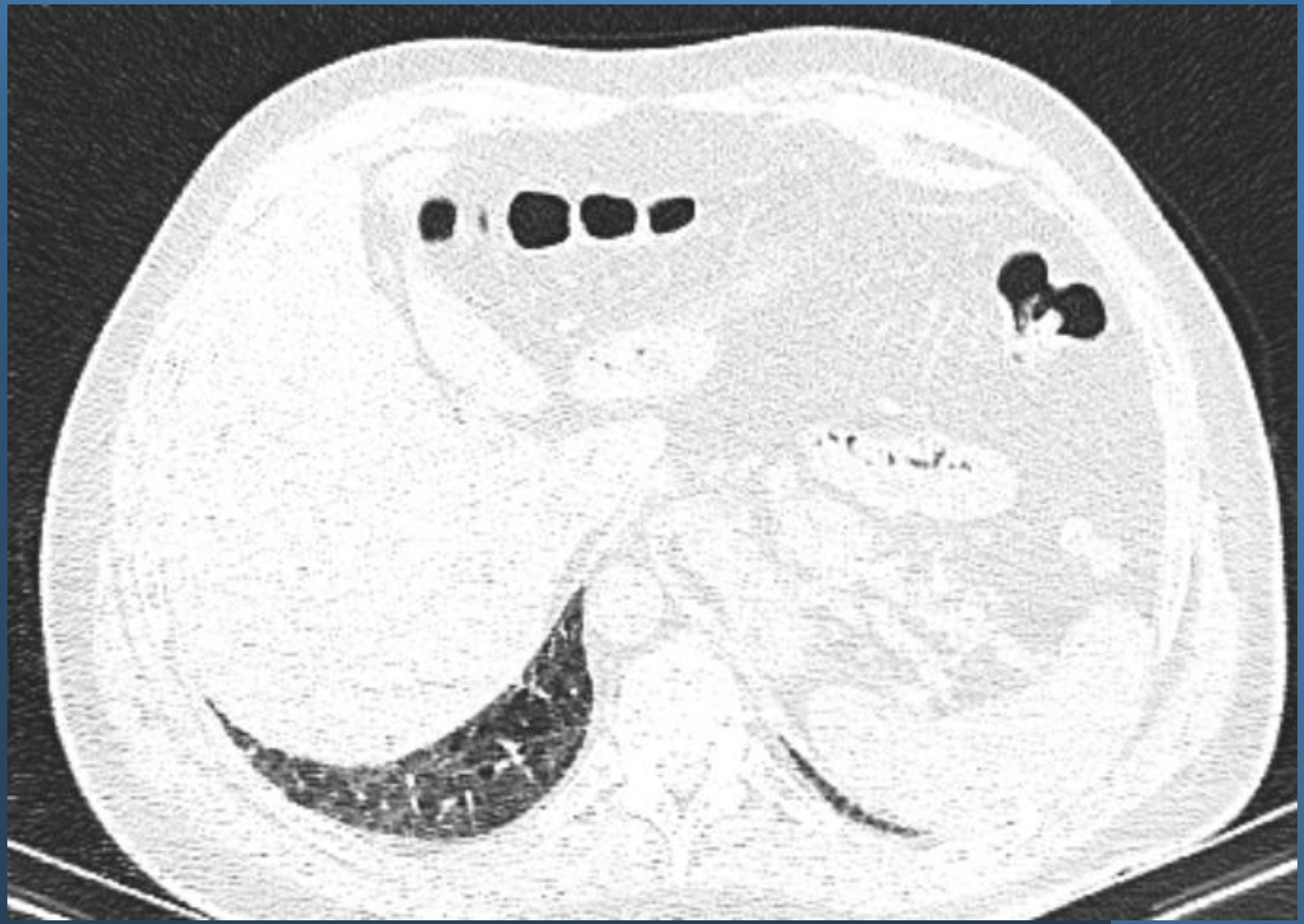












Romatoloji

Doğum Tarihi/Cinsiyet,Yaş : 4/25/1979 ERKEK , 46
Protokol/Dosya/İşlem No : 105627903 / 1450594/ 5014061577

Örnek Numarası: : 74529171 **Yatış Tarihi** :

ENA PROFILI

Numune Türü : Serum

Tetkiki İsteyen : [redacted]
Birimi : ROMATOLOJİ (KONSULTASYON)
Kurum : SOSYAL GÜVENLİK KURUMU

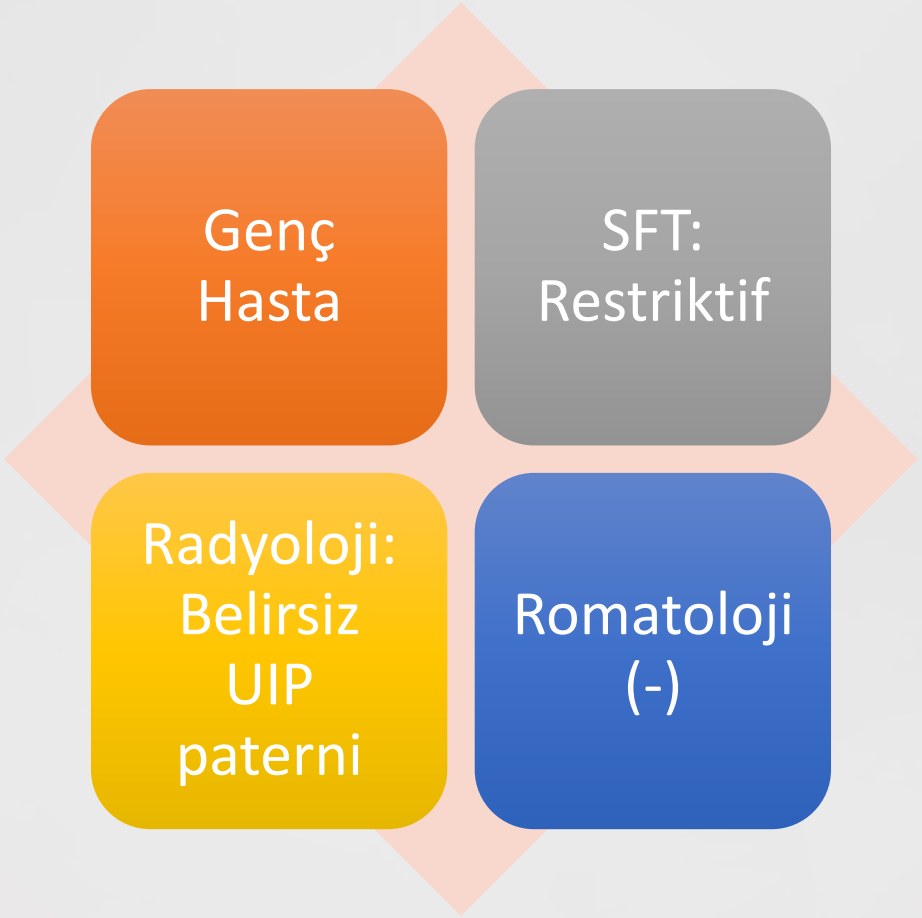
Tetkik İstem Zamanı : 21/10/2024 17:01 Numune Kabul Zamanı: 22/10/2024 14:45
Numune Alma Zamanı: 22/10/2024 14:28 Uzman Onay Zamanı : 25/10/2024 12:49

Tetkik Adı	Sonuç	Açıklama	Birim	Referans Aralığı / Karar Sınırı	Önceki Sonuçları
ENA PROFİLİ	Sonuçlar için alt parametrelere bakınız.				
Anti ENA Dfs70	NEGATİF				
Anti-ENA AMA-M2 Antikoru	NEGATİF				
Anti-ENA Ribozomal P protein Antikoru	NEGATİF				
Anti-ENA Histon Antikoru	NEGATİF				
Anti-ENA Nukleozom Antikoru	NEGATİF				
Anti ENA ds DNA Antikoru	NEGATİF				
Anti ENA PCNA	NEGATİF				
Anti-ENA Sentromer (CENP B) Antikoru	NEGATİF				
Anti-ENA J0-1 Antikoru	NEGATİF				
Anti-ENA PmScl Antikoru	NEGATİF				
Anti-ENA ScL70 Antikoru	NEGATİF				
Anti-ENA SsB (La) Antikoru	NEGATİF				
Anti-ENA Ro-52 Antikoru	NEGATİF				
Anti-ENA SsA (Ro) Antikoru	NEGATİF				
Anti-ENA Sm Antikoru	NEGATİF				
Anti-ENA RNP/Sm Antikoru	NEGATİF				
Anti-ENA Ku	NEGATİF				
Mi-2	NEGATİF				

Tıbbi Mikrobiyoloji Uzmanı
Uzm. Dr. Ayşegül Opuş
Dip. Tescil No: 102637

Tetkik Adı	Sonuç	Açıklama	Birim	Referans Aralığı / Karar Sınırı	Önceki Sonuçları
Anti nükleer antikor (IFAT)	NEGATİF			NEGATİF Tıbbi Mikrobiyoloji Uzmanı Uzm. Dr. Ayşegül Opuş Dip. Tescil No: 102637	

KONSEY


Genç
Hasta
SFT:
Restriktif
Radyoloji:
Belirsiz
UIP
paterni
Romatoloji
(-)

AMERICAN THORACIC SOCIETY DOCUMENTS

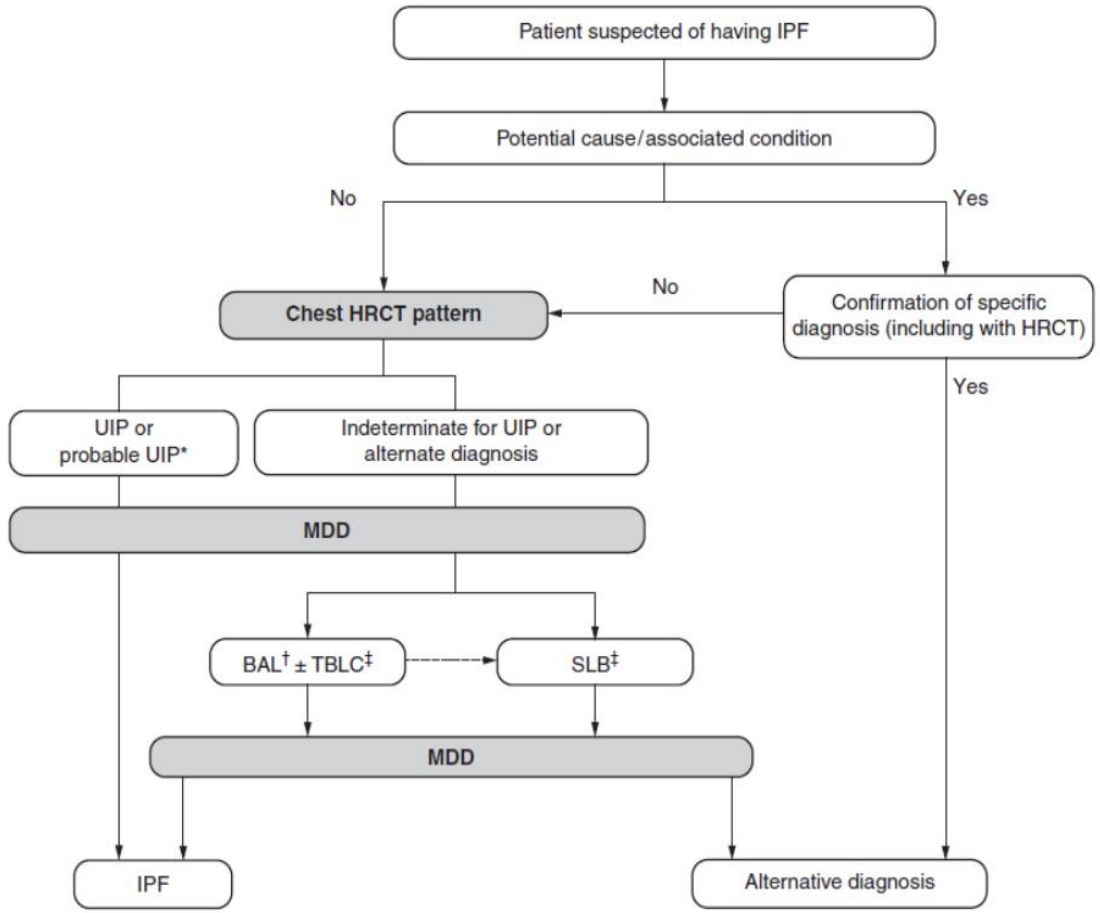
American Journal of Respiratory and Critical Care Medicine Volume 205 Number 9 | May 1 2022

Idiopathic Pulmonary Fibrosis (an Update) and Progressive Pulmonary Fibrosis in Adults

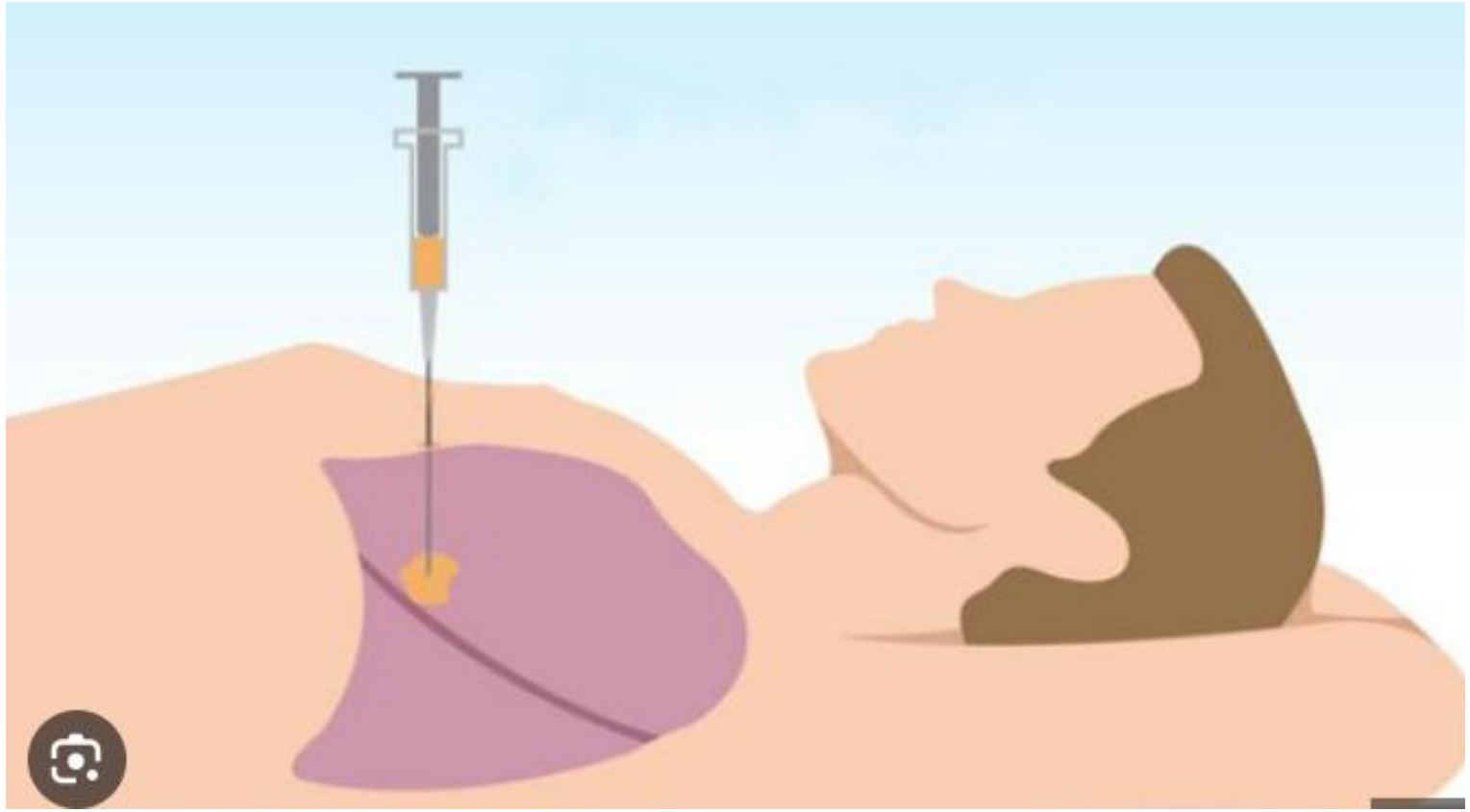
An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline

