

Abstract

Our patient was an elderly male who was a heavy smoker presenting with progressive dyspnoea and dry cough. There was no evidence to suggest a connective tissue disease or an occupational lung disease caused by past history of exposure to wood or metal dust. He had not taken medication which could cause lung fibrosis. There were no features suggestive of chronic obstructive pulmonary disease or congestive cardiac failure. He did not have atopy or tuberculosis exposure. There was clubbing and bi-lateral fine end inspiratory crackles on examination. The chest x-ray showed bilateral reticular shadows. His lung function test revealed a restrictive pattern. The HRCT showed honeycombing with traction bronchiectasis suggestive of usual interstitial pneumonia pattern. Tuberculosis and malignancy was excluded. And the diagnosis of idiopathic pulmonary fibrosis was made. Anti fibrotic agents are used initially. Supportive measures include pulmonary rehabilitation and supplemental oxygen when needed. The patient was also advised to stop smoking.