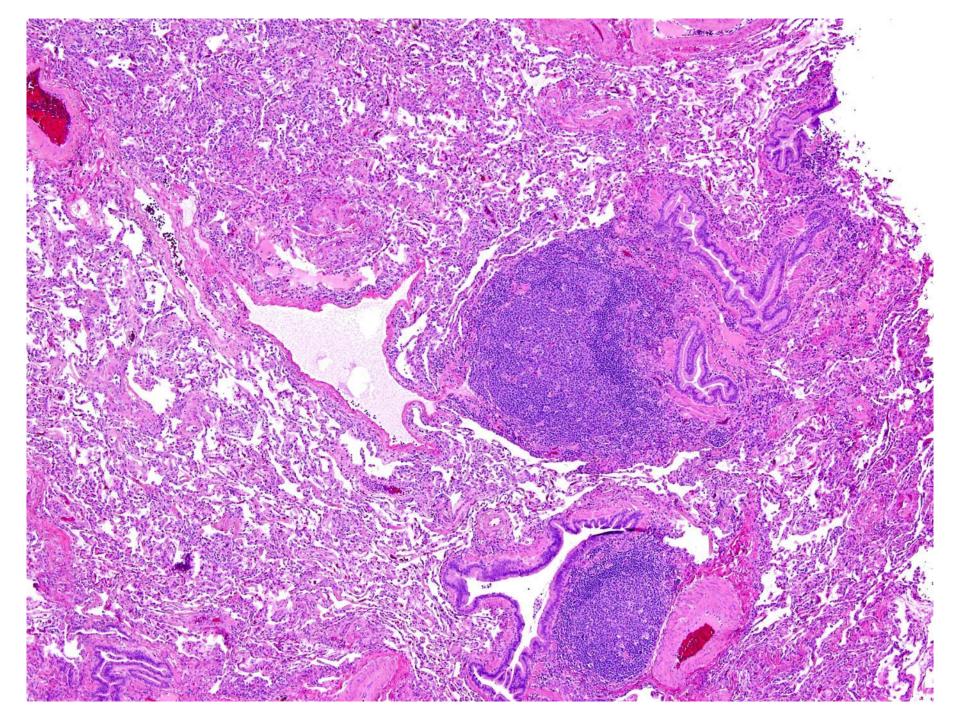
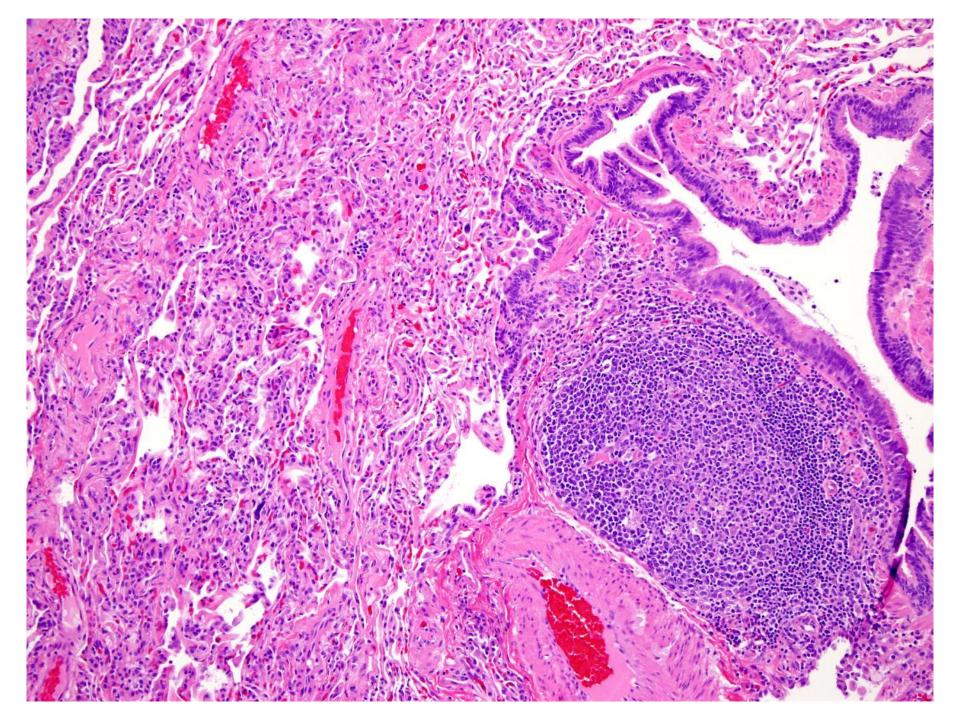
Most often encountered in RA and Sjögren

