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IPF, comorbidities and management implications: Patient case 2

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Patient presentation and diagnosis

The patient is a 50-year-old woman who was referred to a tertiary centre with an HRCT showing definite UIP and a 6-minute walking distance of 145 metres. She was severely ill at presentation with a diffusion capacity of just 20%.

The patient had a history of peripheral arterial disease and had undergone both aortofemoral and femoro-femoral bypass due to arteriosclerosis and gluteal ischaemia. She also was suffering from renal impairment and had recently quit smoking.

Management and follow-up

A request for lung transplantation was declined at three different centres owing to multiple comorbidities – namely, arteriosclerosis, impaired renal function, morphine therapy, and high blood pressure in the pulmonary circulation. Her lung function was stabilised for 6 months on pirfenidone, but repeat HRCT showed progressive lung disease (Figure 1).

Conclusion

This case illustrates how comorbidity can influence treatment options in IPF and the importance of selecting the right patient for transplantation (1). Treatment with pirfenidone may improve the dis-

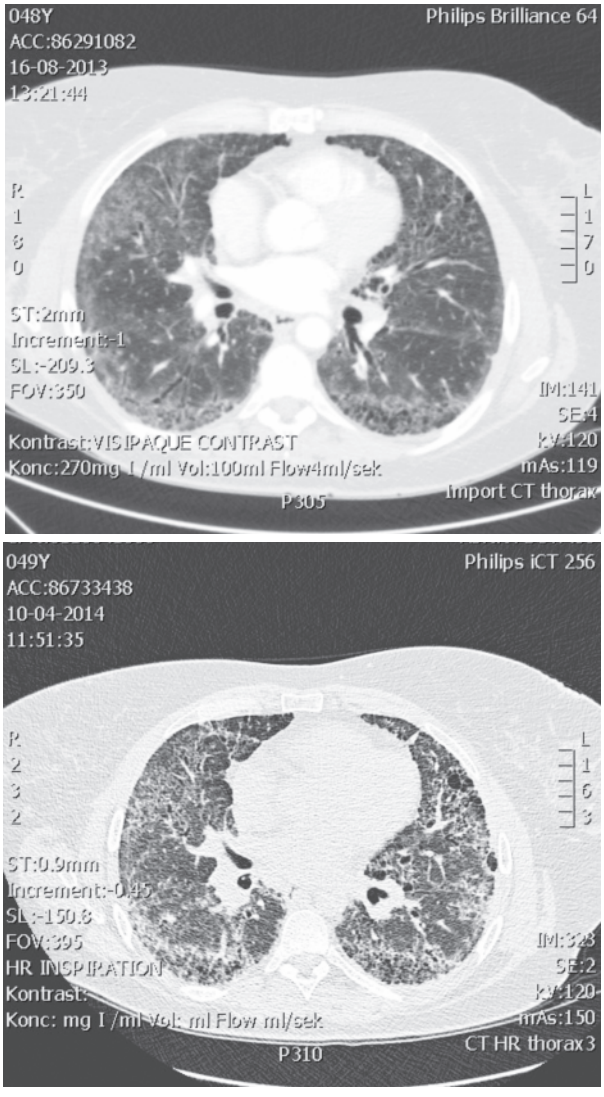

Fig. 1. HRCT in 2013 and 2014

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ease course in IPF and may have an effect on a patients' suitability for transplantation although the presence of multiple comorbidities ultimately influences survival and opportunity for transplantation (1).

Reference

1. Hyldgaard C, Hilberg O, Bendstrup E. How does comorbidity influence survival in idiopathic pulmonary fibrosis? Respir Med 2014 Apr; 108 (4): 647-53.

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