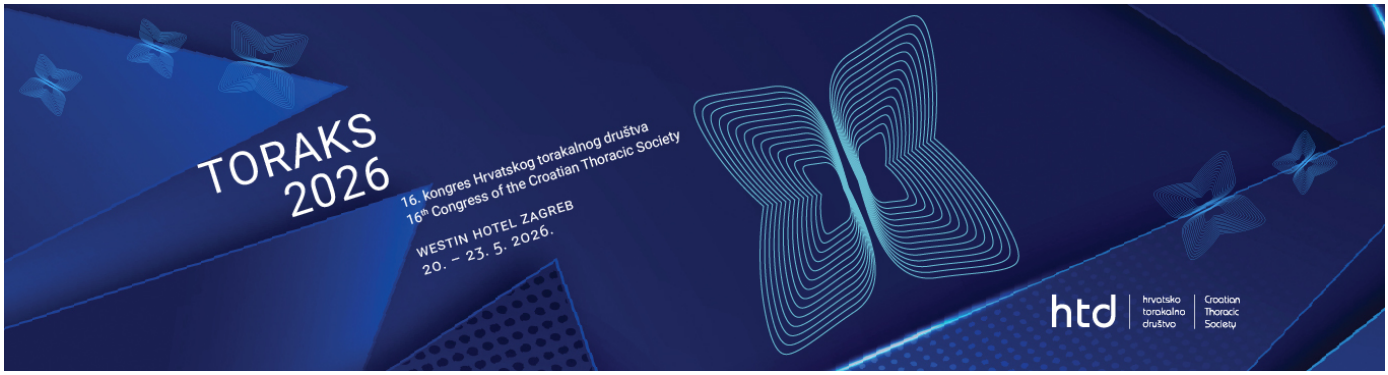


RARE INTERSTITIAL LUNG DISEASES AND SEVERE SCUTE RESPIRATORY FAILURE: CLINICAL PATTERNS FROM A FIVE-YEAR RETROSPECTIVE STUDY

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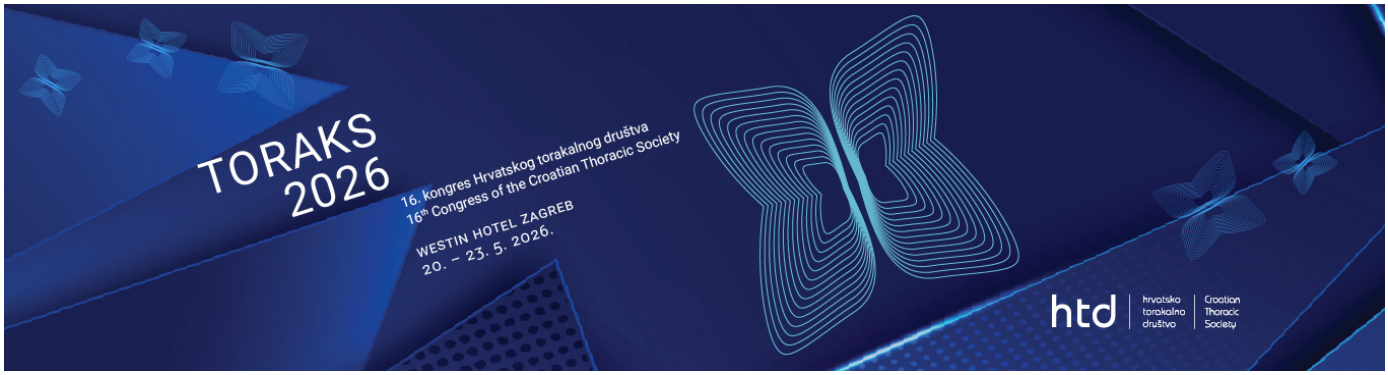
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Objective:

Interstitial lung diseases (ILDs) may manifest as acute and rapidly progressive pulmonary injury, frequently resulting in severe respiratory failure that necessitates intensive care treatment and mechanical ventilation. This study aimed to assess patient demographics, underlying diagnoses, and clinical outcomes in these uncommon clinical presentations.



Methods:

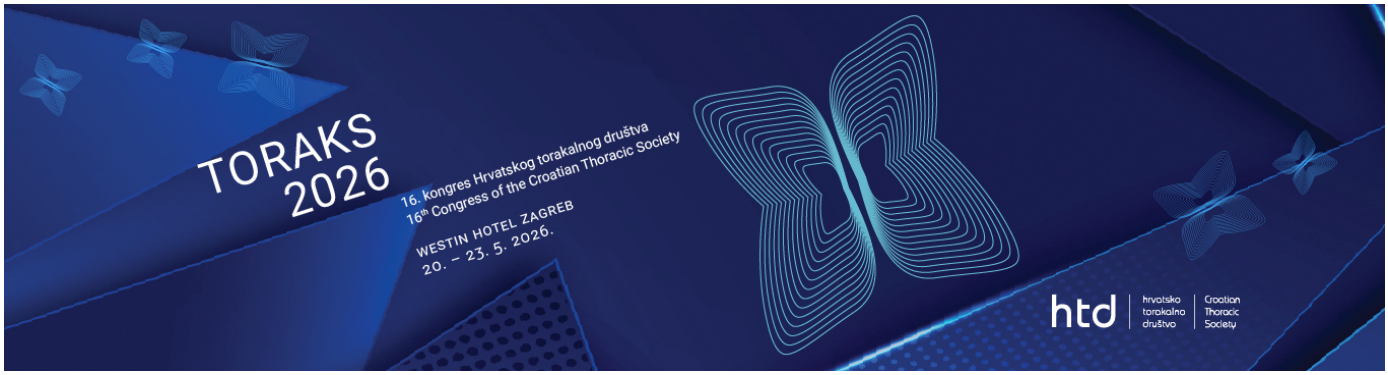
We performed a retrospective cohort study including all patients admitted to the intensive care unit of a tertiary teaching hospital for acute respiratory failure related to ILD between March 2, 2020, and March 20, 2025.

Result:

A total of 17 patients were included in the analysis (mean age 54 years, range 22–84; 9 women and 8 men). Final diagnoses comprised PR3-ANCA–associated vasculitis (n=6, 35%), MPO-ANCA–associated vasculitis (n=4, 24%), acute interstitial pneumonia (n=4, 24%), MDA5-positive dermatomyositis (n=1, 6%), organizing pneumonia (n=1, 6%), and diffuse alveolar hemorrhage of unknown origin (n=1, 6%). Overall mortality was 41.2% (n=7). Importantly, all non-survivors were male. The median interval from symptom onset to hospital admission was 42 days (IQR 26.5–143.5) among non-survivors, compared with 20.5 days (IQR 16–62.5) among survivors. Logistic regression analysis identified female sex as the only significant predictor of survival ($p = 0.025$), whereas neither age ($p = 0.330$) nor time from symptom onset to referral center admission ($p = 0.742$) showed a significant association with mortality.

Conclusion:

Early recognition and timely referral to specialized centers remain essential for establishing a rapid diagnosis and initiating appropriate treatment. However, in this cohort, neither factor was significantly associated with survival. Female sex emerged as a strong predictor of better clinical outcomes in severe acute ILD.


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16th Congress of the Croatian Thoracic Society
WESTIN HOTEL ZAGREB
20. – 23. 5. 2026.
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