Clinical Characteristics and Prognosis of Interstitial Pneumonia with Autoimmune Features

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Rationale: Idiopathic interstitial pneumonia (IIP), which shows autoimmune features but does not fulfill criteria for specific connective tissue diseases (CTDs), was recently classified as interstitial pneumonia with autoimmune features (IPAF). **Methods:** 735 patients with interstitial lung disease (IIP: 586, CTD: 149), diagnosed from 2000 to 2007 at Asan Medical Center, South Korea, were included in this study. IPAF group among IIP patients were classified based on the ATS/ERS criteria. Clinical characteristics and prognosis of IPAF group were compared with non-IPAF-IIP or CTD-ILD. **Results:** Median follow-up period was 45 months. Among IIP, 18.6% were classified as IPAF and idiopathic nonspecific interstitial pneumonia (iNSIP) had the largest proportion (45.5% of iNSIP) classified as IPAF. IPAF group had significantly more female and non-smoker, lesser frequent usual interstitial pneumonia (UIP) pattern and lower FVC and DLco compared to non-IPAF-IIP group. Compared to CTD-ILD group, IPAF group showed older age and lesser frequent female and non-smoker. During follow-up, CTDs developed more frequently in IPAF compared to non-IPAF-IIP (11.9 vs. 2.7%, $p<0.001$). DLco and TLC in non-IPAF-IIP decreased more rapidly than IPAF group (DLco; $p=0.001$, TLC; $p=0.019$). IPAF showed better prognosis than non-IPAF-IIP (median survival, 160 vs. 67 months, $p=0.002$), however, showed similar survival with CTD-ILD (142 months). IPAF with UIP pattern showed worse prognosis than CTD-ILD with UIP ($p=0.002$) and similar with IPF ($p=0.426$). In IIP, age, BMI, a UIP pattern, 6-minute walk test distance and minimal SpO2, FVC and, DLco were independent prognostic factors, however, IPAF was not. Age, a UIP pattern and DLco were related with worse prognosis in IPAF group. **Conclusions:** IPAF group showed intermediate clinical features between non-IPAF-IIP and CTD-ILD group. Prognosis of IPAF was better than non-IPAF-IIP and IPAF was an independent prognostic factor in IIP.

Early administration of Cidofovir in immunocompetent patients with severe viral pneumonia

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Introduction: The benefits of treatment with antiviral therapy for adenovirus (AdV) pneumonia are not well established. Especially, the outcome of Early Administration of Cidofovir in Non-Immunocompromised Patients is unclear. To date, however, adenovirus (AdV) pneumonia in Non-Immunocompromised patients should not be ignored. **Case report:** A 45-year-old Asian man patient was referred to our hospital because of an uncontrolled sustained fever and uncontrolled fever and upper respiratory symptoms. , we obtained evidence of AdV pneumonia, so we decided to apply Cidofovir on this case. Three days later, after administration of Cidofovir, the patient showed no more symptoms, including fever and myalgia. Radiological and laboratory improvement occurred. **Discussion:** In previous studies, most patients did not receive antiviral therapy with cidofovir, indeed, even in the few patients who did receive cidofovir, the administration time was not early in the course of respiratory failure and they had poor outcomes.10) Given this background, it may indicate that administration of cidofovir early in the course of respiratory failure may be a beneficial treatment strategy in severe cases of AdV respiratory infection, and this may assist physicians in making decisions regarding diagnosis and treatment. **Conclusion:** To the best of our knowledge, this is the second report about administration of cidofovir in a timely on AdV pneumonia in non-immunocompromised patients, and showing cidofovir could be a treatment strategy worth considering.