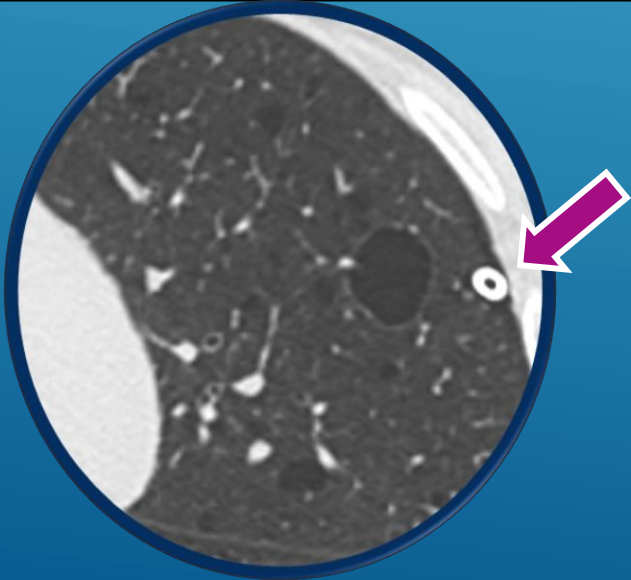
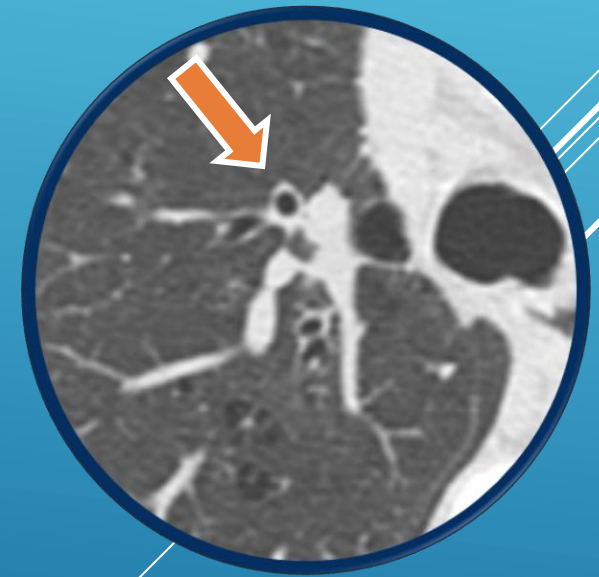
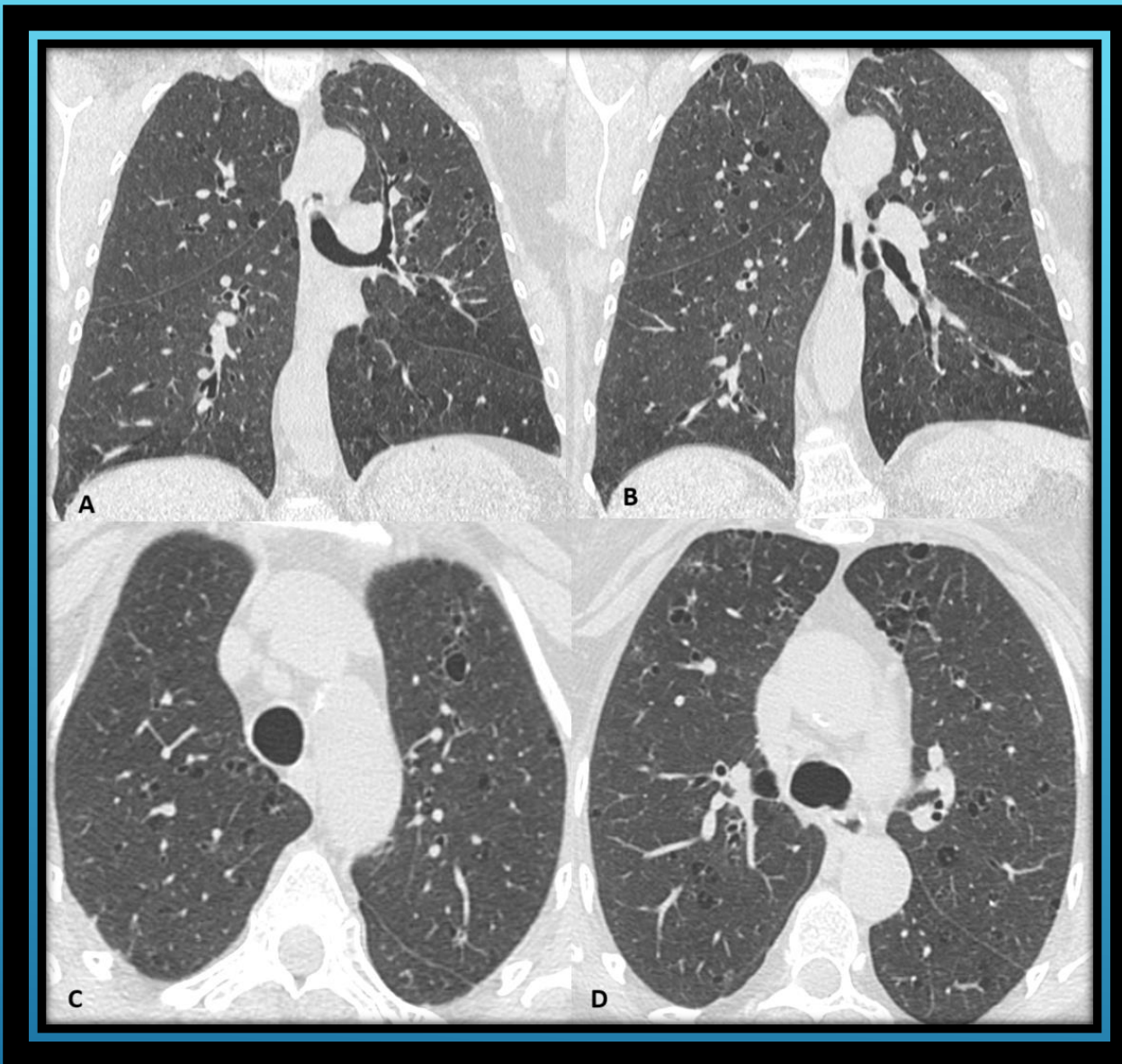
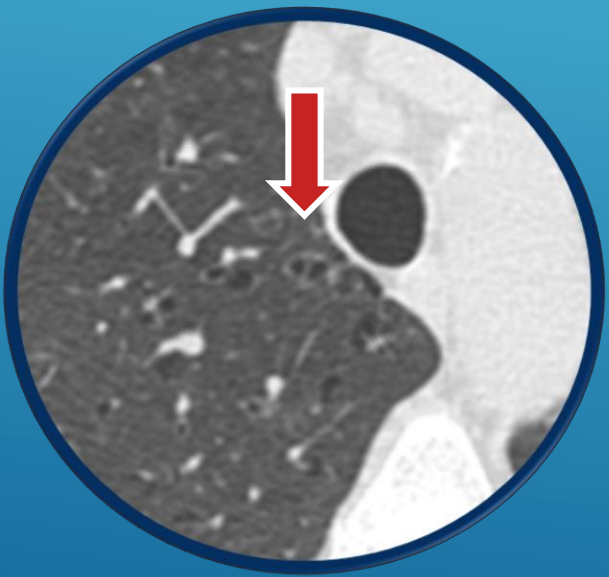


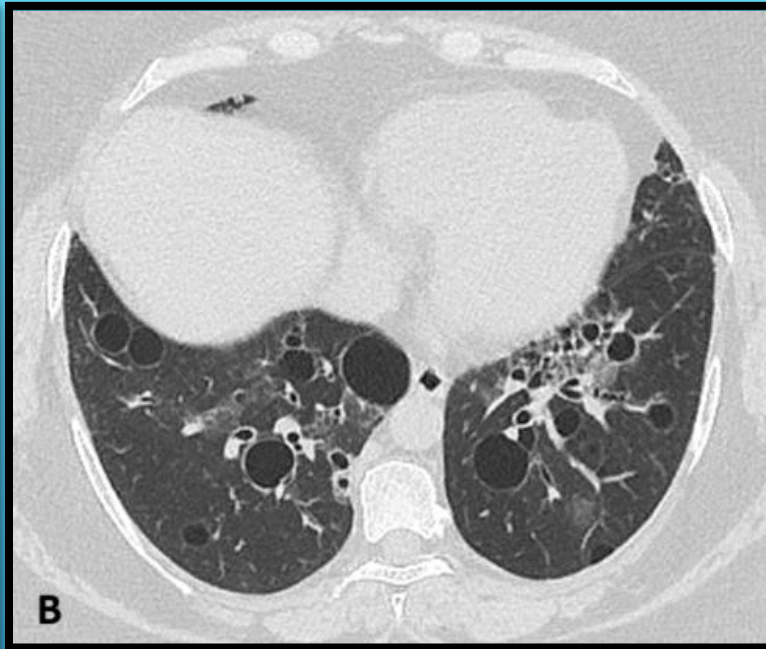
BHD = Birt-Hogg-Dubé syndrome,  
 DIP = desquamative interstitial pneumonia,  