- Follicular bronchiolitis (FB)
  - represents BALT hyperplasia
  - spectrum with LIP

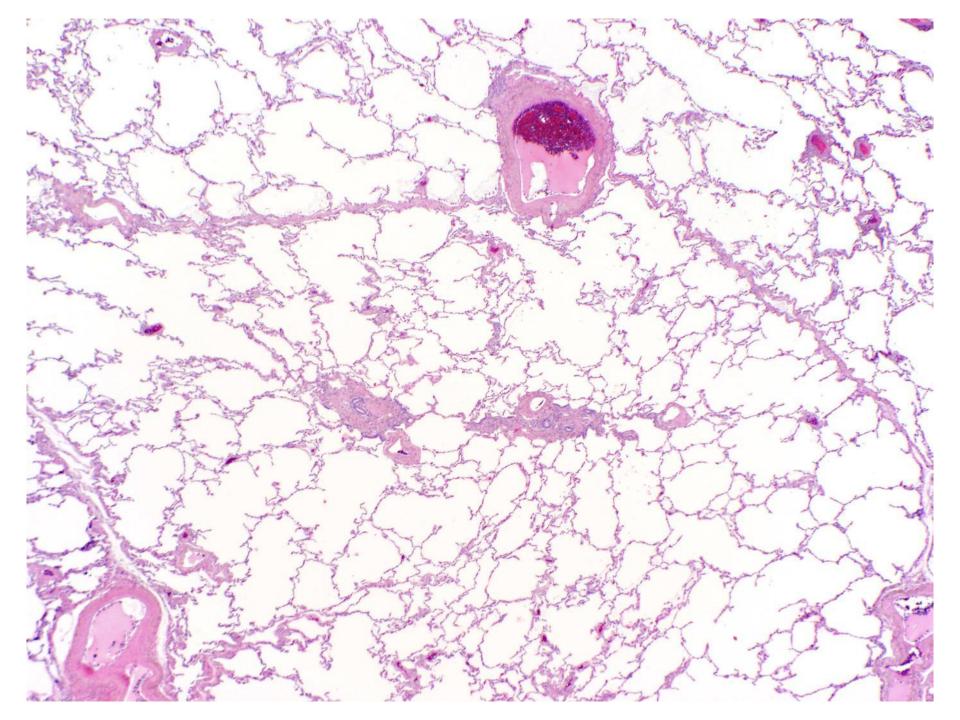
- Histopathology of FB
  - key features
    - peribronchiolar lymphoid follicles
    - frequent germinal centres
    - little extension into alveolar interstitium

