

Preface

Making Sense of Diffuse Lung Disease



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Editor

Imaging evaluation of diffuse lung disease remains one of the most challenging areas in radiology. In fact, the mere mention of interstitial lung disease (ILD) is enough to turn an untold number of aspiring radiologists away from the entire subspecialty of chest imaging. Challenging cases frequently require multidisciplinary discussion to even arrive at a tentative diagnosis, but one key concept is found even in these difficult cases: imaging is critical. It's so critical that if you could only do one test to further evaluate a particular ILD case, high-resolution computed tomography (HRCT) is almost certainly the test to undergo. This makes a radiologist familiar with these diseases invaluable to their fellow pulmonologists, rheumatologists, and even thoracic surgeons.

This issue of *Radiologic Clinics of North America* updates the reader (both radiologists and nonradiologists alike) about the current concepts and best practices in imaging of ILD in both adults and children. Some diseases, like idiopathic pulmonary fibrosis and hypersensitivity pneumonitis, have recent guideline statements from multiple medical societies that help standardize our interpretation; others rely on decades of expert evaluation and

prior literature to guide our reporting. Some concepts, like that of interstitial lung abnormality, have only been introduced in the past few years, and others, like mosaic attenuation, are challenging for both novice and expert readers to consistently assess. Although HRCT remains the mainstay of evaluating these pathologic conditions for both adults and children, new advancements in MR imaging and machine learning are also addressed. Understanding the key points raised by these internationally recognized authors will give increased confidence to anyone tasked with reviewing these cases, myself included. I am greatly appreciative of the effort that these experts have given to this issue.

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