 GGO = ground-glass opacity,  
 LAM = lymphangioliomyomatosis,  
 LIP = lymphocytic interstitial pneumonia,  
 PCP = *pneumocystis jirovecii* pneumonia,  
 PLCH = pulmonary Langerhans cell histiocytosis.



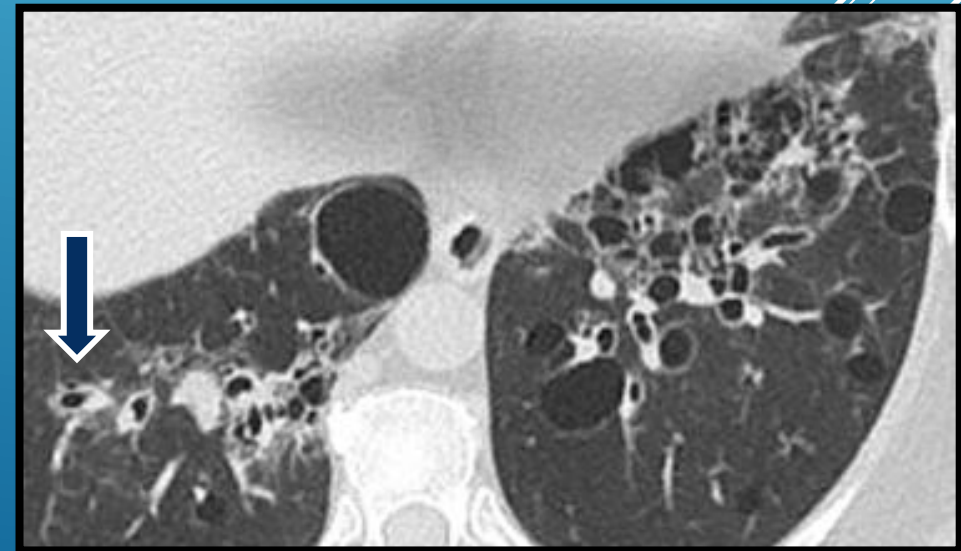
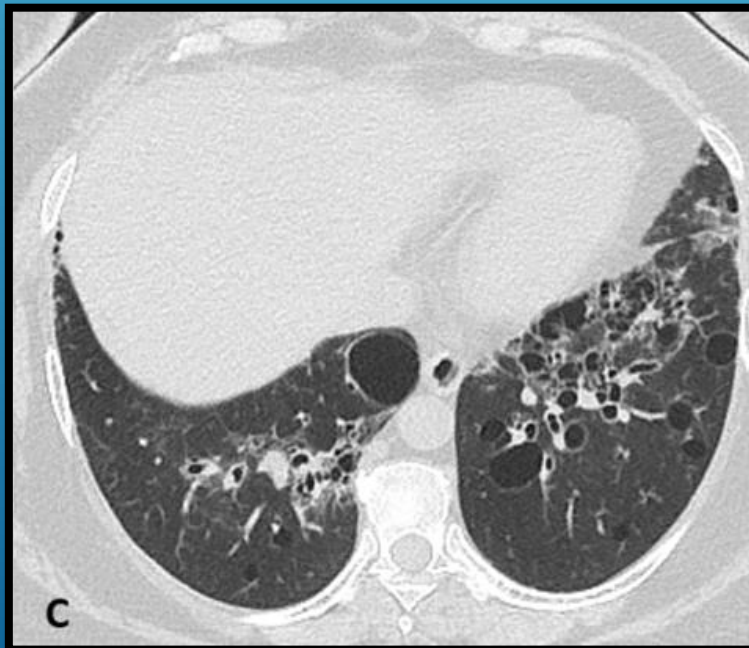