Table 3. High-Resolution Computed Tomography Patterns in Idiopathic Pulmonary Fibrosis

	HRCT Pattern			
	UIP Pattern	**Probable UIP Pattern**	**Indeterminate for UIP**	**CT Findings Suggestive of an Alternative Diagnosis**
Level of confidence for UIP histology	Confident (>90%)	Provisional high confidence (70–89%)	Provisional low confidence (51–69%)	Low to very low confidence (≤50%)
Distribution	• Subpleural and basal predominant • Often heterogeneous (areas of normal lung interspersed with fibrosis) • Occasionally diffuse • May be asymmetric	• Subpleural and basal predominant • Often heterogeneous (areas of normal lung interspersed with reticulation and traction bronchiectasis/ bronchiolectasis)	• Diffuse distribution without subpleural predominance	• Peribronchovascular predominant with subpleural sparing (consider NSIP) • Perilymphatic distribution (consider sarcoidosis) • Upper or mid lung (consider fibrotic HP, CTD-ILD, and sarcoidosis) • Subpleural sparing (consider NSIP or smoking-related IP)
CT features	• Honeycombing with or without traction bronchiectasis/ bronchiolectasis • Presence of irregular thickening of interlobular septa • Usually superimposed with a reticular pattern, mild GGO • May have pulmonary ossification	• Reticular pattern with traction bronchiectasis/ bronchiolectasis • May have mild GGO • Absence of subpleural sparing	• CT features of lung fibrosis that do not suggest any specific etiology	• Lung findings ◦ Cysts (consider LAM, PLCH, LIP, and DIP) ◦ Mosaic attenuation or three-density sign (consider HP) ◦ Predominant GGO (consider HP, smoking-related disease, drug toxicity, and acute exacerbation of fibrosis) ◦ Profuse centrilobular micronodules (consider HP or smoking-related disease) ◦ Nodules (consider sarcoidosis) ◦ Consolidation (consider organizing pneumonia, etc.) • Mediastinal findings ◦ Pleural plaques (consider asbestosis) ◦ Dilated esophagus (consider CTD)


Patient suspected of having IPF
Potential cause/associated condition
No
Yes
No
Chest HRCT pattern
Confirmation of specific diagnosis (including with HRCT)
Yes
UIP or probable UIP*
Indeterminate for UIP or alternate diagnosis
MDD
BAL† ± TBLC‡
SLB‡
MDD
IPF
Alternative diagnosis

Biyopsi



Patolojik Tanı

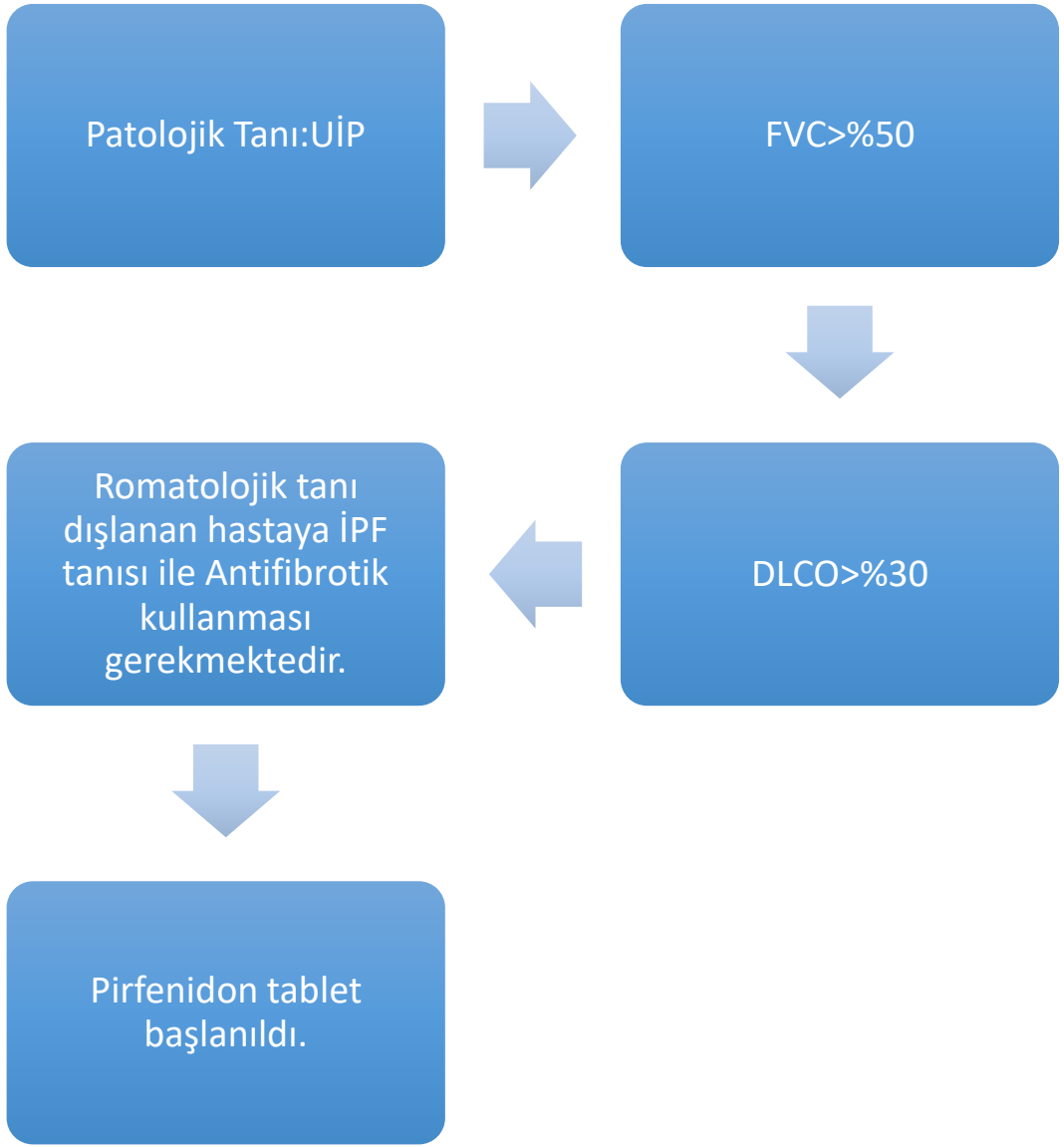
TANI

LÜTFEN YORUMU OKUYUNUZ; SAĞ AKCİĞER ORTA LOB, WEDGE REZEKSİYON

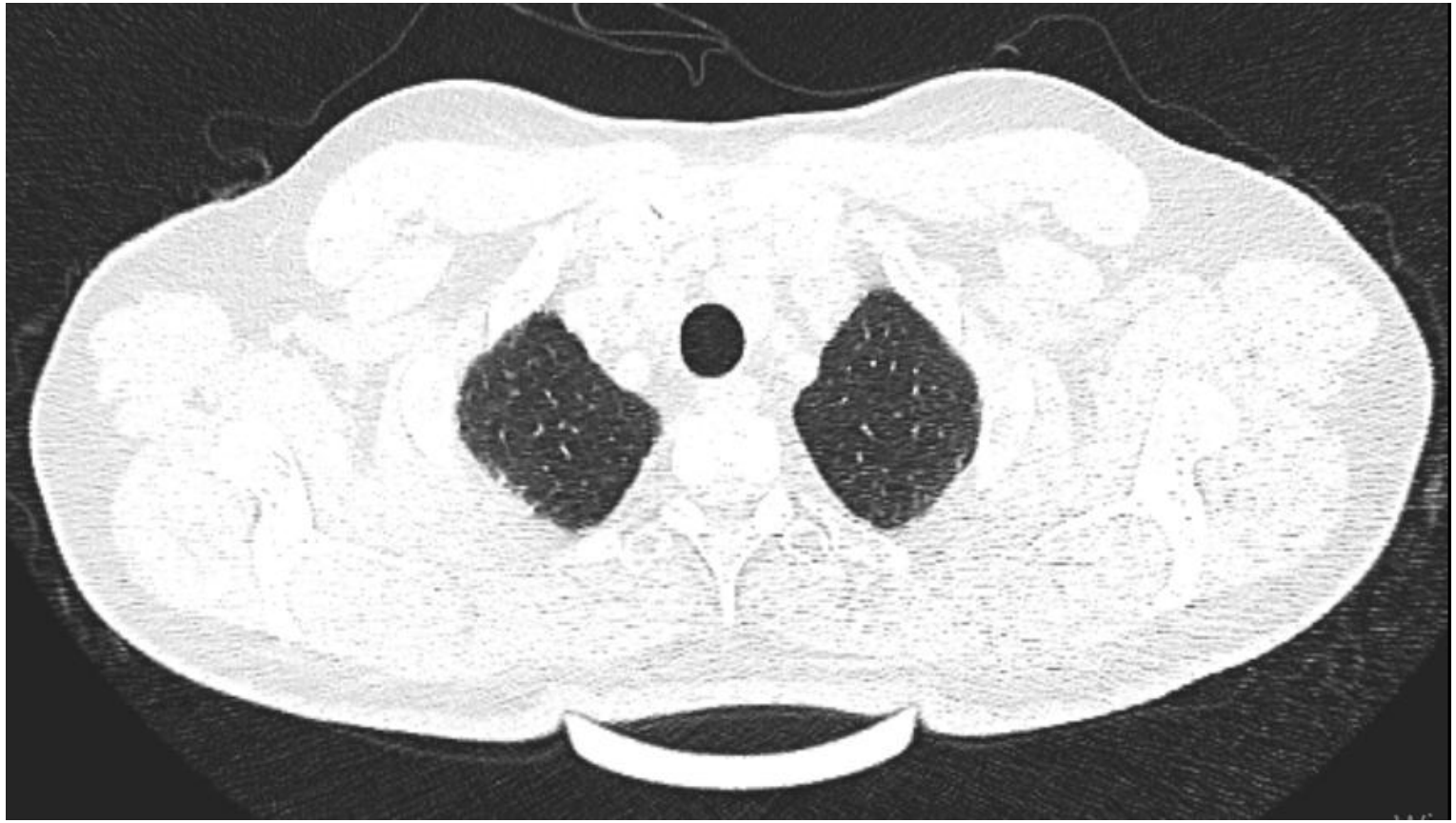
YORUM

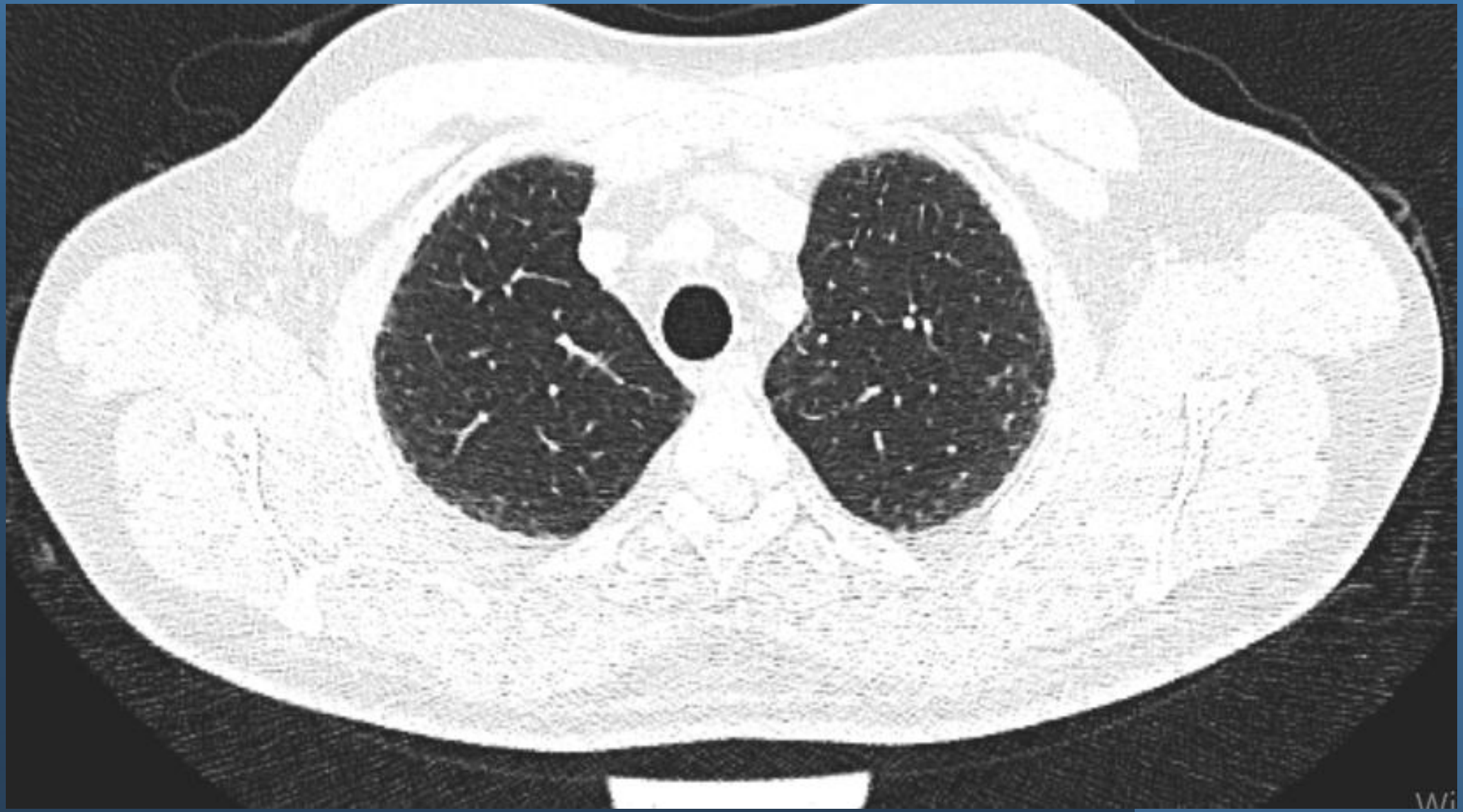
Tariflenen histopatolojk bulgular "İdiyopatik Pulmoner Fibrozis/Usual İnterstisyel Pnömoni" ile uyumlu özellikler sergilemektedir. Olgunun klinik ve radyolojik bulgular ile korelasyonu önerilir.

