

Letter From the Editor: *Bonus Quiz*



As with the last issue, my Letter from the Editor deviates from the usual in that it doesn't follow the issue's theme. Anyone practicing general radiology needs to maintain skills

in chest imaging. The following multiple choice questions constitute bonus material that tests the reader's knowledge of chest imaging (Figs. 1-5).

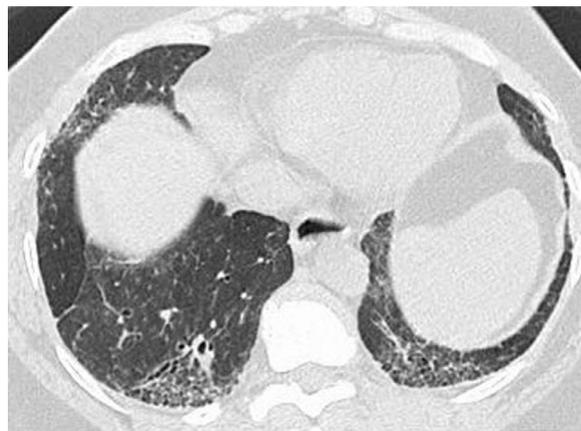


Figure 1 What is the most likely diagnosis? (A) Asbestosis. (B) Systemic sclerosis. (C) Nitrofurantoin toxicity. (D) Sarcoidosis.



Figure 2 What is the most likely diagnosis? (A) Desquamative interstitial pneumonia. (B) Acute interstitial pneumonia. (C) Cryptogenic organizing pneumonia. (D) Respiratory bronchiolitis-interstitial lung disease.



Figure 3 What is the most likely histologic diagnosis? (A) Organizing pneumonia. (B) Diffuse alveolar damage. (C) Usual interstitial pneumonia. (D) Nonspecific interstitial pneumonia.

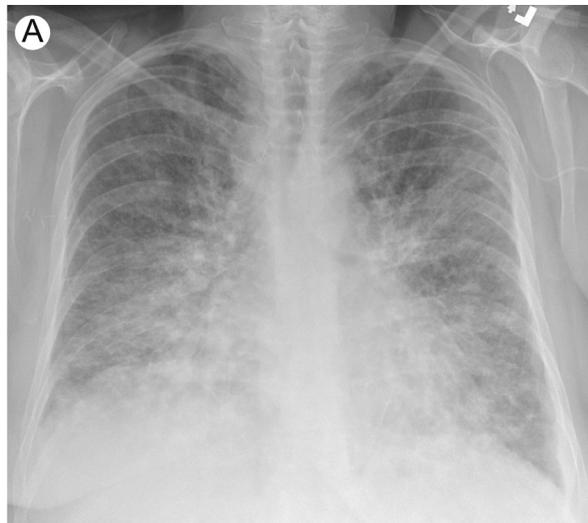


Figure 4 What is the most likely diagnosis? (A) Lymphangitic carcinomatosis. (B) Pulmonary edema. (C) Kaposi sarcoma. (D) Sarcoidosis.



Figure 5 What is the most likely diagnosis? (A) Silicosis. (B) Sarcoidosis. (C) Tuberculosis. (D) Langerhan cell histiocytosis.

Answers:

1. Answer: B. Systemic sclerosis (scleroderma). CT scan shows bibasilar pulmonary fibrosis (honeycombing) and an air-fluid level in the esophagus.
2. Answer: A. Desquamative interstitial pneumonia. CT scan shows bilateral lower lobe ground glass opacity.
3. Answer: C. Usual interstitial pneumonia (UIP). CT scan shows bibasilar honeycombing, traction bronchiectasis, and architectural distortion, the defining features of pulmonary fibrosis. The histologic pattern of idiopathic pulmonary fibrosis is UIP.
4. Answer: A. Lymphangitic carcinomatosis. Chest radiograph shows bilateral reticular interstitial lung disease. Kerley B lines are seen at the bases. CT scan shows septal thickening and numerous randomly distributed small nodules.
5. Answer: B. Sarcoidosis. CT scan shows small nodules in a bronchovascular distribution.

I thank Drs. Hawkins and Gill for assembling a superb collection of articles on pediatric interventional radiology. It should serve as a valuable reference for any physician caring for pediatric patients.

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Editor-in-Chief