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Review Article

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Interstitial Council of UKC Maribor – Analysis of Data From 2019 To 2024

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ABSTRACT
When a patient is suspected of having interstitial lung disease (ILD), he or she is referred to our department for further diagnostics via a personal physician, regional pulmonologist or another medical institution.

Keywords: Interstitial Council, UKC Maribor, ILD Interstitial Lung Disease

Introduction

When a patient is suspected of having interstitial lung disease (ILD), he or she is referred to our department for further diagnostics via a personal physician, regional pulmonologist or another medical institution.

All necessary diagnostic tests are performed in patients with suspected ILD. Each evaluation begins with a detailed and targeted medical history, clinical examination, laboratory tests and a chest X-ray. Patients also undergo pulmonary function testing, a 6-minute walk test and, if needed, cardiopulmonary exercise testing. We proceed with CT or HRCT of the chest and perform invasive procedures when indicated. In our department, we perform bronchoscopy with the option of transbronchial biopsy (TBB), bronchoalveolar lavage (BAL) and endobronchial ultrasound (EBUS).

After completing all necessary examinations, the patient is presented at the Interstitial Council, which takes place virtually once per month. In addition to pulmonologists, radiologists and rheumatologists from our institution, a pulmonologist, pathologist and radiologist from the Golnik Clinic also participate. After a thorough review of the case, the Council agrees on the most optimal management plan. Additional invasive diagnostics-such as surgical lung biopsy (VATS) or cryobiopsy-may also be recommended.

Patients with worsening disease or those requiring changes or escalation of therapy are also presented. It should be noted that not all patients suspected or diagnosed with ILD are presented at the Council. Many more ILD patients were evaluated, diagnosed and treated within our department without requiring Council review.

The following is an analysis of the patients presented at the Interstitial Council of the Department of Pulmonary Diseases, University Medical Centre Maribor, between January 2019 and January 2024 (a 5-year period).

Interstician Council From 2019 To The End Of 2023

From January 2019 to December 2023, a total of 367 presentations were made at the Interstitial Council. These included 276 individual patients, some of whom were presented multiple times. Among them were 191 men and 176 women. Of all patients, 79 were active smokers, 85 ex-smokers and 202 non-smokers.

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In 144 cases, a first diagnosis of interstitial lung involvement was made after Council review. The most common diagnosis was sarcoidosis (24 cases), followed by hypersensitivity pneumonitis (23 new diagnoses). Non-specific interstitial changes were found in 15 patients. In 13 cases, lung damage was attributed to smoking. We diagnosed 12 new cases of idiopathic pulmonary fibrosis (IPF) and 7 new cases of progressive pulmonary fibrosis (PPF). There were 7 cases of post-SARS-CoV-2 lung changes and 4 cases of organizing pneumonia.

A total of 8 patients were diagnosed with toxic lung injury (4 due to amiodarone, 2 cases of "welder's lung" and 2 cases of methotrexate-induced lung injury).

Rheumatologic and connective-tissue diseases also affected the pulmonary interstitium. Lung involvement was associated with rheumatoid arthritis in 17 cases, Sjörgren's syndrome in 5, and vasculitis's in 5 cases.

In 2 patients, changes were linked to systemic sclerosis, and in one case each to dermatomyositis, antiphospholipid syndrome and antisynthetase syndrome.

In 96 cases, additional or more invasive diagnostic procedures were recommended: 49 for further imaging (CT, HRCT, PET-CT, ultrasound), 24 for cryobiopsy and 23 for VATS. One patient was referred to the transplant committee as a candidate for lung transplantation.

In 64 patients, follow-up was recommended based on an already known diagnosis. In an equal number of cases (64), therapy with methylprednisolone was initiated, adjusted or discontinued. Antifibrotic, biological and immunosuppressive therapies were introduced either after a new diagnosis or due to disease progression. The most frequently introduced medications were nintedanib (29), rituximab (18), methotrexate (11) and mycophenolic acid (10). Other medications (pirfenidone, azathioprine, mepolizumab) were prescribed in fewer than five cases. In one case, therapy was discontinued due to hepatotoxicity.

Conclusion

The Interstitial Council is an essential part of diagnosing and managing patients with suspected or confirmed interstitial lung disease. The multidisciplinary approach enables comprehensive evaluation and coordinated decision-making. With the collaboration of specialists from UKC Maribor and the Golnik Clinic, the interstitial council has become-and remains-an indispensable component of high-quality care for patients with interstitial lung diseases.