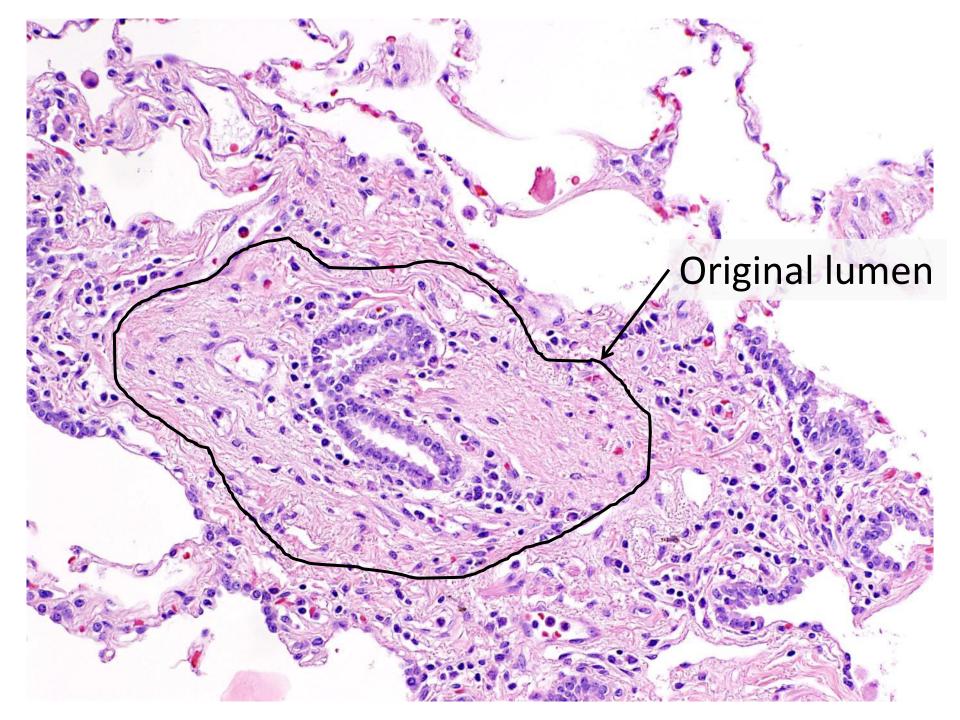


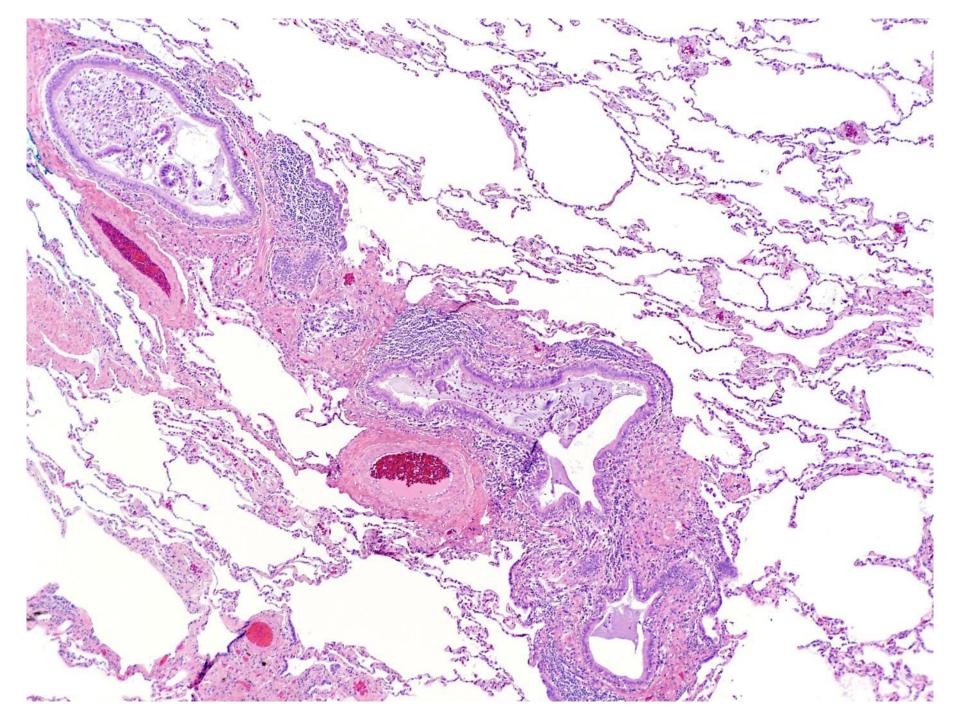


- Constrictive bronchiolitis (CB)
  - usually rapidly progressive, irreversible airflow obstruction