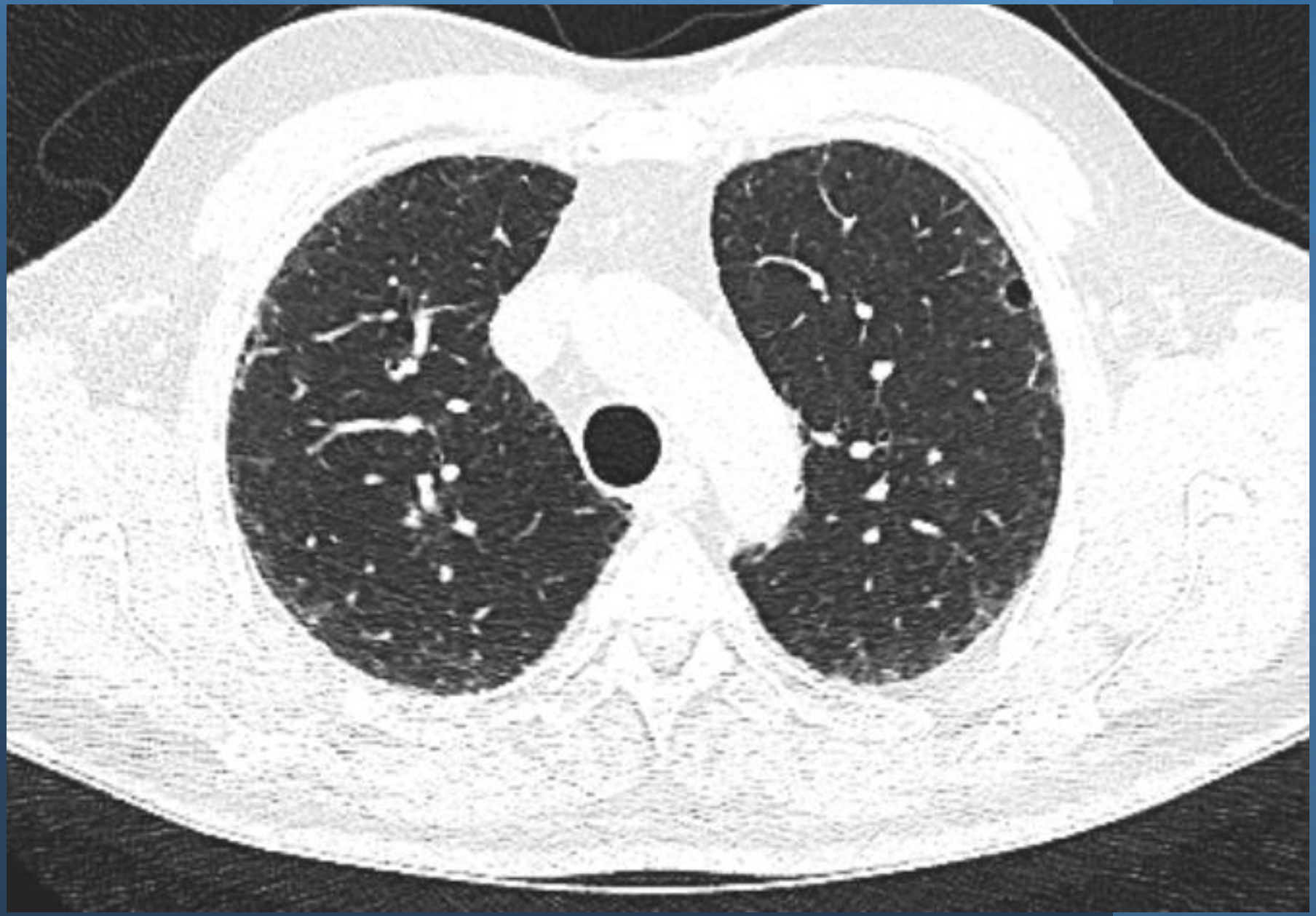
KONSEY

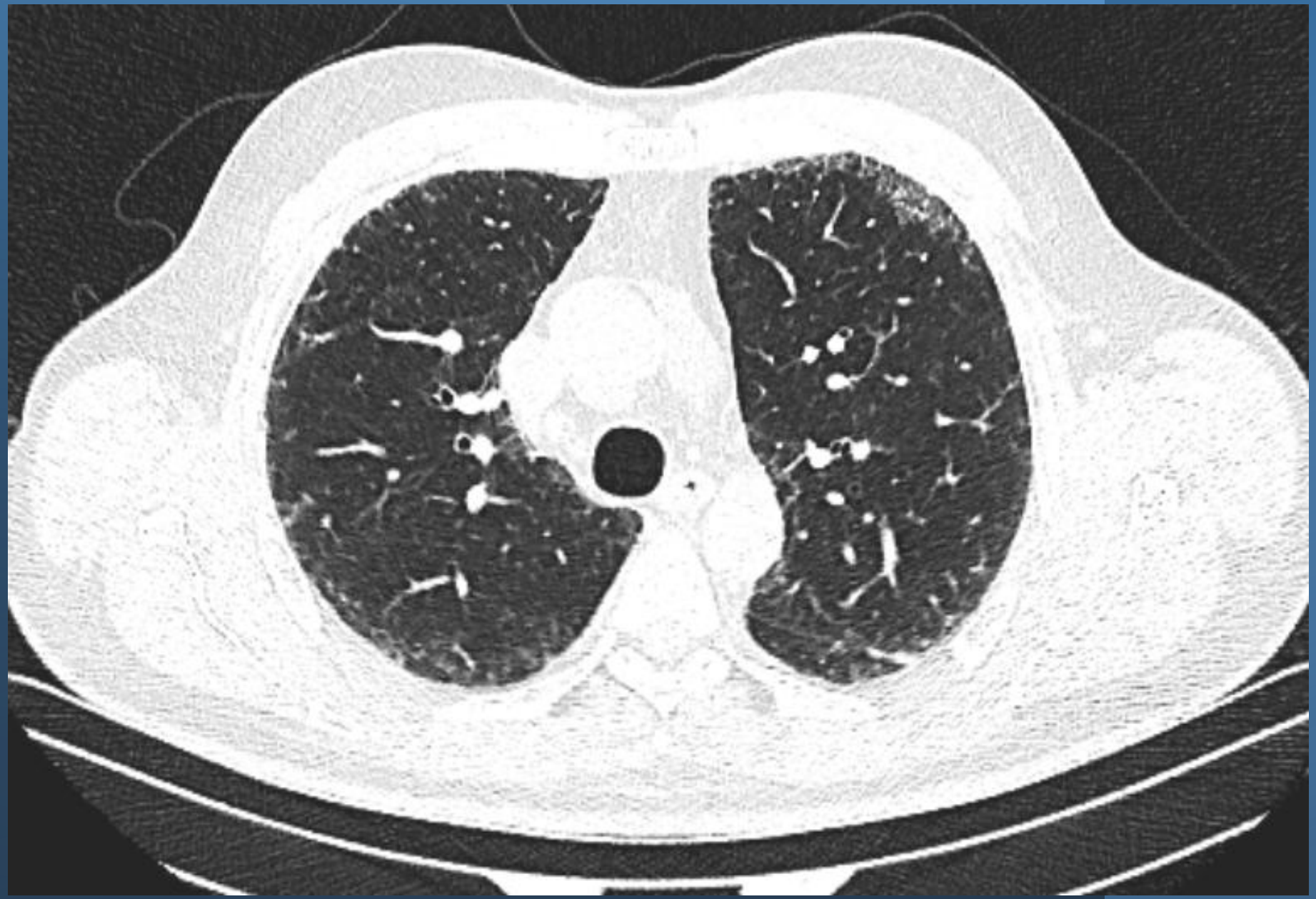

Patolojik Tanı:UİP
FVC>%50
DLCO>%30
Romatolojik tanı dışlanan hastaya İPF tanısı ile Antifibrotik kullanması gerekmektedir.
Pirfenidon tablet başlanıldı.