Lymphangiomyomatosis. Thin-walled cysts diffusely distributed throughout the lung parenchyma. Chest drain (purple arrow) with its tip in the lateral portion of the middle third of the left hemithorax, due to previous pneumothorax.

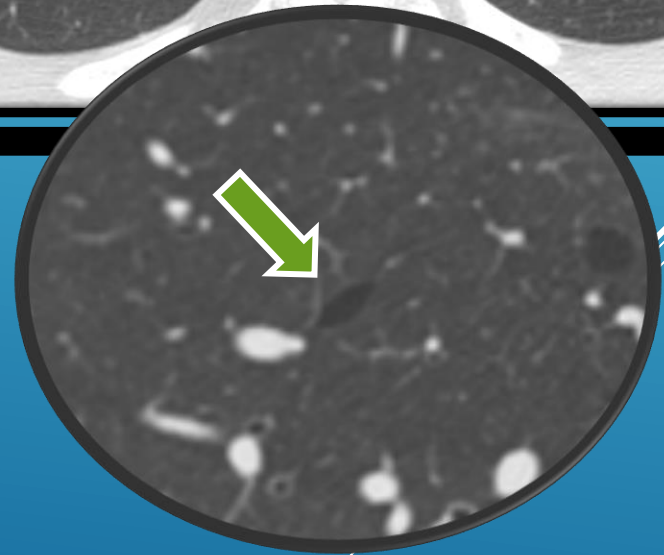
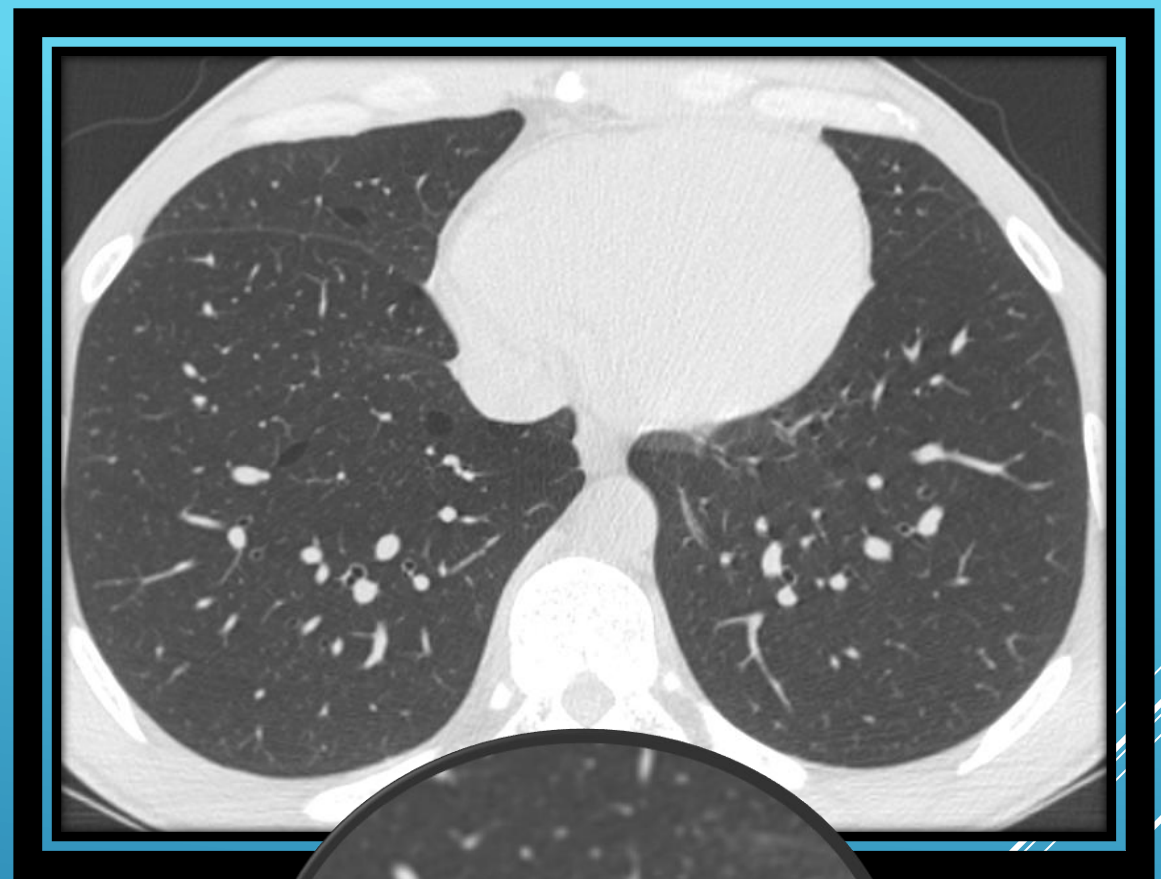