- Histopathology of CB
  - key features
    - submucosal and peribronchiolar fibrosis
    - variable inflammation
    - secondary (distal) changes
      - bronchiolectasis
      - mucostasis

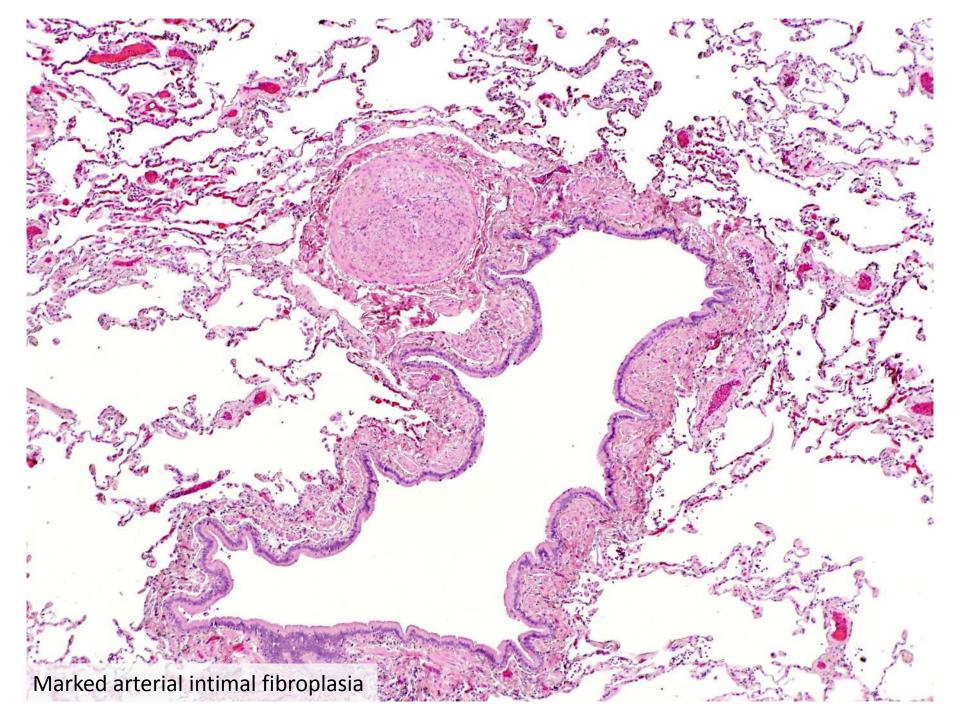


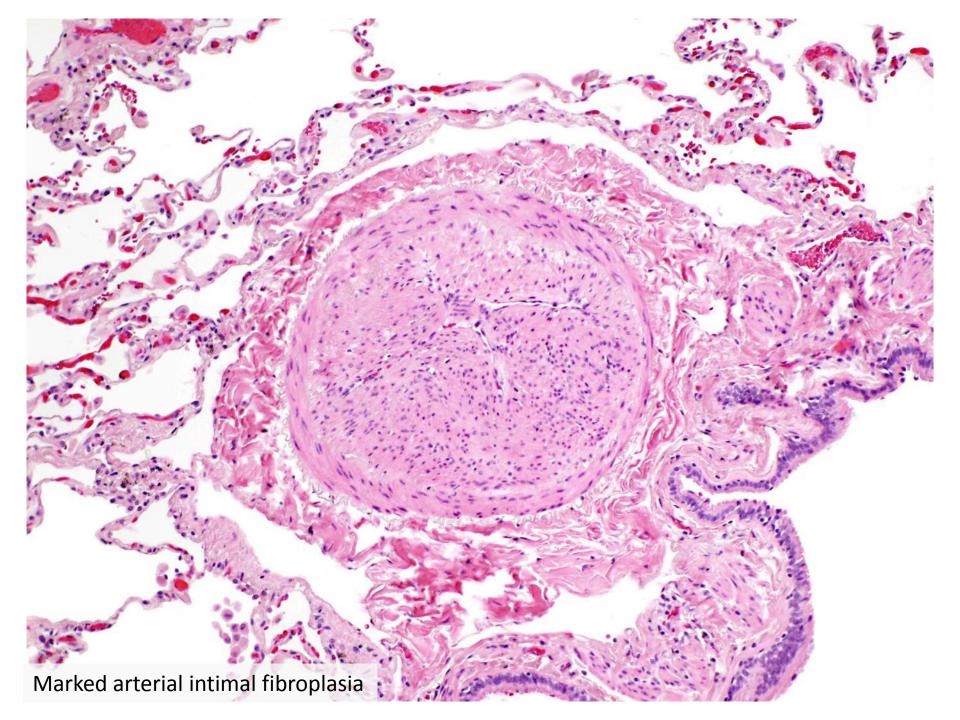