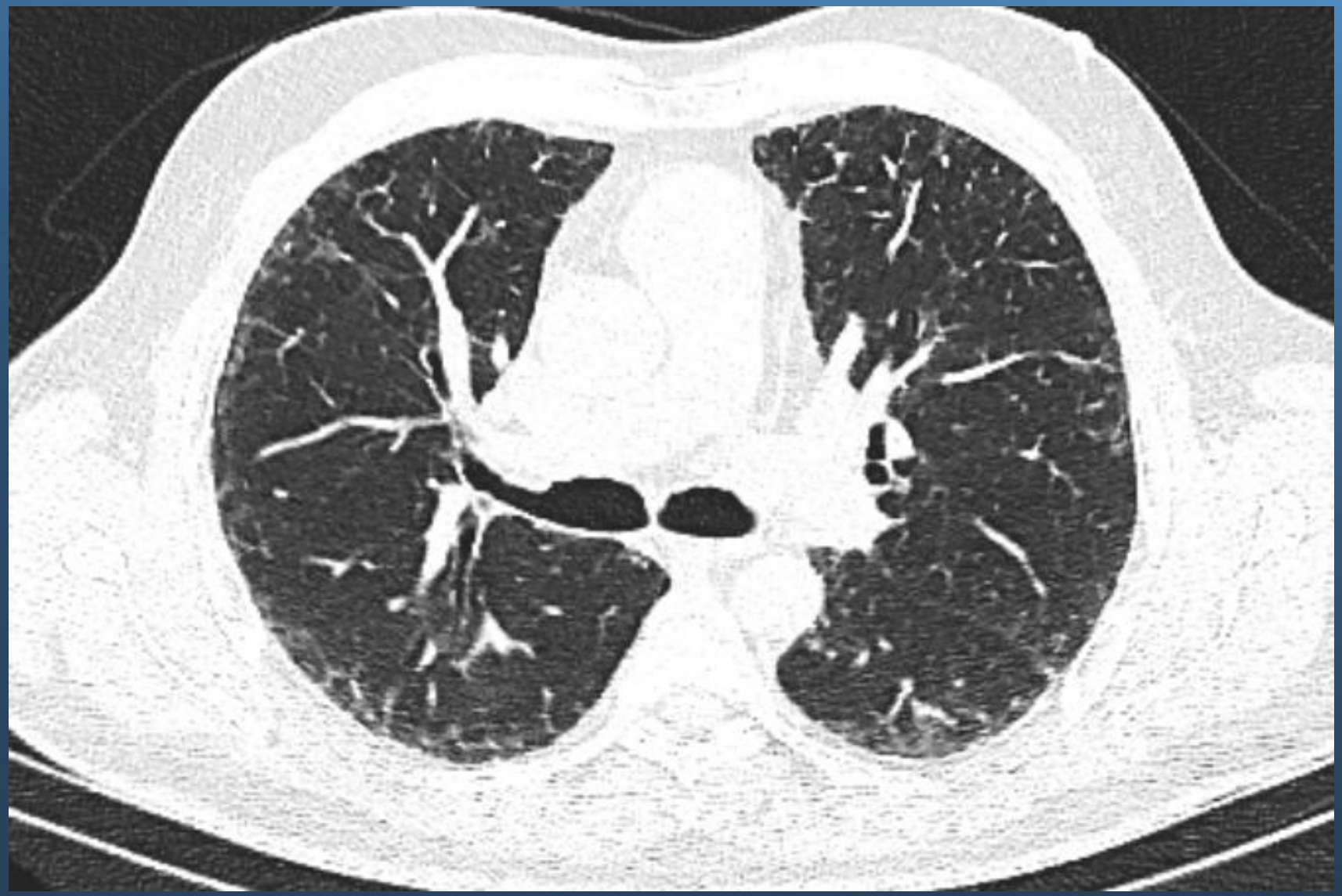
HRCT-NİSAN 2025

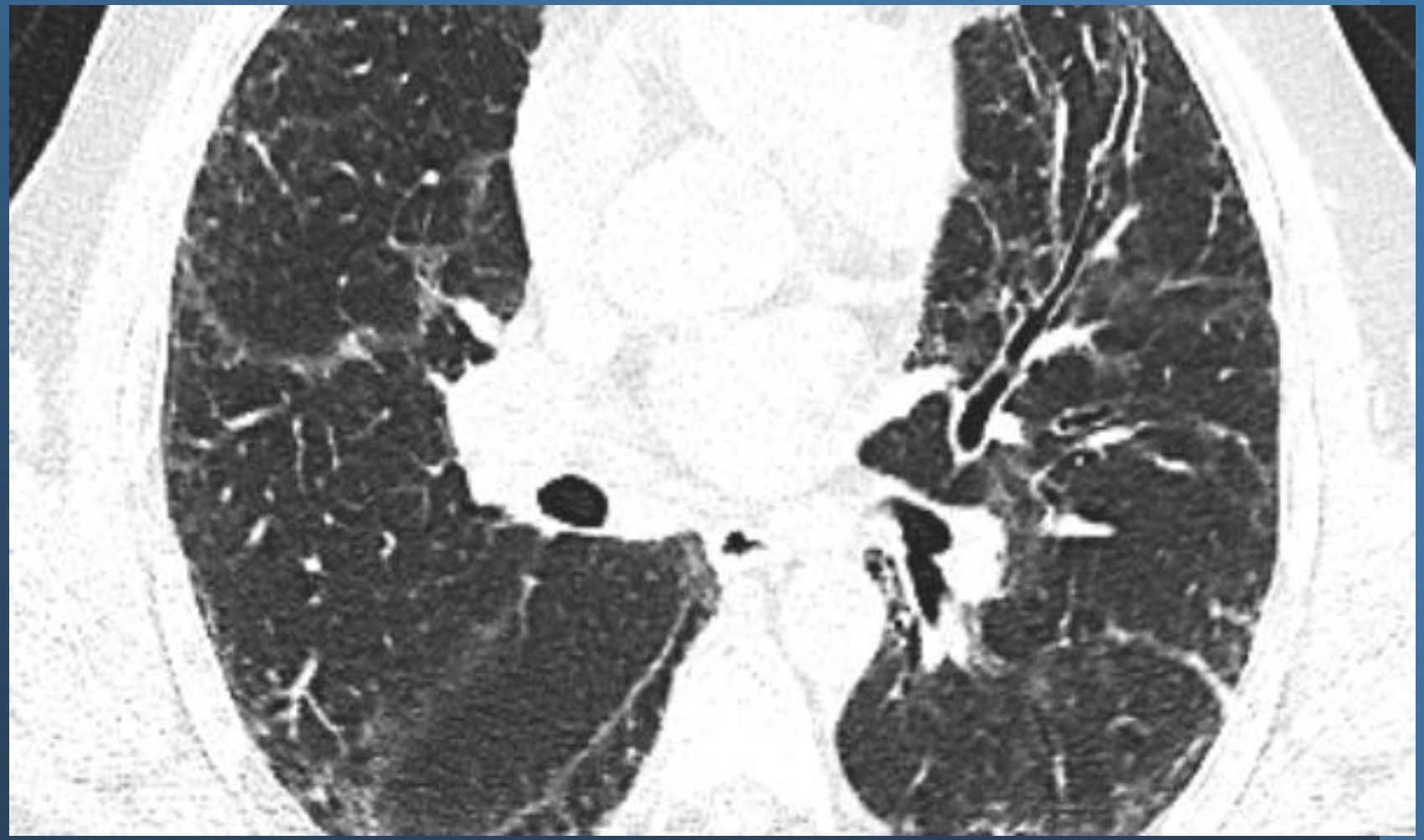


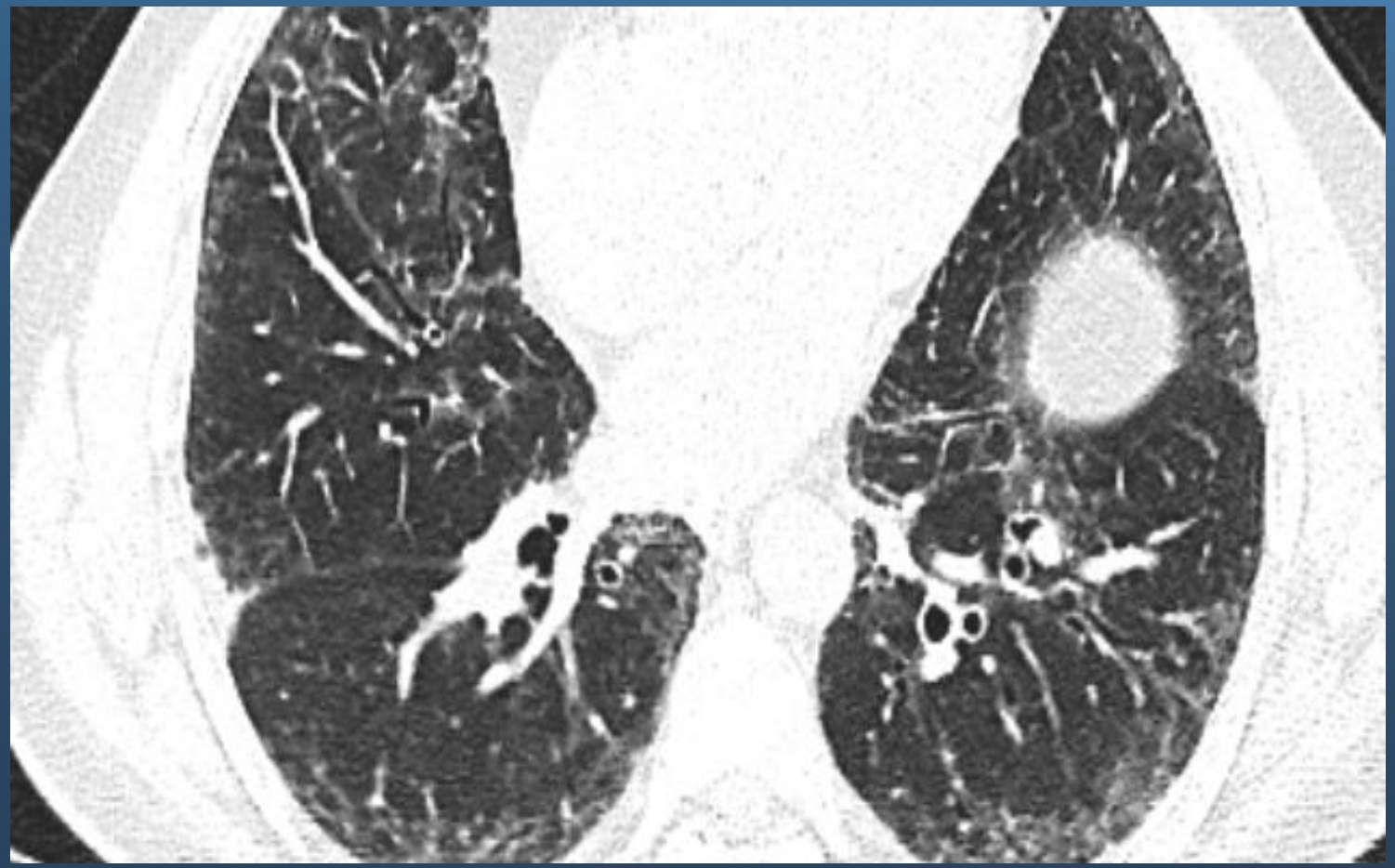


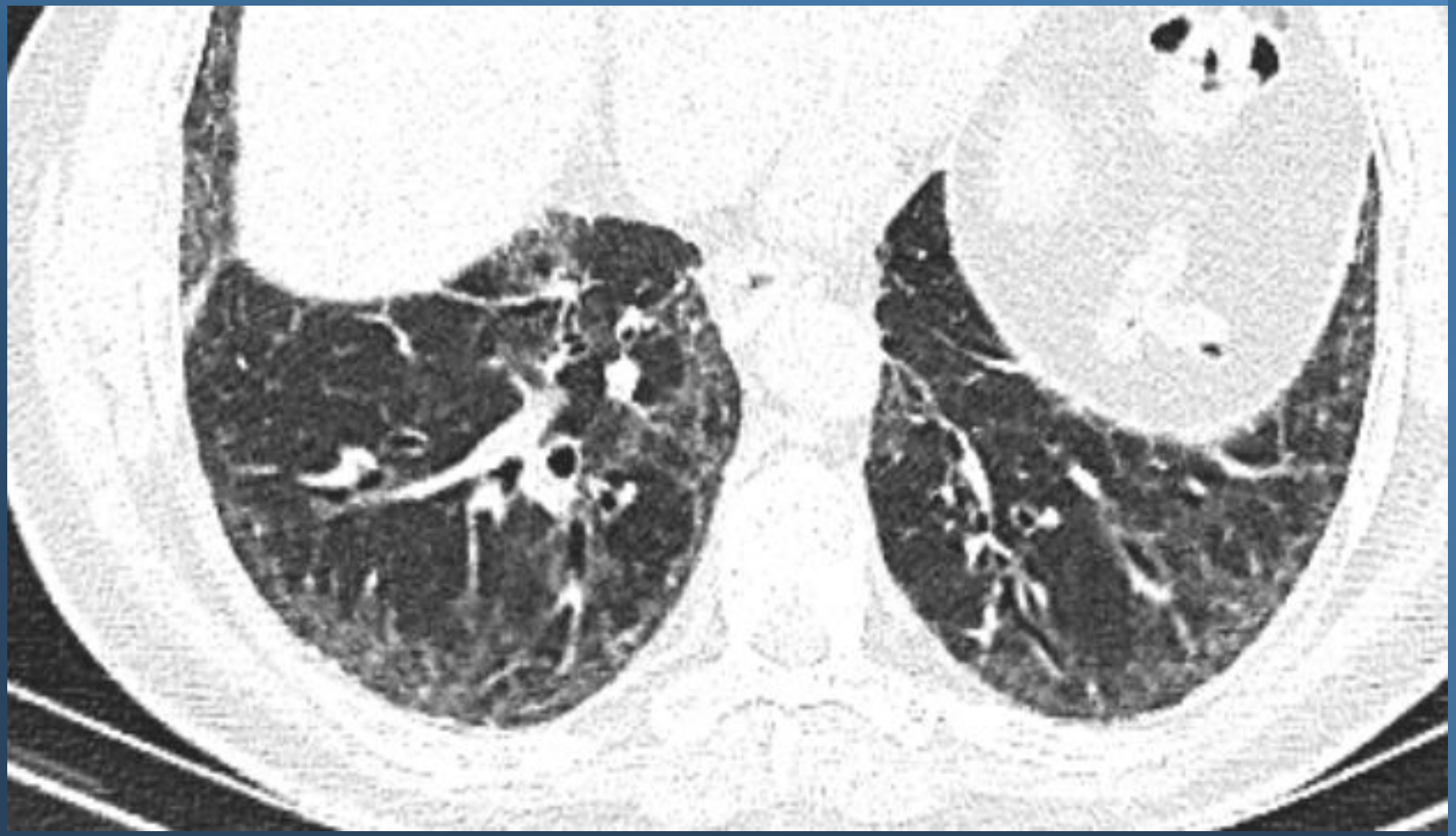


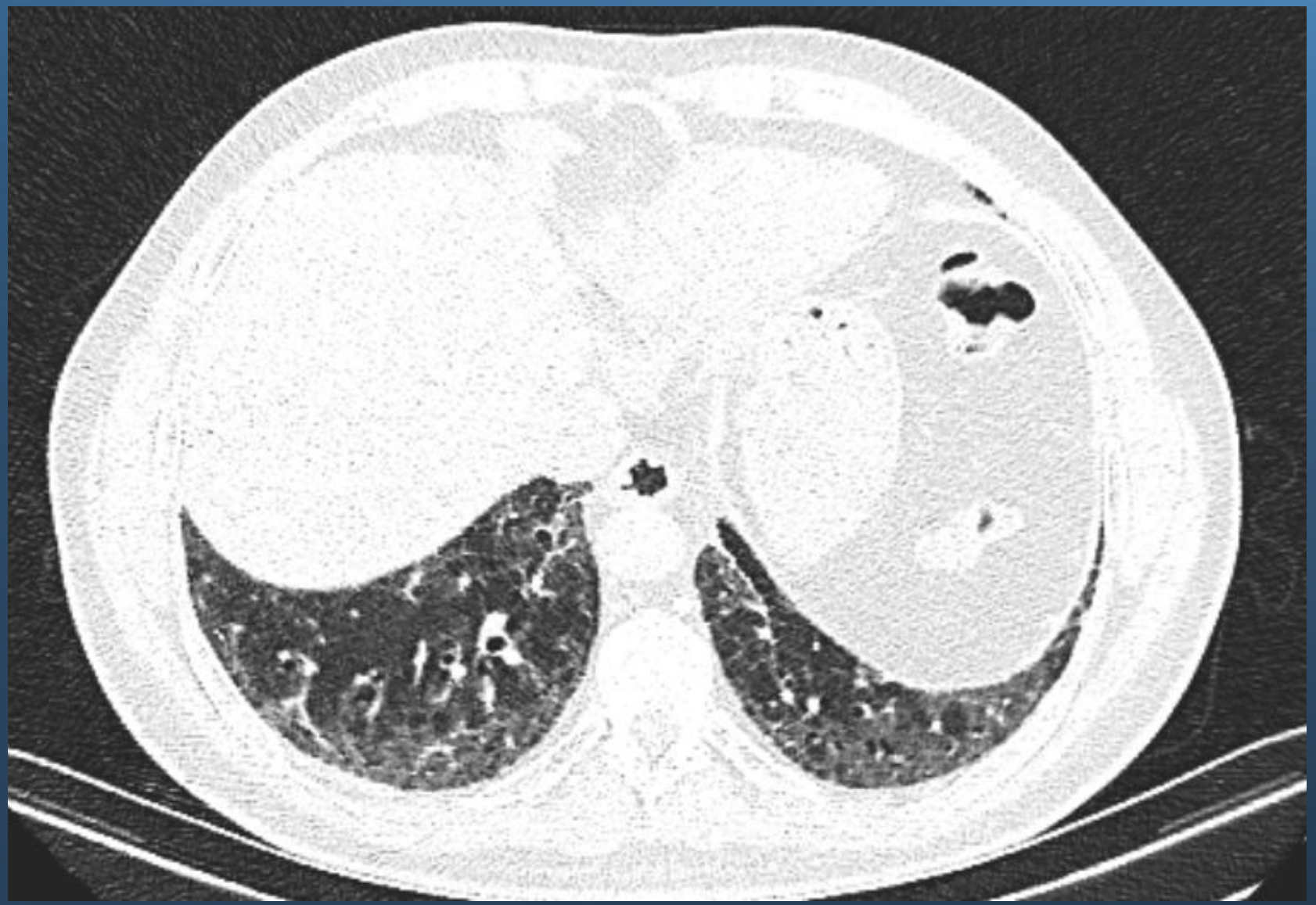


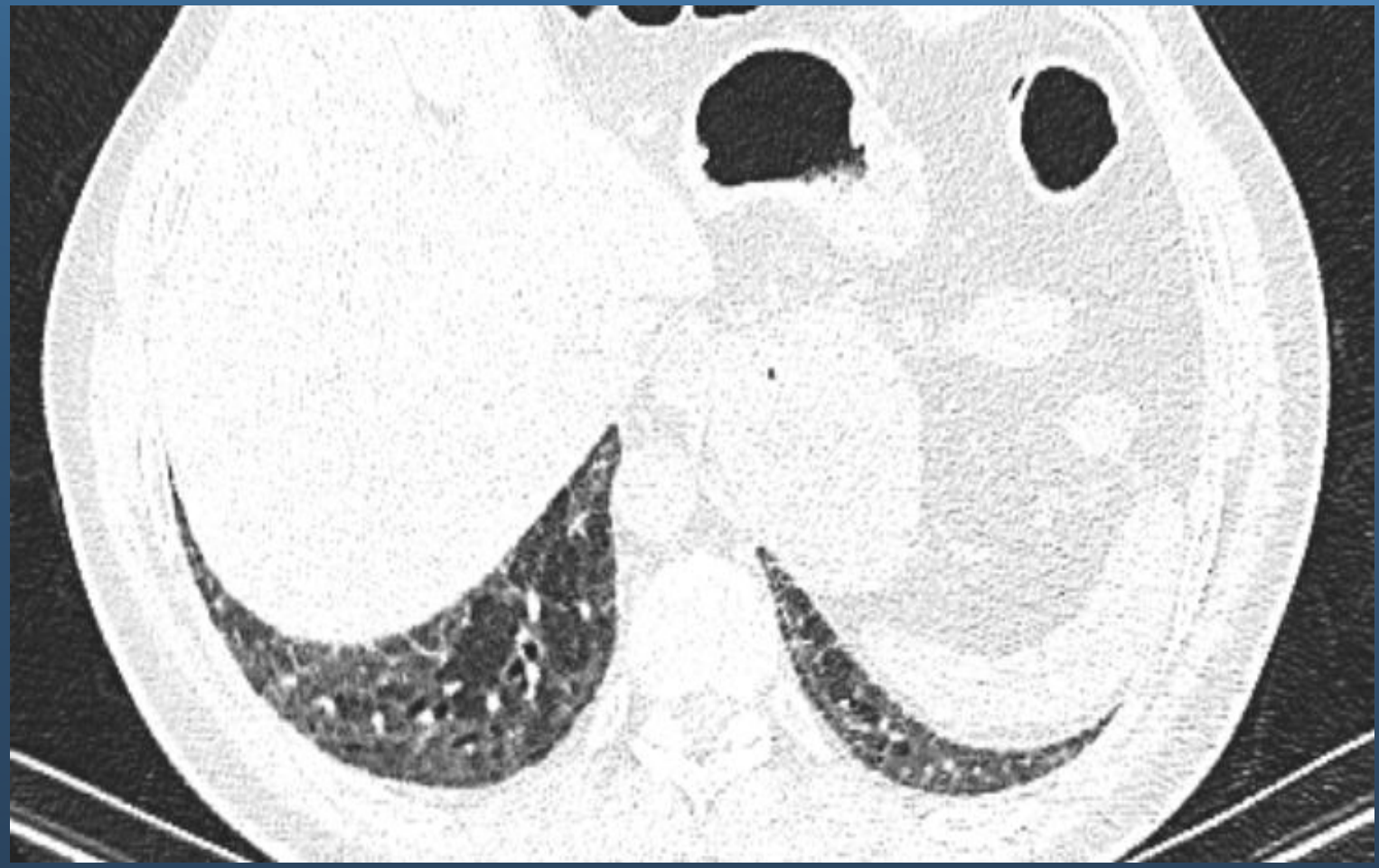


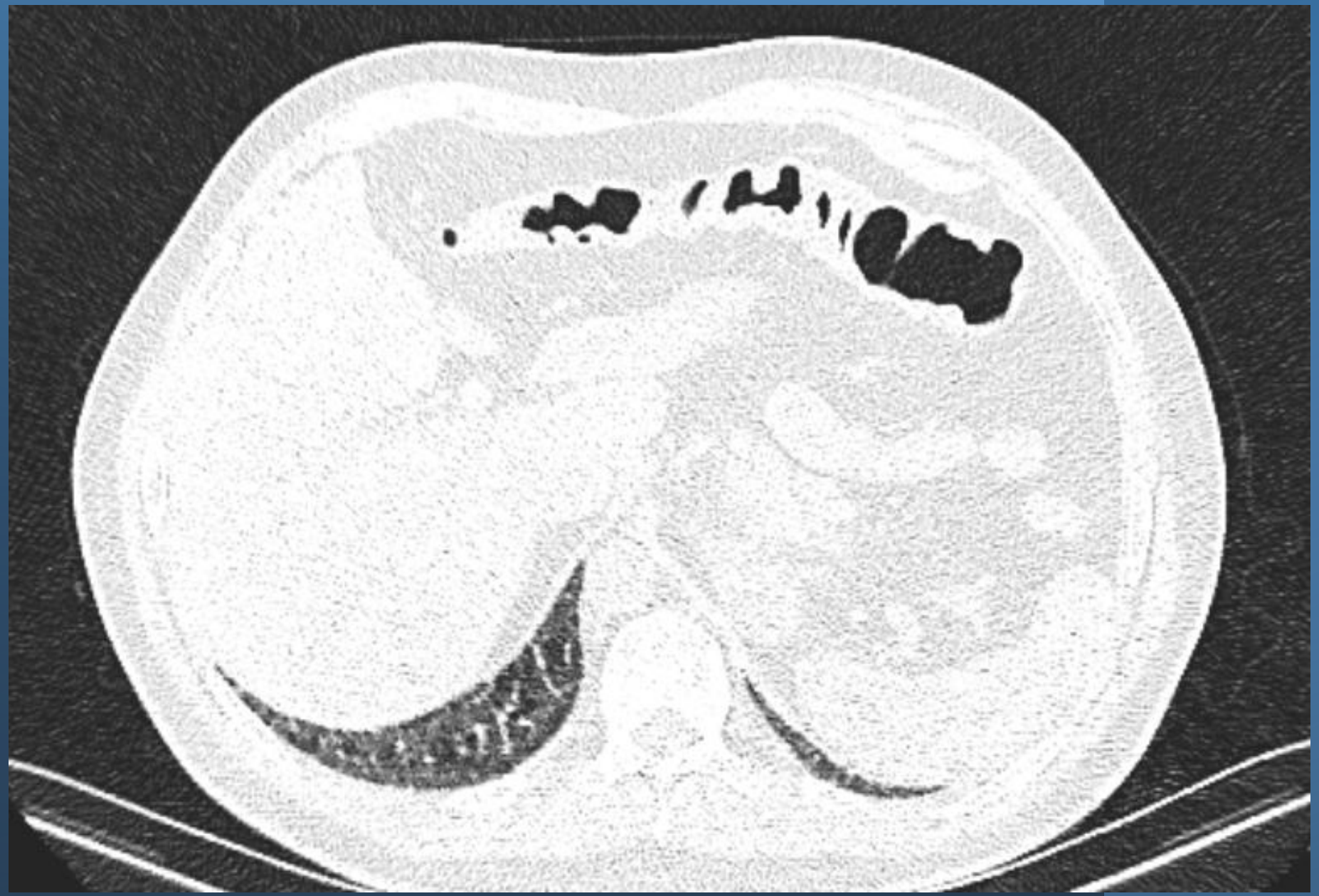












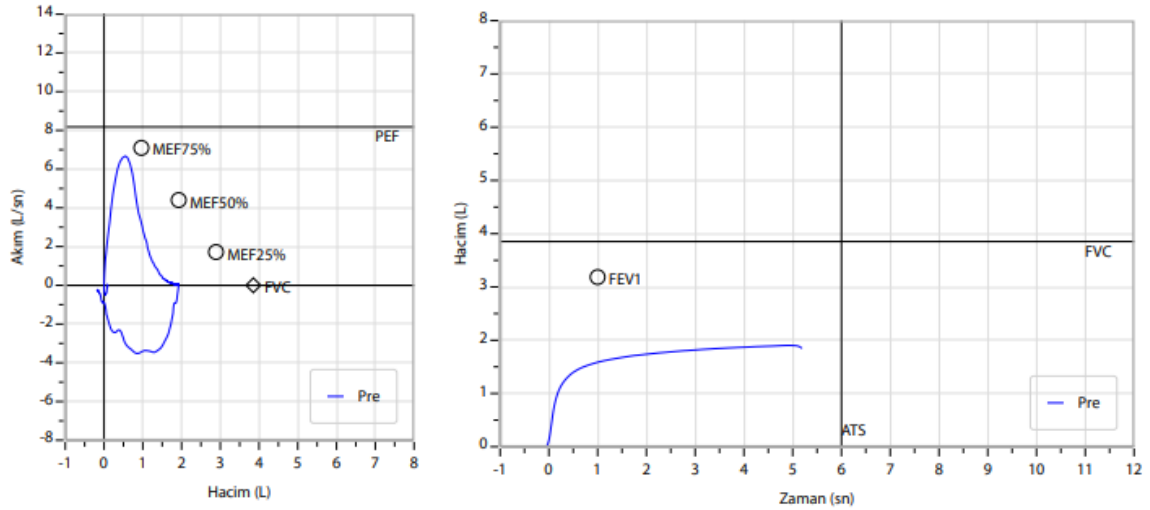
SFT-Nisan 2025

COSMED
The Metabolic Company

KONYA ŞEHİR HASTANESİ
GÖĞÜS HASTALIKLARI

Ziyaret Tarihi: **18.06.2025**							
Yazdırıldı: **18.06.2025**							
Ad: **ERHAN SEVİM**	ID1: **19004614038**		Cinsiyet: **Erkek**	Yaş: **46**	Ağırlık (kg): **73,00**	Boy (cm): **163,0**	
Şirket: --	D.O.B.: **25.04.1979**	ID2: --	BMI (kg/m2): **27,5**	Sigara içme: --	Sigara İçilen Yıllar: --	Sigara / Gün: --	
İş/Uğraşı: --	Operatör: --		Doktor: --				
Etnik: **Kafkas**	Oda: --	Tahmini ayarlar: ERS 93 extended (Spirometri), ECCS extended (DLCO),					

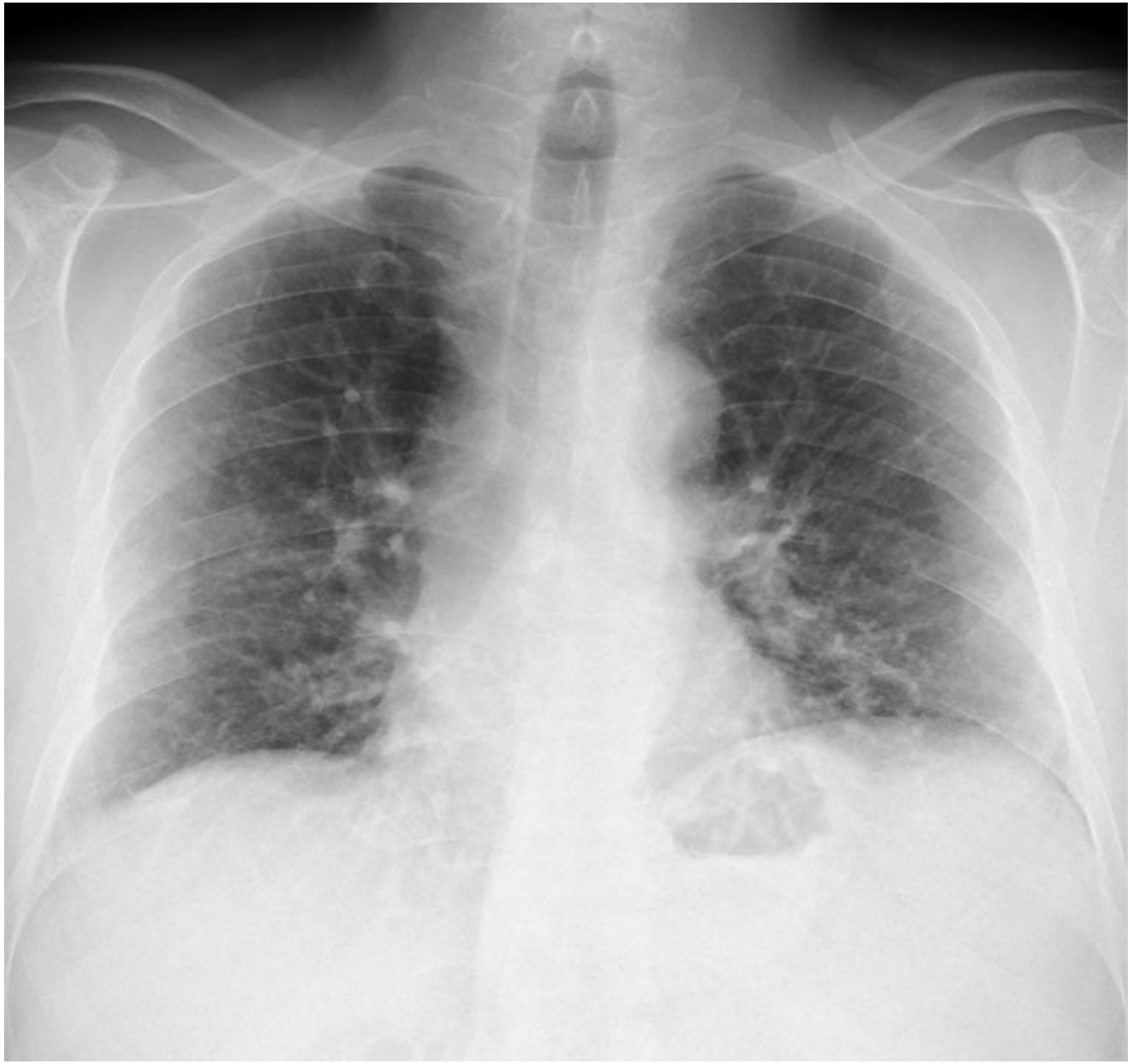
FVC Pre @ 13:56



PRE

		Ölçüm	Normal Aralık	Bekl.	%Beklenen	z score
