Reviewer's report

Title: Interstitial Lung Diseases In The Hospitalized Patient

Version: 1 Date: 8 June 2015

Reviewer: David M Hansell

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This is a useful and concise review of some of the commoner interstitial lung diseases.

Discretionary revisions:

1. The title and scope of the article is a little confusing – for example, the second sentence of the last paragraph of the Background (page 3) is ambiguous. It could be read as a) the patient just happens to be in hospital when their chronic ILD is first manifest or b) the patient will need to be admitted to hospital at the time their ILD first declares itself. This confusion could easily be attended to (and the title could probably be modified to give a better idea of the scope of the article).

2. Suggest “an absence of ground-glass opacities” is omitted in the HRCT description of IPF/UIP (page 4, second paragraph) – in very few cases is there a complete dearth of ground-glass opacities.

3. Consider moving “characteristic” (third from last line, page 4), given that the changes are not specific to an acute exacerbation of IPF.

4. The reversed halo sign is no longer regarded as particularly specific for organizing pneumonia (page 6, second paragraph), so consider rewording – other signs including a perilobular pattern/distribution are, in fact, more frequent and helpful in suggesting the diagnosis of organizing pneumonia.


6. The section on drug-induced ILD is commendably brief, but perhaps over-simplifies – for example: “clues to drug-induced ILD are that the onset of symptoms may correlate to time of first use”. Whilst this is generally true, the latent period between starting a drug and the onset of a related pneumonitis is hugely variable, and the authors may wish to make this point.

7. In the section on How are ILDs clinically differentiated in the hospitalized patient?, consider, in the second paragraph (page 9), changing to “pattern and distribution of abnormality on HRCT” – distribution being of at least equal importance in some hands/diseases.

I am not competent to have a view on the succeeding sections on management and treatment.
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests