

January 2015 Arizona Thoracic Society Notes

Dr. Jud Tillinghast was presented a plaque in recognition of being chosen by his colleagues as the Arizona Thoracic Society Physician of the Year In 2014.

Dr. Rajeev Saggar made a presentation entitled "Pulmonary fibrosis-associated pulmonary hypertension: a unique phenotype". This presentation focused on new echocardiographic methods of assessing right ventricular (RV) function and the pathophysiology of RV dysfunction. Dr. Saggar presented data from a paper he authored on parenteral treprostinil in patients with idiopathic pulmonary fibrosis and pulmonary artery hypertension which was published in *Thorax* (1).

There were 2 case presentations, both from the Phoenix VA by Dr. Elijah Poulos:

1. A 65 year-old man presented with cough and chills. His past medical history included multiple myeloma treated with chemotherapy, radiation therapy to spine and bone marrow transplant. He had a prior vertebroplasty. His symptoms did not improve with doxycycline. Computerized tomography angiography was done and showed areas of unusual abnormalities in lung that were very high density. This was determined to be cement emboli from the prior vertebroplasty (pulmonary cement emboli, PCE) which has been previously reported as a complication of this procedure. The appropriate treatment options in this case were discussed.
2. A 69 year-old man presented with dyspnea on exertion over past couple of years. Chest radiography showed abnormal areas of central fibrosis with sparing of the lung periphery. A thoracic CT scan also demonstrated central fibrotic/cystic changes. The patient subsequently admitted to use of crack cocaine which started at age 59. There are reports of similar pulmonary fibrosis associated with use of crack cocaine (2). The possible pathophysiologic mechanisms were discussed.

The next meeting in Phoenix will be at Scottsdale Shea on Wednesday, March 25 at 6:30 PM.

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President, Arizona Thoracic Society

References

1. Saggar R, Khanna D, Vaidya A, et al. Changes in right heart haemodynamics and echocardiographic function in an advanced phenotype of pulmonary hypertension and right heart dysfunction associated with pulmonary fibrosis. *Thorax*. 2014;69(2):123-9. [\[CrossRef\]](#) [\[PubMed\]](#)
2. O'Donnell AE, Mappin FG, Sebo TJ, Tazelaar H. Interstitial pneumonitis associated with "crack" cocaine abuse. *Chest*. 1991;100(4):1155-7. [\[CrossRef\]](#) [\[PubMed\]](#)