FVC	L	**1,92**	2,85 - 4,86	3,85	50	-3,17
FEV1	L	**1,61**	2,35 - 4,02	3,18	50	-3,09
FEV1/FVC%	%	**83,8**	67,1 - 90,7	78,9	106	0,68
PEF	L/s	**6,90**	6,19 - 10,17	8,18	84	-1,06
FEF25-75%	L/s	**2,05**	2,17 - 5,60	3,88	53	-1,76
MEF25%	L/s	**0,56**	0,44 - 3,00	1,72	32	-1,49
MEF50%	L/s	**3,01**	2,23 - 6,57	4,40	68	-1,06
MEF75%	L/s	**6,68**	4,28 - 9,91	7,10	94	-0,24
FEV6	L	**0,00**	3,32 - 4,84	4,08	0	-8,83
FEV1/FEV6%	%	**0,0**	72,0 - 89,9	81,0	0	-14,86

Nisan 2025-PA-Film



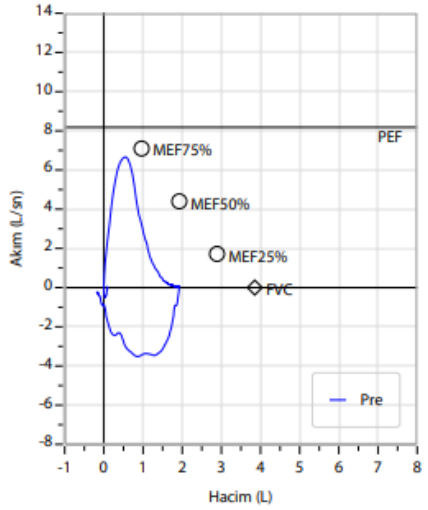
SFT-Haziran-2025

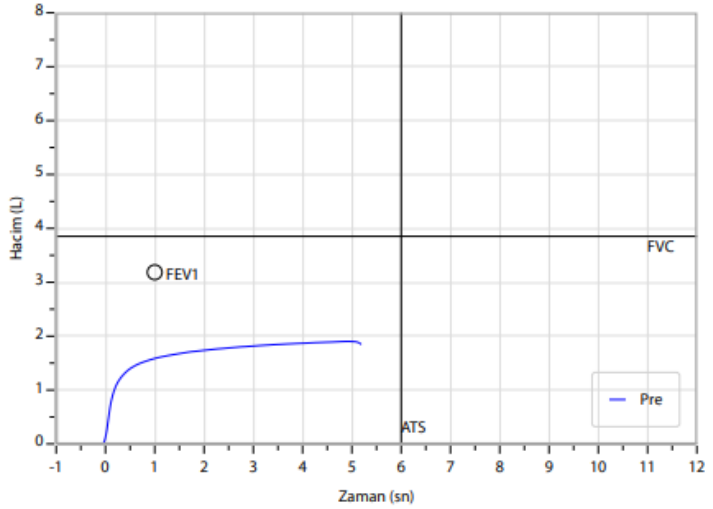
COSMED
The Metabolic Company

KONYA ŞEHİR HASTANESİ
GÖĞÜS HASTALIKLARI

Ziyaret Tarihi: 18.06.2025							
Yazdırıldı: 18.06.2025							
Ad: [redacted]	ID1: 19004614038		Cinsiyet: Erkek	Yaş: 46	Ağırlık (kg): 73,00	Boy (cm): 163,0	
Şirket: --	D.O.B.: 25.04.1979	ID2: --	BMI (kg/m2): 27,5	Sigara içme: --	Sigara İçilen Yıllar: --	Sigara / Gün: --	
İş/Uğraşı: --	Operatör: --		Doktor: --				
Etnik: Kafkas	Oda: --	Tahmini ayarlar: ERS 93 extended (Spirometri), ECCS extended (DLCO),					