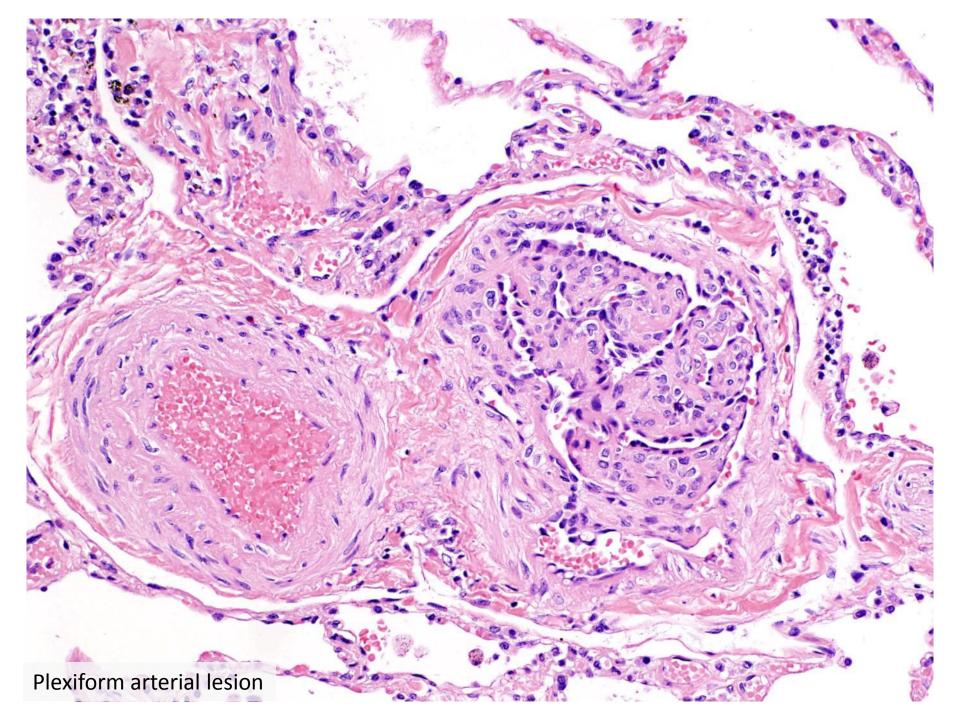
- Most often encountered in scleroderma and SLE
  - pulmonary hypertension
  - diffuse alveolar hemorrhage (DAH)

- Most often encountered in scleroderma and SLE
  - pulmonary hypertension
    - primary
    - chronic thromboembolic
    - chronic hypoxia