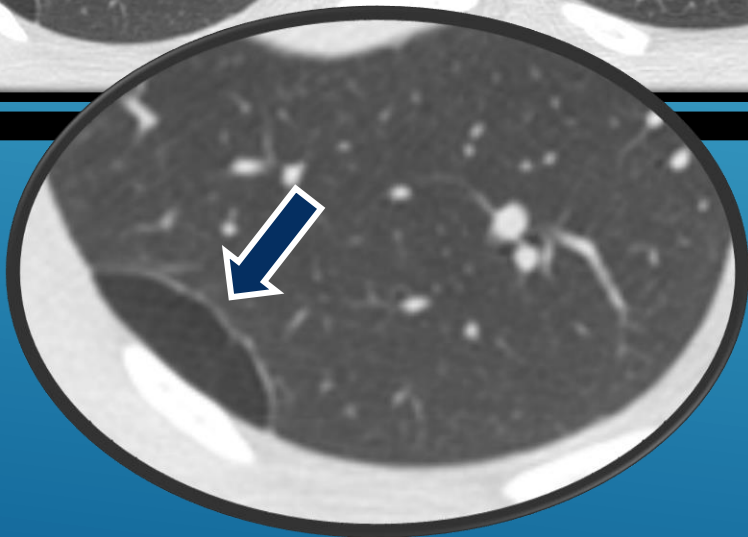
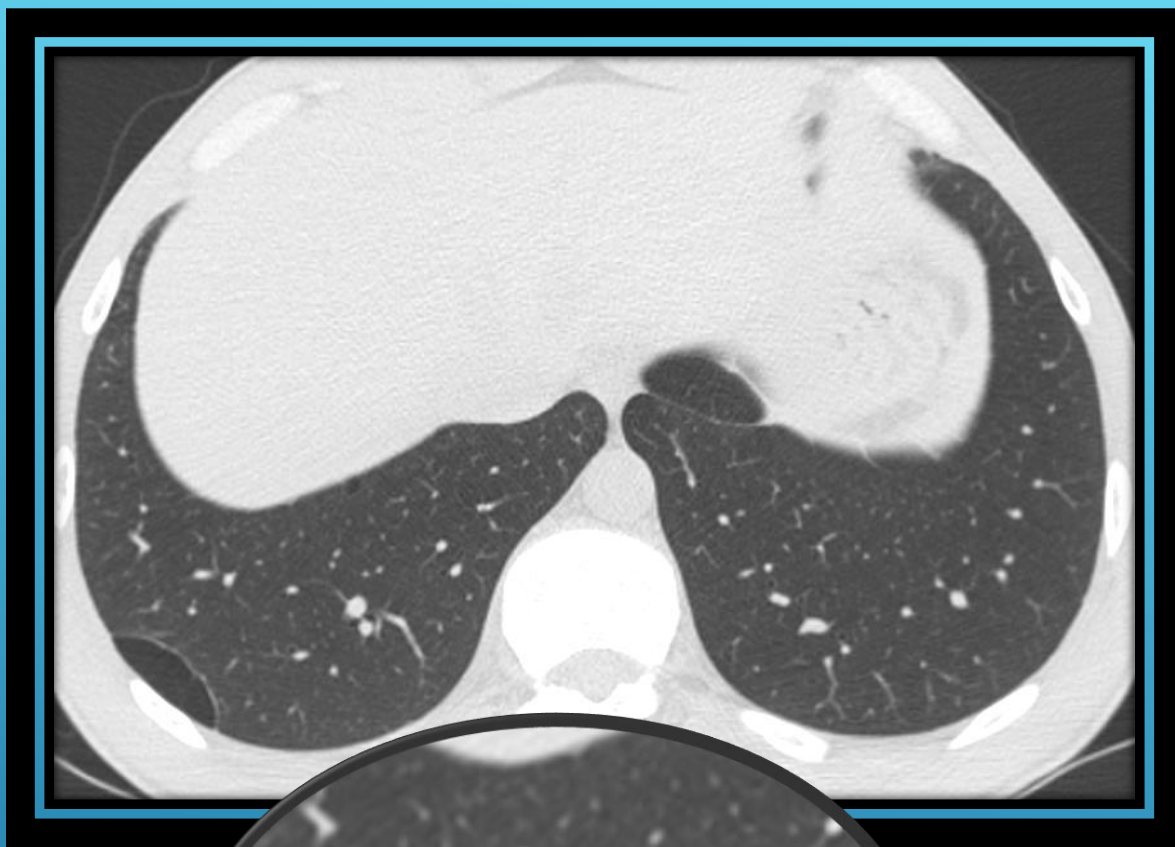


Pulmonary Langerhans cell histiocytosis in a smoker patient. Multiple small cystic formations with irregular morphology diffusely scattered throughout the lungs, some confluent, predominantly in the middle and upper zones. Associated with mild thickening of bronchial walls (orange arrow) and subtle diffuse ground-glass opacities. Red arrow shows bilobed cyst.



Lymphocytic interstitial pneumonia in a patient with Sjögren's syndrome. Multiple cystic formations predominantly at the lung bases, associated with areas of ground-glass opacities (green arrow) and peribronchovascular thickening (blue arrow).





Birt-Hogg-Dubé syndrome. Several small cysts scattered throughout the lungs, some with lentiform morphology (green arrow) and one of them subpleural (blue arrow).