

Combined computed tomography (CT)/scintigraphy strategy may help in diagnostic dilemmas in interstitial lung disease (ILD)

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With great interest, we read the recent article by Çetinçakmak *et al.* assessing the quantitative calculation of interstitial lung disease (ILD) severity by examining the lung volume of systemic sclerosis patients (1). They demonstrated that the percentage of lower lobe volume could be a quantitative index indicating damage in the lung of the patients (1).

To further expand this point, we would like to suggest that few scintigraphic studies in the management of ILD have been performed. We assessed the clinical significance of ^{99m}Tc-IgG and ^{99m}Tc-MIBI scintigraphy in the assessment of such patients in prospective cohort studies (2,3). We demonstrated that both lung scans can distinguish the severity of pulmonary involvement even in early views. Furthermore, we have seen several cases of ILD indicating assistance value of scintigraphy to high-resolution computed tomography (HRCT) and other diagnostic tests in our ongoing daily practice which has seen more than 100 cases to the present day. These findings depicted that lung scans can be used as a complement to other diagnostic and clinical examinations in terms of functional information in ILD. Therefore, based on these findings and clinical feedbacks, we believed that scintigraphy have an impact in the management of ILDs.

On other hand, ILDs ^{99m}Tc-MIBI scintigraphy results may vary according to the methods of acquisitions [early, delayed or both; planar or single-photon emission computerized tomography (SPECT)] and interpretations (equal, increased uptake or both). We observed that a lesion

with increased uptake in early views can be considered an active lesion, and the sensitivity was high enough to discriminate inactive from active lung lesions observed and thus may explain the clinical benefit of a more potent drug regimen. Subsequent to the continuing evidence on the many-sided pathophysiology of ILD, there is a need for a realistic approach to training of medicine for the management of patients, particularly in intractable patients using the existing treatment (4).

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

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