the lowest possible maintenance dose of inhaled corticosteroid to achieve the least potential for long-term systemic exposure in a given individual patient.

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Another Rare Finding of Lymphomatoid Granulomatosis on CT Scan

To the Editors:

We thank Hadid et al for their article in CHEST (January 2014). The authors wrote an excellent case report concerning a lung mass subsequently diagnosed as lymphomatoid granulomatosis (LYG). The authors reported that common findings on CT scan are peribronchovascular distribution of nodules, coarse irregular opacities, small thin-wall cysts, small nodules, and, rarely, a mass, as presented in this case.

We would like to share two other findings on CT scan in LYG, including reversed halo sign and air crescent sign. The reversed halo sign is a focal round area of ground-glass attenuation and surrounding airspace consolidation of crescent shape that is more commonly seen in cryptogenic organizing pneumonia. The air crescent sign is crescentic and radiolucent due to a lung cavity that is filled with air and has a round radiopaque mass that is most commonly found in pulmonary aspergillosis. Diagnosis of LYG is often a challenge, as it mimics many other more common pulmonary conditions and, therefore, the histologic triad of polymorphic lymphocytic infiltrate, angiitis, and granulomatosis with central necrosis is required for definitive diagnosis.

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Response

To the Editor:

We thank Dr Srivali and colleagues for their letter regarding our case report. We appreciate their added contribution of two other CT scan findings that are more commonly seen in other disease processes and reiterate the important point that diagnosis of lymphomatoid granulomatosis (LYG) often is a challenge and confirm that there are no specific radiologic findings of LYG. We would like to note that despite the nomenclature, granulomas are not a histologic feature of this entity. The hallmark of LYG is a mixed mononuclear cell infiltrate containing large, variably atypical B cells and small T cells, often along with plasma cells and histiocytes, which replaces the lung parenchyma and shows vascular infiltration.