FVC Pre @ 13:56

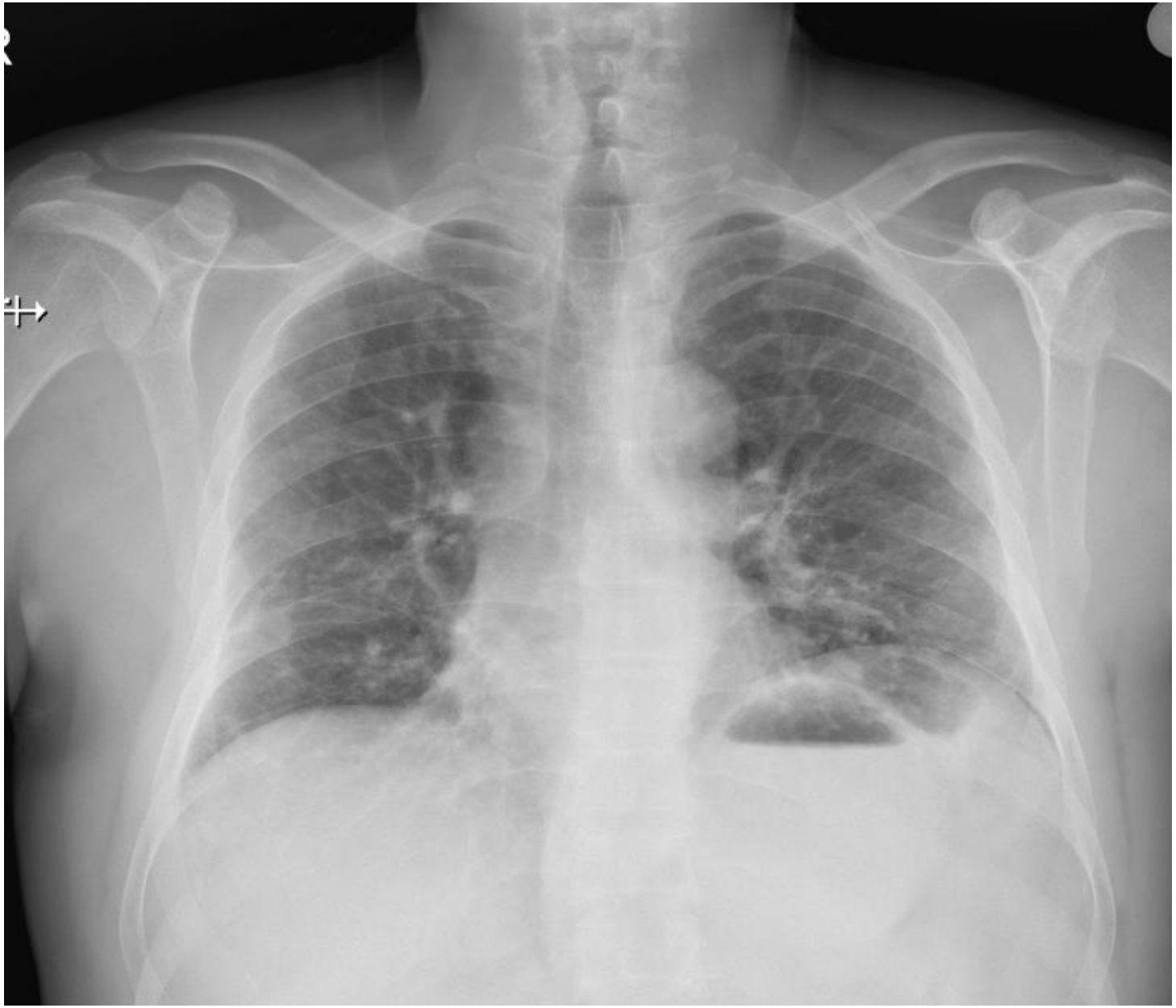




PRE

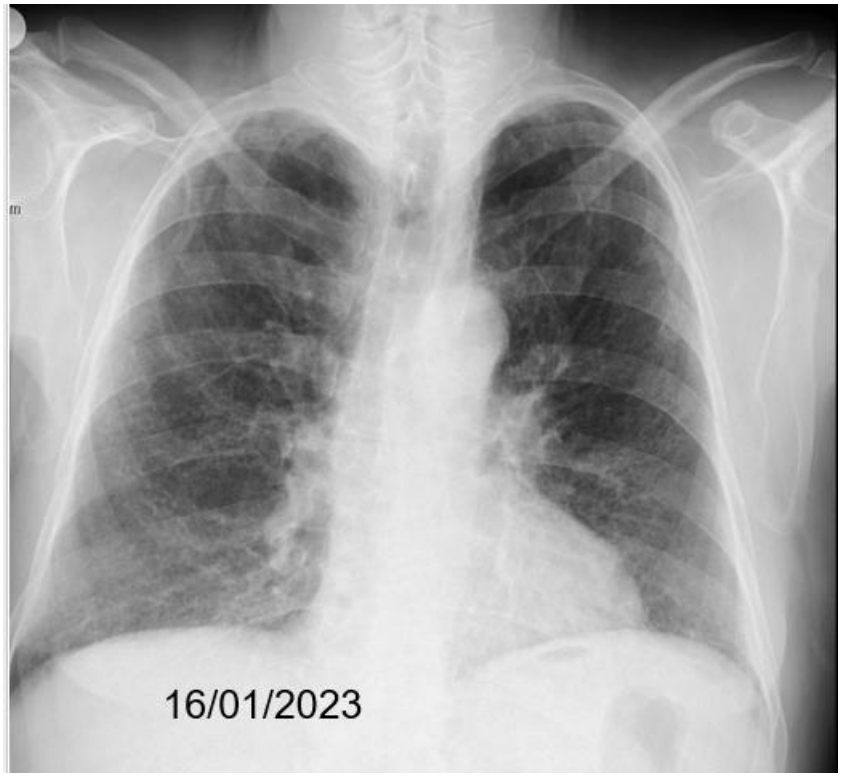
		Ölçüm	Normal Aralık	Bekl.	%Beklenen	z score
FVC	L	**1,92**	2,85 - 4,86	3,85	50	-3,17
FEV1	L	**1,61**	2,35 - 4,02	3,18	50	-3,09
FEV1/FVC%	%	**83,8**	67,1 - 90,7	78,9	106	0,68
PEF	L/s	**6,90**	6,19 - 10,17	8,18	84	-1,06
FEF25-75%	L/s	**2,05**	2,17 - 5,60	3,88	53	-1,76
MEF25%	L/s	**0,56**	0,44 - 3,00	1,72	32	-1,49
MEF50%	L/s	**3,01**	2,23 - 6,57	4,40	68	-1,06
MEF75%	L/s	**6,68**	4,28 - 9,91	7,10	94	-0,24
FEV6	L	**0,00**	3,32 - 4,84	4,08	0	-8,83
FEV1/FEV6%	%	**0,0**	72,0 - 89,9	81,0	0	-14,86

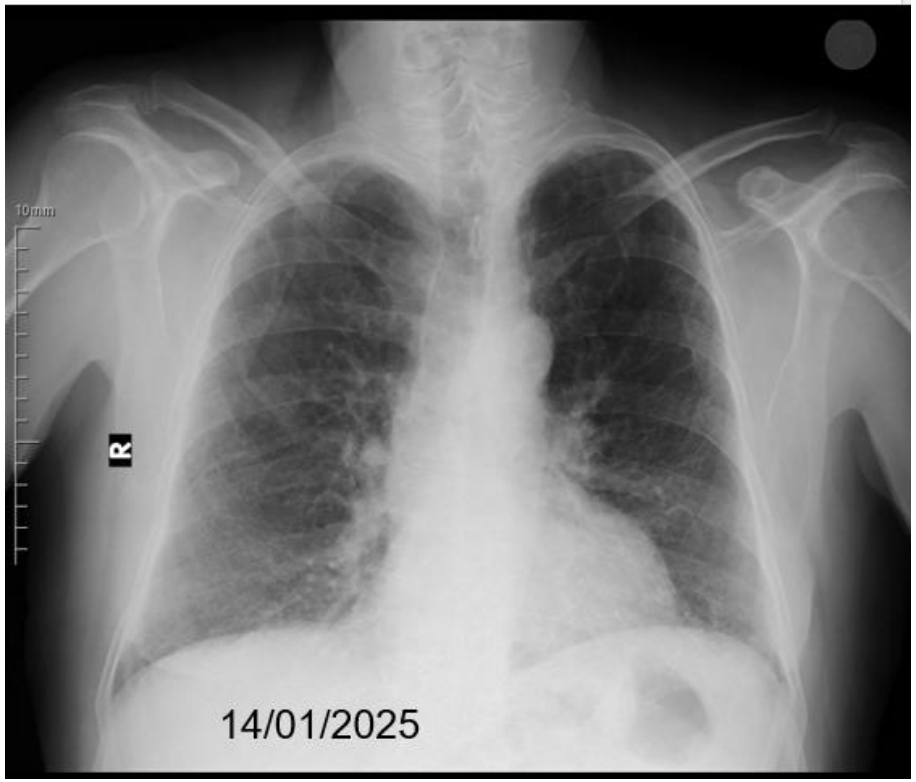
Kasım-2025



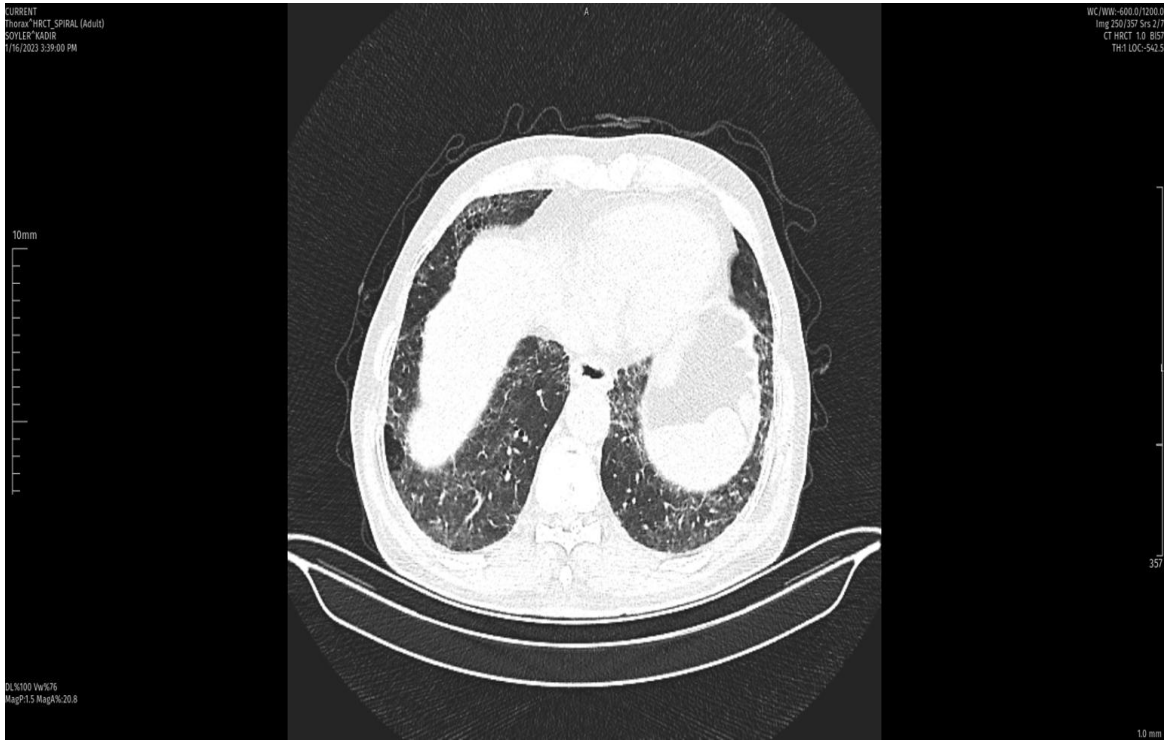
Vaka-2

- İPF de progresyon…….

