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CELEBRATING 55 YEARS

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Interstitial Lung Abnormality (ILA) Revisited

In Feb 2021, we discussed interstitial lung abnormality or ILA (Fig. 1), which was then defined as the presence of interstitial lesions that are typically incidental and found in patients where interstitial lung disease (ILD) is not suspected.

Recently, a new statement was issued by the American Thoracic Society (ATS), which updated the guidelines based on the knowledge accumulated in those 5 years.

The new definition

1. Non-dependent bilateral parenchymal abnormalities including ground glass, reticular opacities, lung distortion, traction bronchiectasis, honeycombing, assuming that dependent-only lesions have been confirmed to persist on prone imaging (Fig. 2)
2. Involving 5% of one lung zone by visual estimate
3. Not meeting criteria for ILD

The major change is that the “incidental” and “ILD not suspected” parts have been removed. This is because there is a major shift to identifying ILA in high-risk individuals (smokers, patients with connective tissue diseases (CTDs) and those with first degree relatives who have familial pulmonary fibrosis). Even if the patient is asymptomatic, identifying ILA in high-risk groups, allows better management of disease in the future,

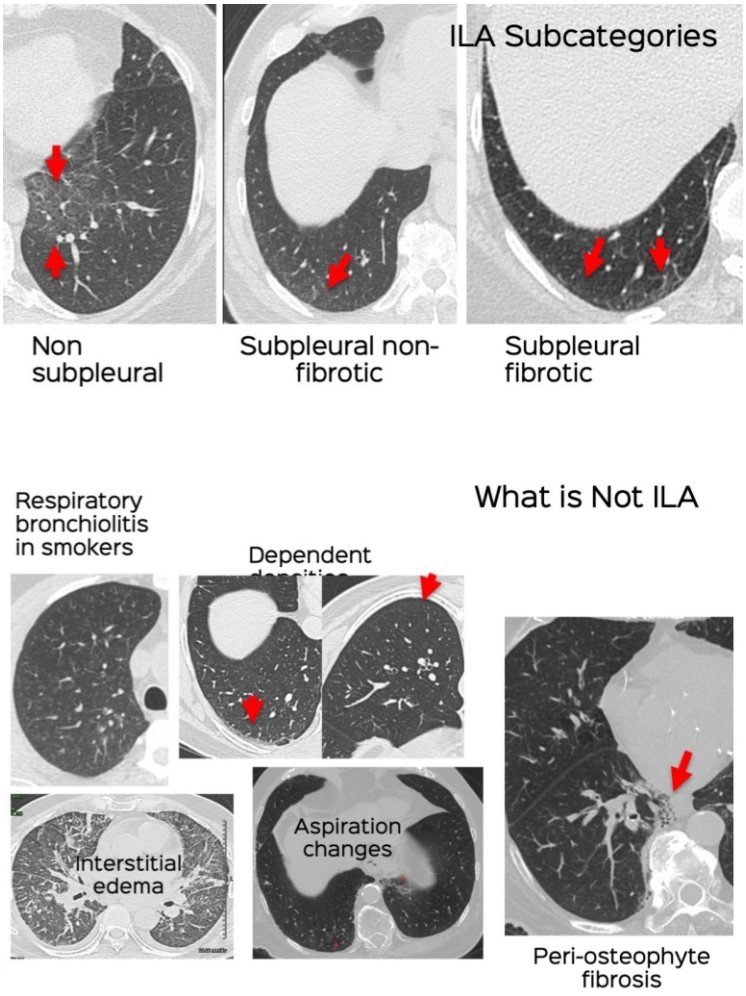

Fig. 1. What is ILA and what is not ILA – from the Feb 2021 Inner Spaces. These basic issues are unchanged in the new statement.

At a glance

- The term ILA is no longer restricted to "incidental" pick-up but also includes asymptomatic lesions picked up on screening
- All dependent lesions must be confirmed on prone imaging
- Follow-up for low risk – 2-3 years and for high risk – 1 year

if and when it becomes symptomatic (Fig. 2), especially since almost 50% of patients progress from ILA to ILD in 5 years.

Follow-up scanning (Fig. 3) has also been defined – 2-3 years for low-risk, asymptomatic individuals and yearly for high-risk individuals or those who are borderline symptomatic.

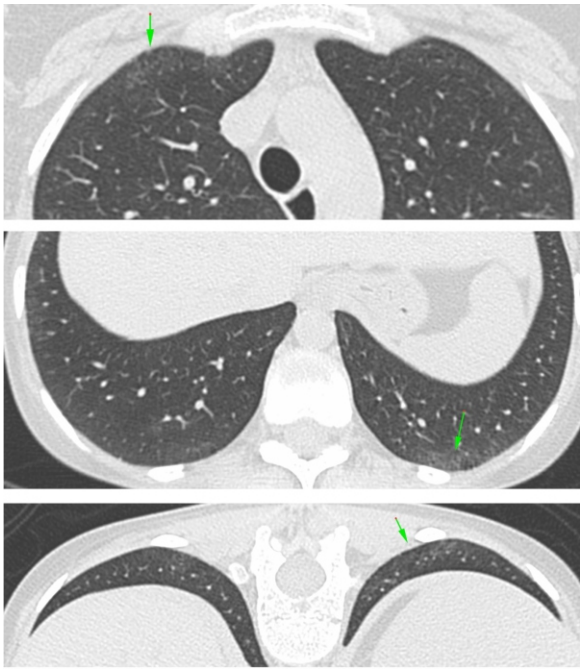

Fig. 2: 24-years patients with scleroderma – asymptomatic. These subtle lesions (green arrow) persistent on prone images are now to be labeled as ILA and the patient should be followed-up regularly at 1-2 year intervals since these are likely to eventually progress and become symptomatic.

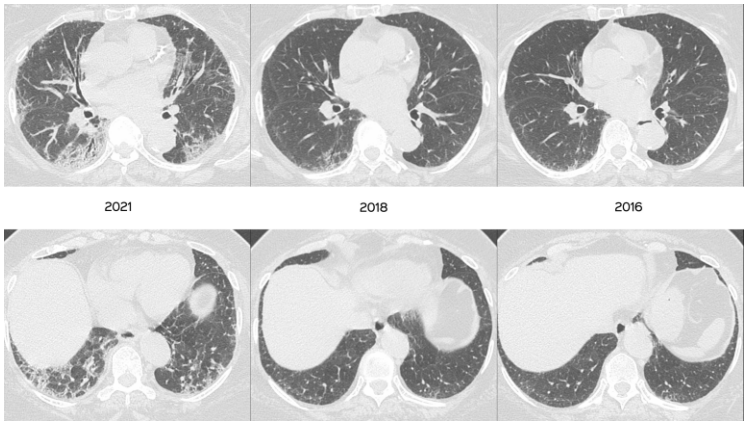

Fig. 3: Elderly asymptomatic lady found to have ILA in 2016, with no change in 2018 became symptomatic and progressed to a frank ILD (UIP/IPF) in 2021 and then succumbed in six months.

References:

1.Podolanczuk A et al. Approach to the Evaluation and Management of Interstitial Lung Abnormalities. AJRCCM 10.1164/rccm.2022505-1054ST

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