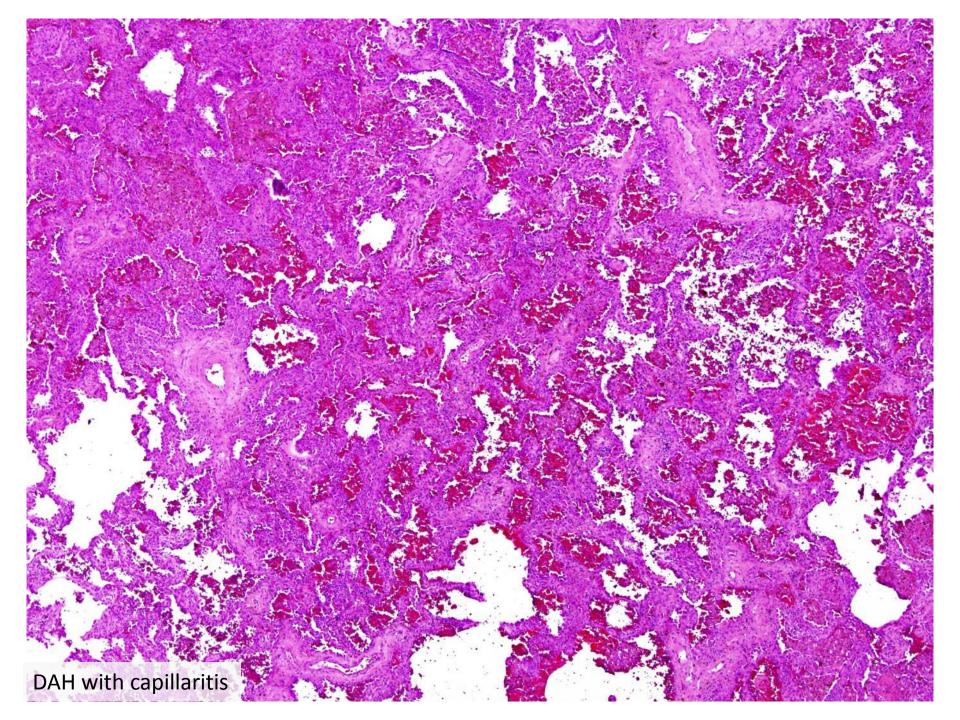


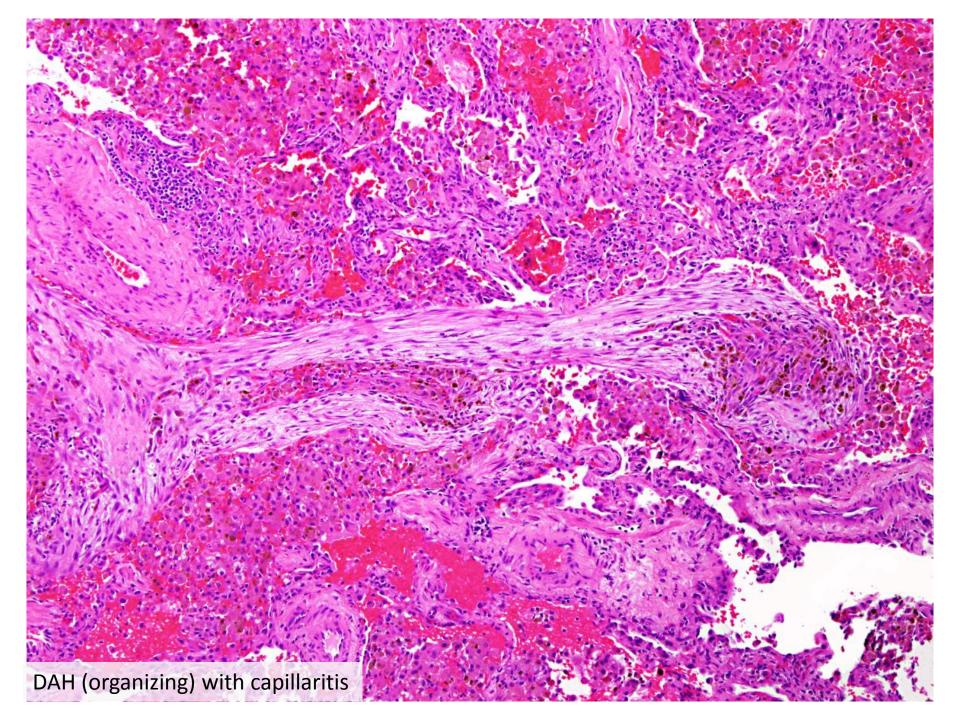


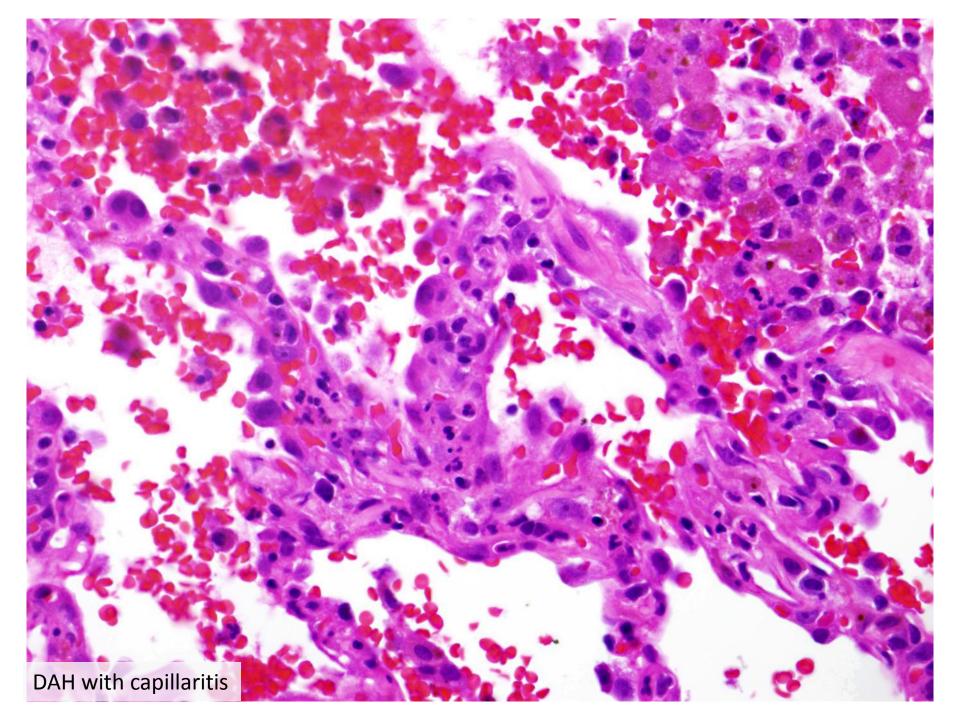


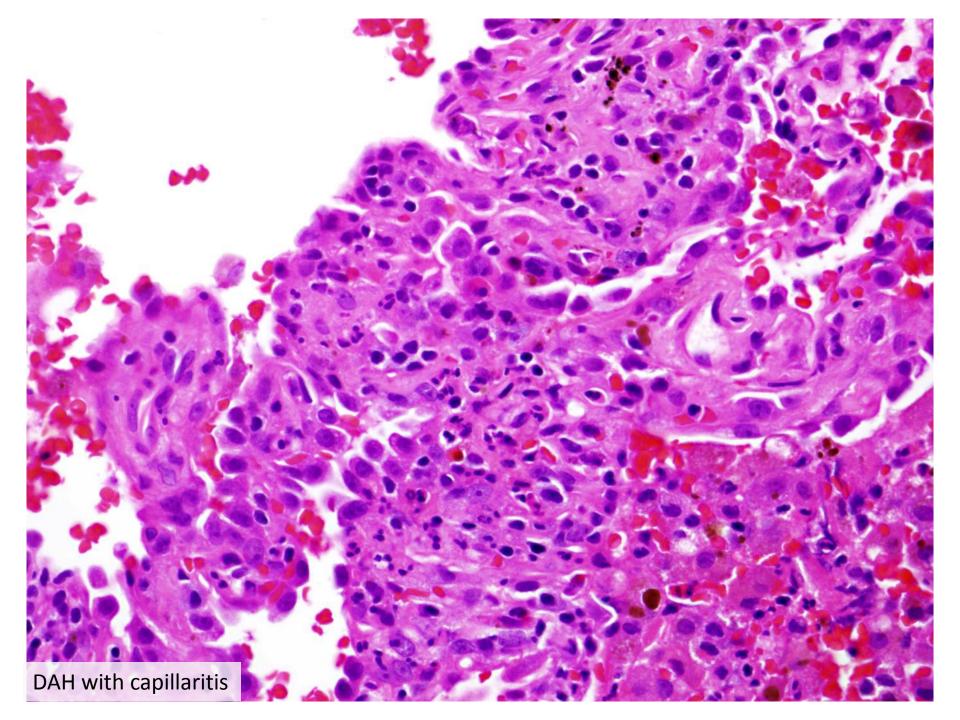
- Most often encountered in scleroderma and SLE