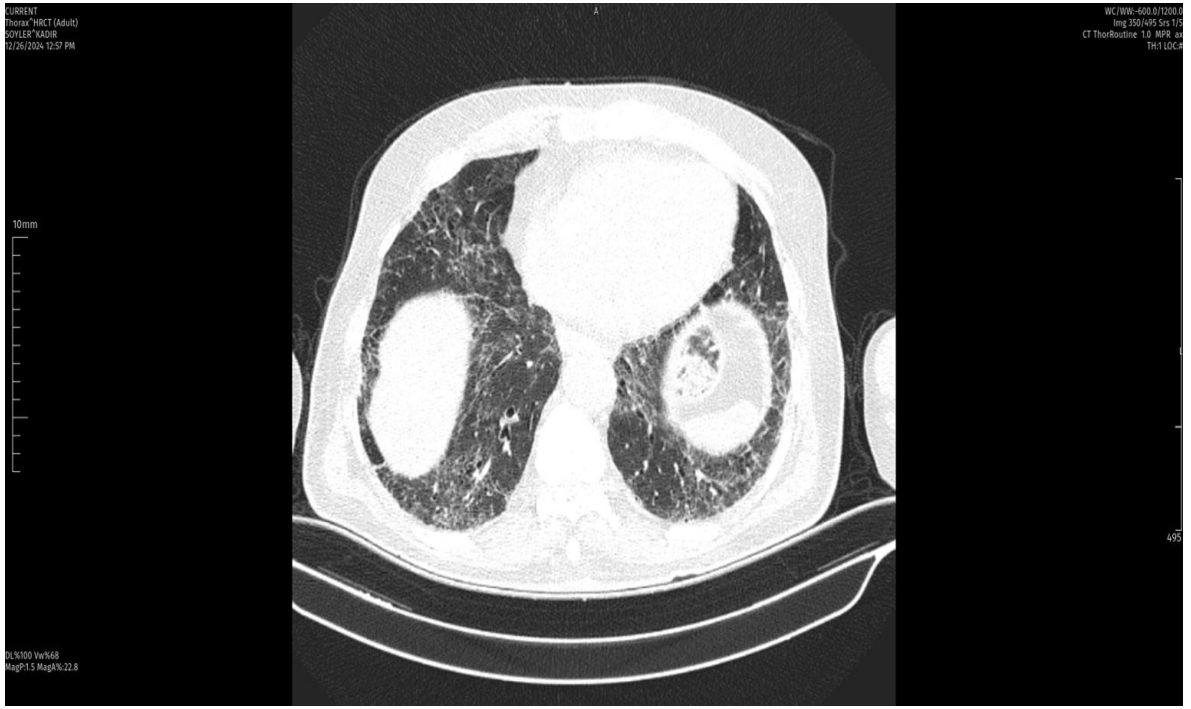

16/01/2023


10mm
R
14/01/2025

2023

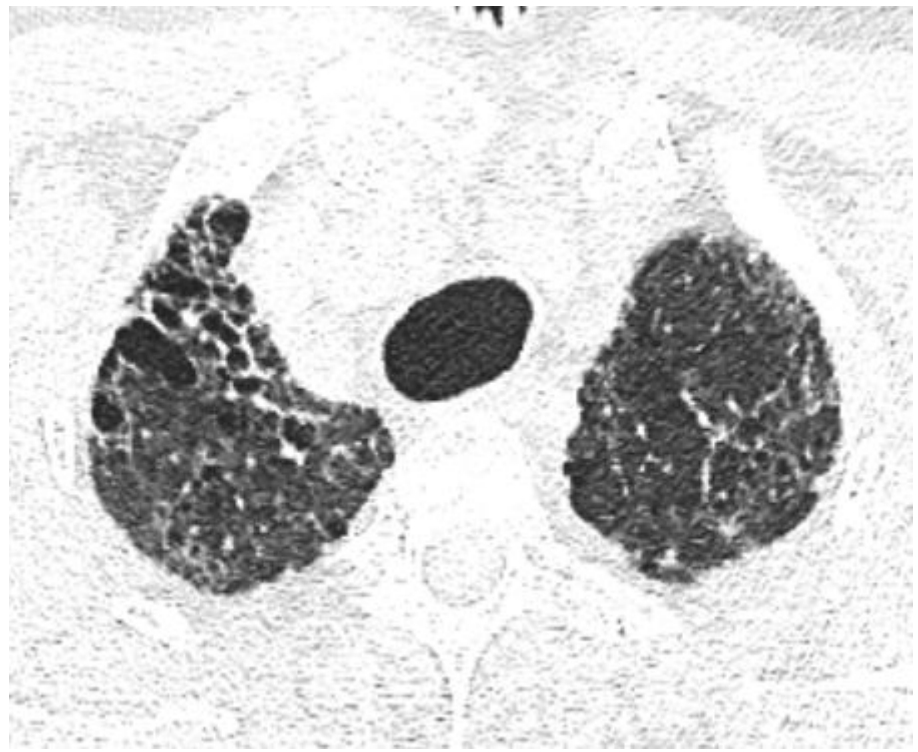

CURRENT
Thorax^HRCT_SPIRAL (Adult)
SOYLER^KADIR
1/16/2023 3:39:00 PM
10mm
DL%100 Vw%76
MagP:1.5 MagA%:20.8
WC/WW:-600.0/1200.0
CT HRCT 1.0
1.0 mm

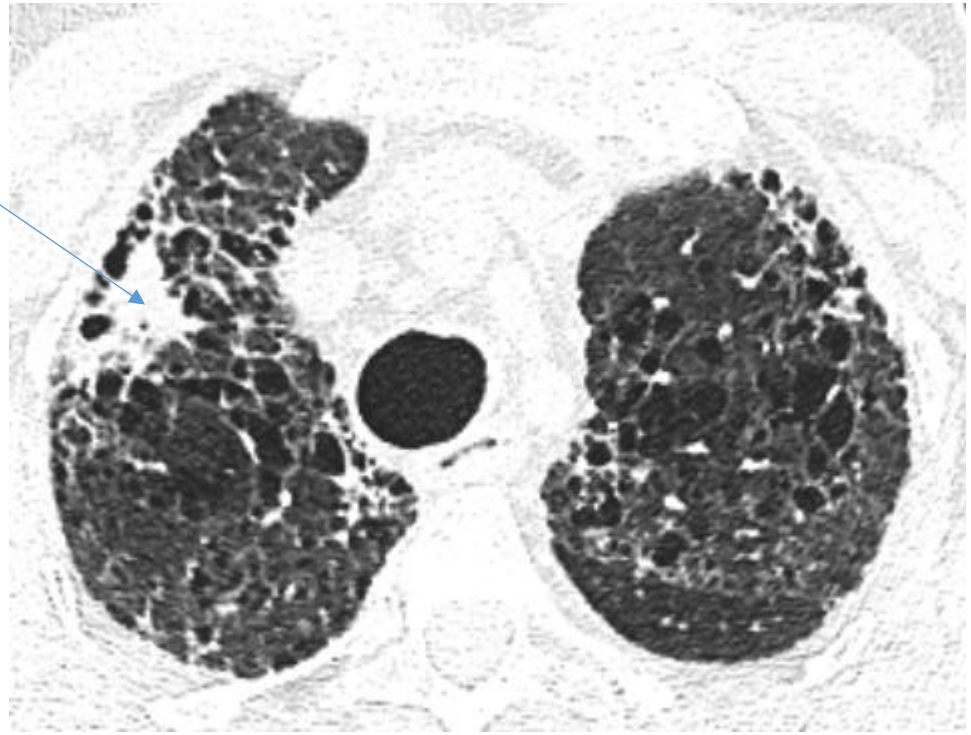
2024

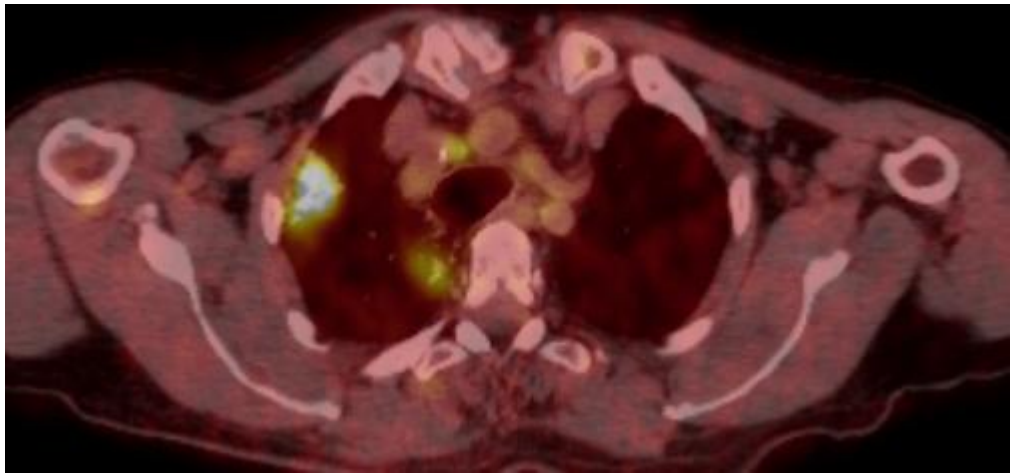

CURRENT
Thorax^HRCT (Adult)
SOYLER^KADIR
12/26/2024 12:57 PM
10mm
DL%100 Vw%68
MagP:1.5 MagA%:22.8
CT ThorRoutine 1.0 MPR

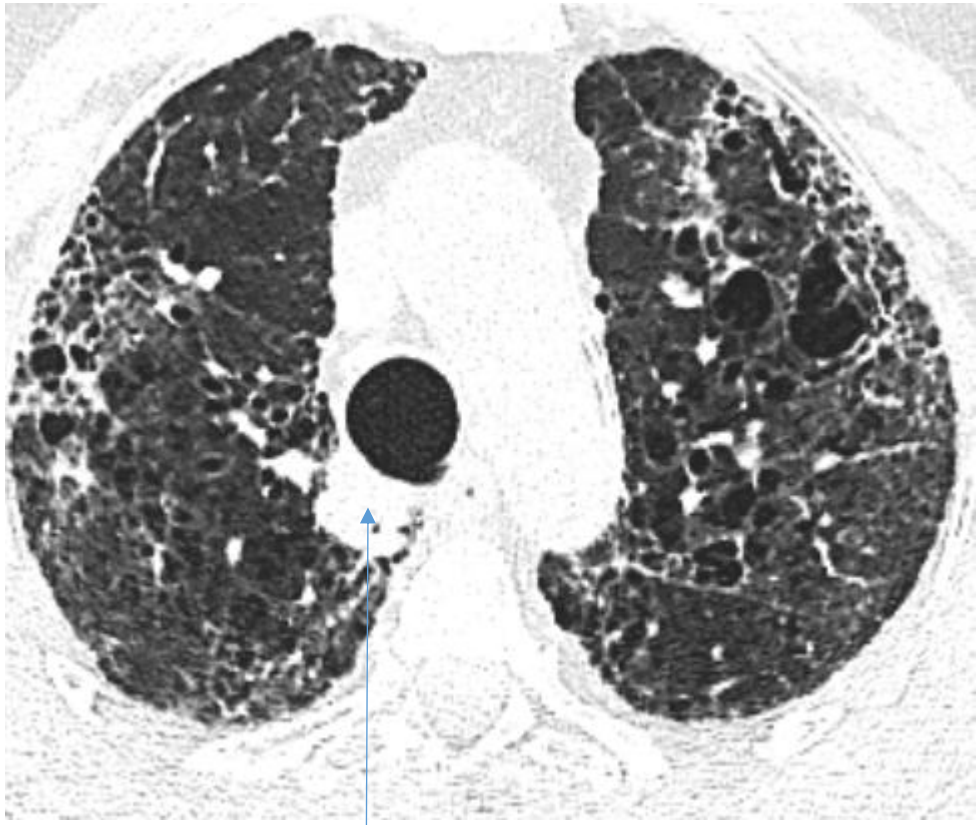
Vaka-3

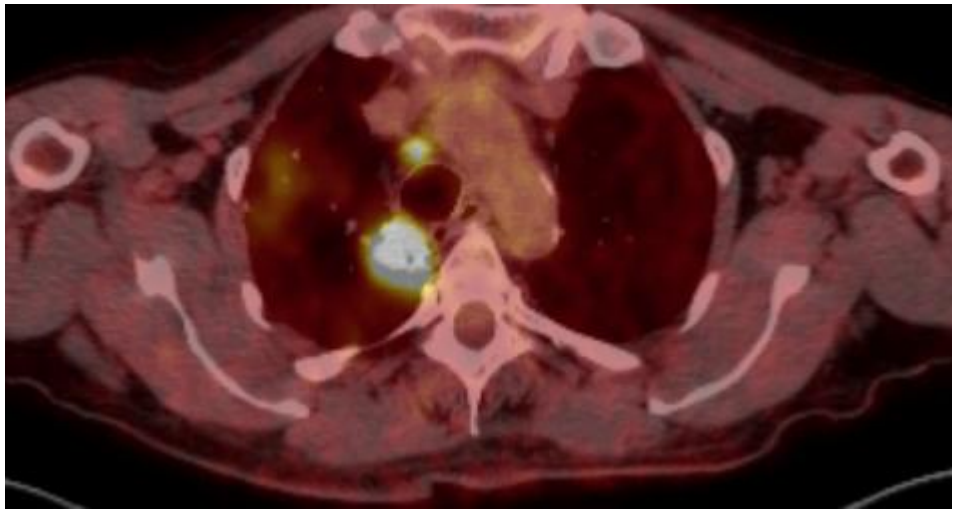
- İPF’de malignite durumu…….