  - diffuseenaalise by prefiteen oi or hage (DAH)
  - diffuse alveolar hemorrhage (DAH)

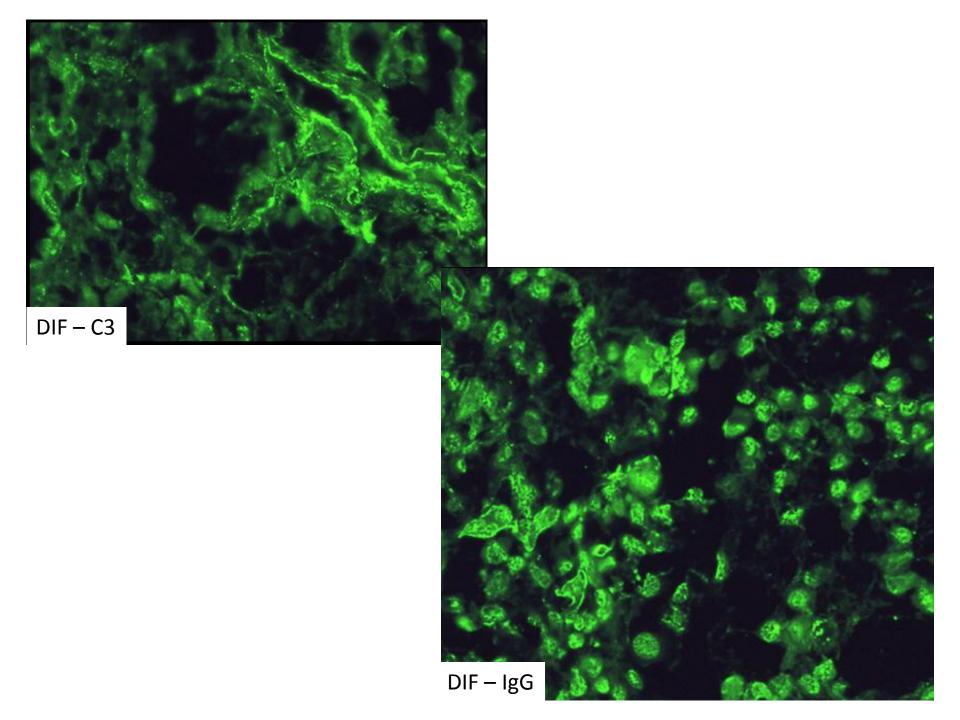
- Most often encountered in scleroderma and SLE
  - diffuse alveolar hemorrhage (DAH)
    - with / without capillaritis
    - with / without DAD











### **Pleural lesions**

- Most often encountered in SLE and RA
  - often subclinical