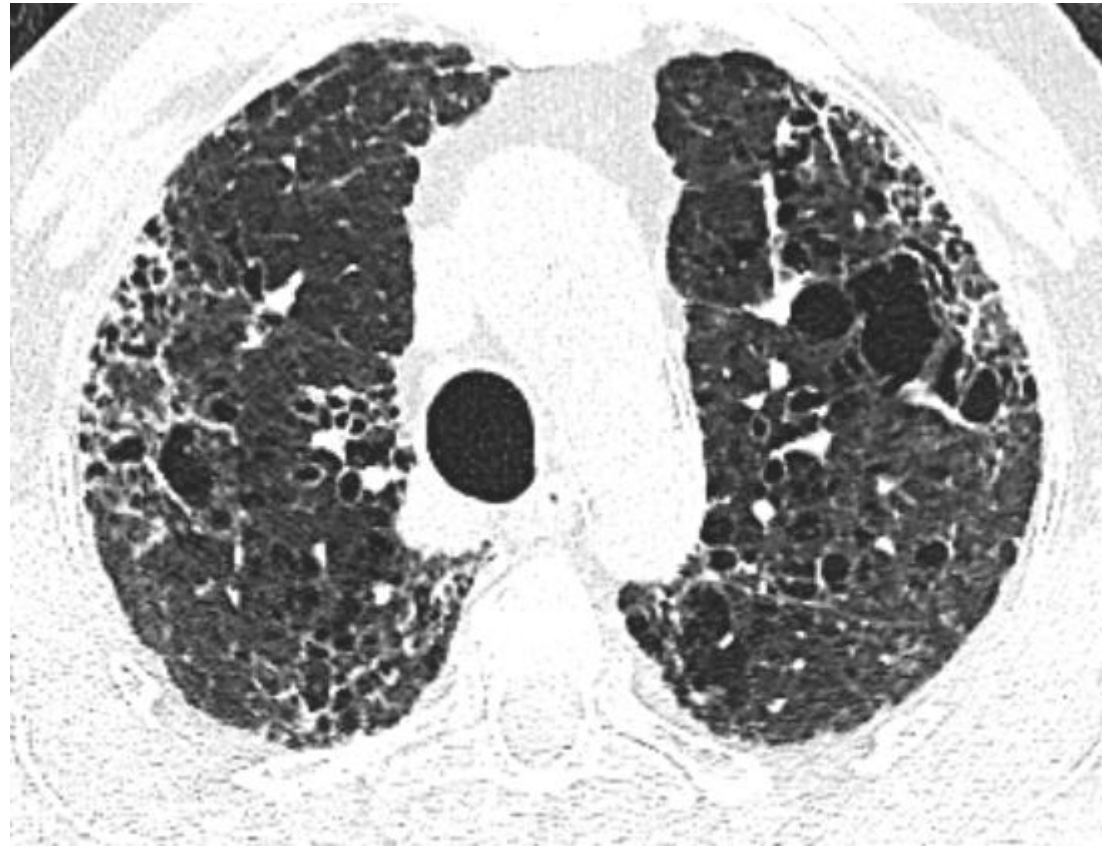


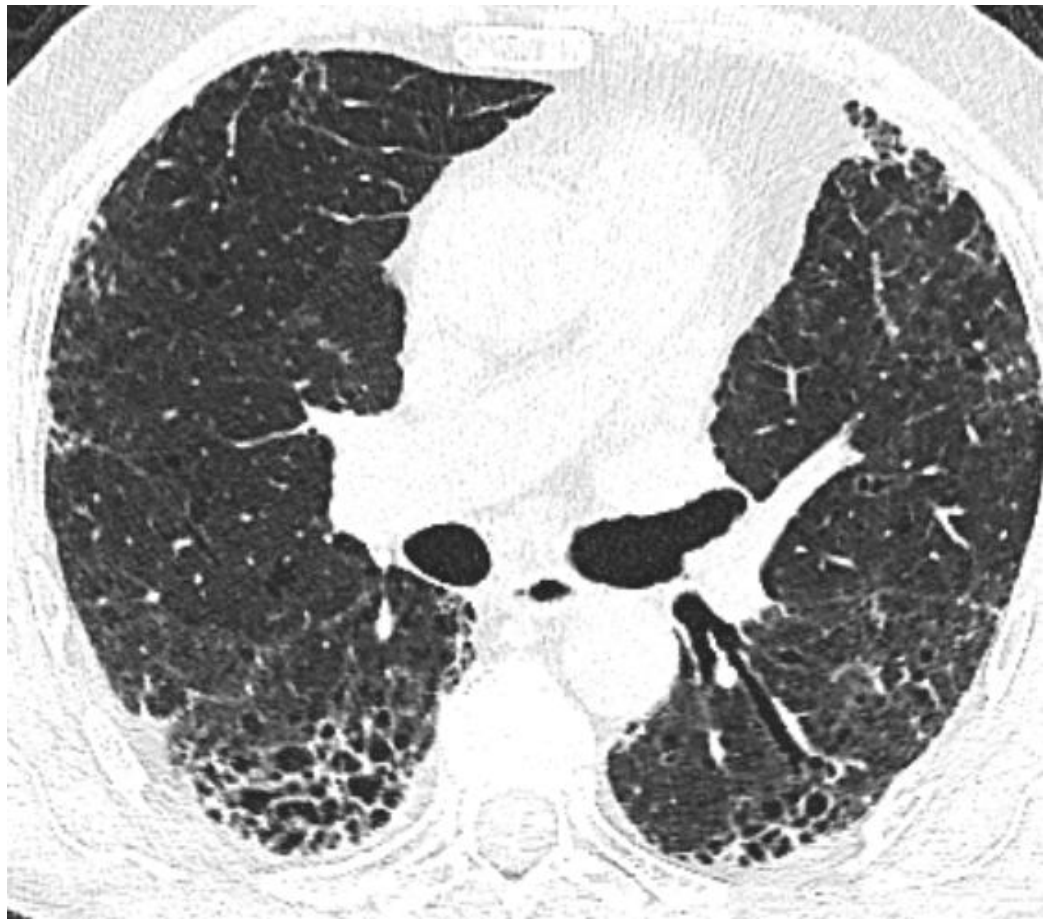


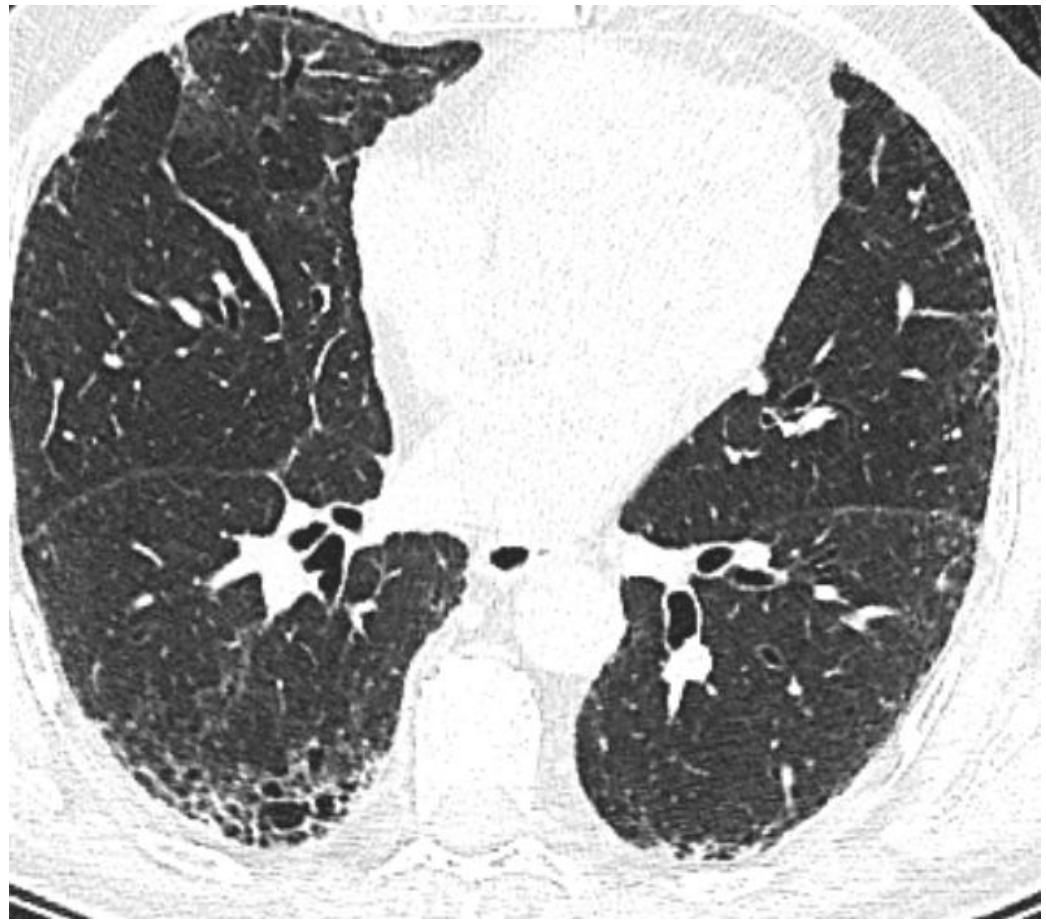


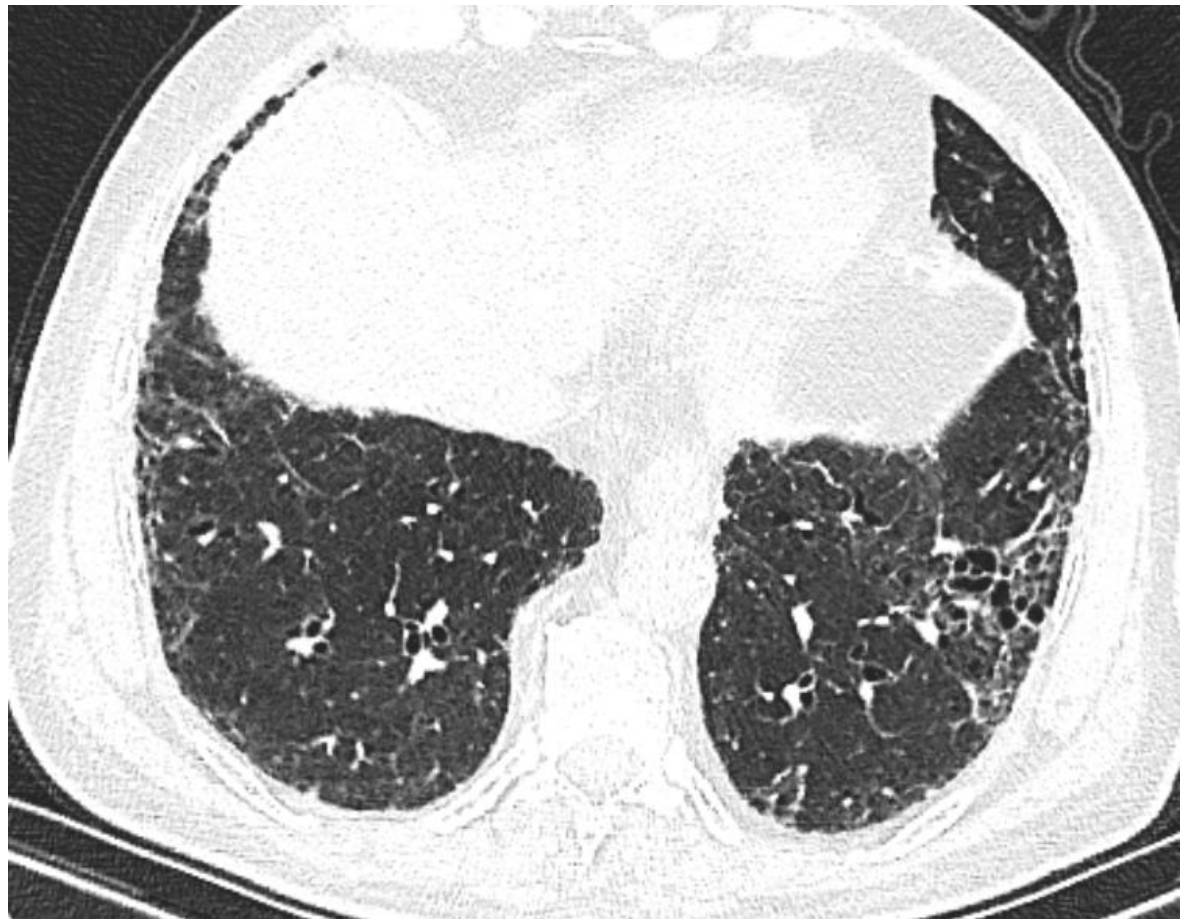


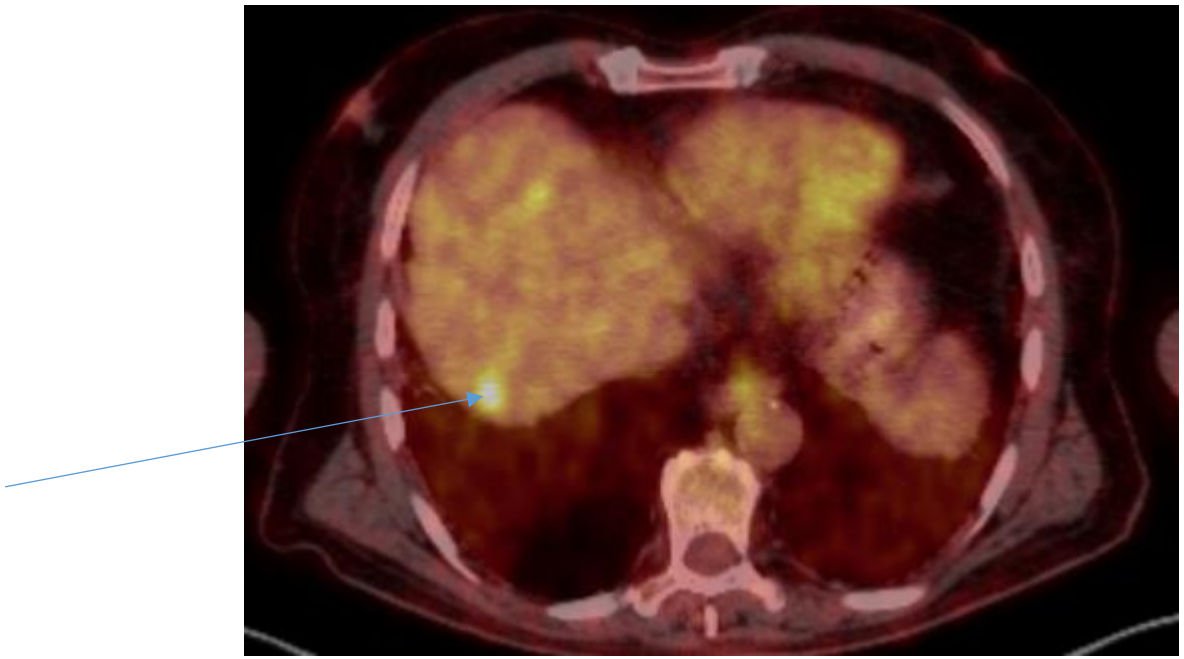


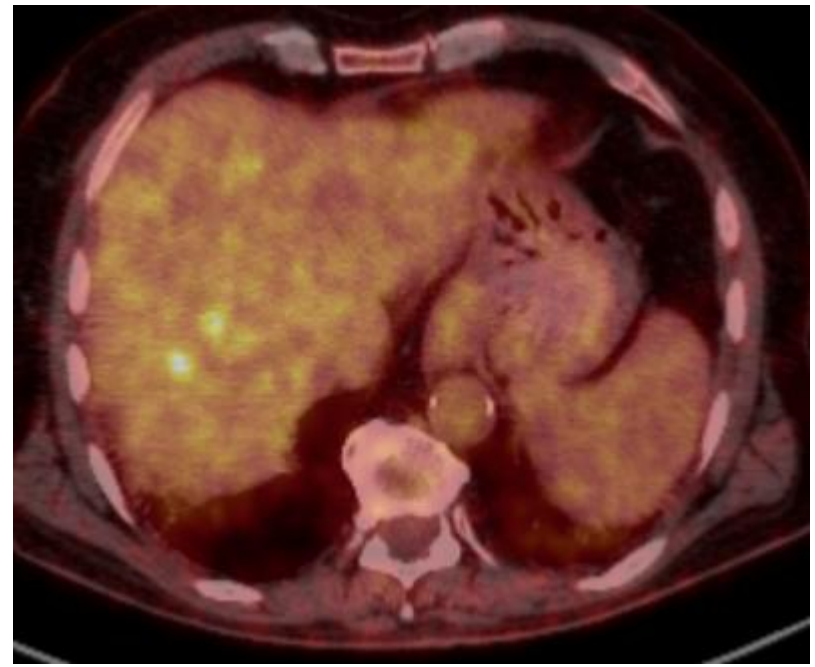












- LAA, US eşliğinde karaciğer sağ lobda kubbe düzeyinde izlenen izoekoik nodüler lezyondan 18 G tam otomatik core biyopsi iğnesi ile biyopsi alındı. Alınan örnekler formolde tespit edildi. Komplikasyon olmadı.

TANI

KARSİNOM METASTAZI, karaciğer sağ lob, iğne biyopsi materyali

YORUM

İzlenen bulgular "KÜÇÜK HÜCRELİ KARSİNOM METASTAZI" ile uyumludur.

Tartışma ve Sonuç

İPF-Progresif bir hastalıktır.

Erken tanı ve tedaviye erken başlanması, progresyon hızını yavaşlatmada çok önemlidir.

Sahada çalışan, özellikle aile hekimi olan arkadaşların, kuru öksürük ve nefes darlığı olan, fizik muayenede velcro ralleri olan, ve çomak parmağı olan hastaları gördükleri zaman, mutlaka göğüs hastalıkları uzmanı arkadaşlara, olası İLD açısından değerlendirilmek üzere göndermeleri çok önemlidir.

Göğüs hastalıkları uzmanı olan arkadaşlarında, İPF gibi İLD hastalarını değerlendirirken, **sabırla geçmişteki tüm filmlerini, yenileriyle** karşılaştırmaları oldukça önemlidir ve gereklidir.

İPF tanısı koyduğumuz her hastanın, ilerde **akciğer nakli** için bir aday olduklarını hatırlatmamız ve düşünmemiz gerekir.

- Teşekkürler


UASK 2026
Uluslararası Katılımlı
AKCİĞER
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ASYOD
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