CIGARETTE SMOKING IN A POPULATION OF INTERSTITIAL LUNG DISEASE PATIENTS

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Background: Cigarette smoking can cause various lung injuries. It has long been recognised that smoking influences the course and prognosis of lung diseases. It has also been appreciated that cigarette smoking is related to the development of several interstitial lung diseases (ILD) such as pulmonary Langerhans' cells histiocytosis (PLH), desquamative interstitial pneumonia and respiratory bronchiolitis-associated interstitial lung disease. There are contradictory opinions on the role of nicotine addiction in the pathogenesis of idiopathic pulmonary fibrosis (IPF). The objective of this work was to assess the level of nicotine smoking in the population of patients with ILD.

Material and methods: Overall, 421 patients with ILD were examined: 188 with sarcoidosis (SAR), 53 with hypersensitivity pneumonitis (HP), 50 with IPF, 50 with Wegener's granulomatosis (WG), 32 with collagen diseases and interstitial lung changes (CT-ILD), 13 with silicosis (SIL), 12 with PLH, 11 with drug induced pulmonary fibrosis (DIPF), 12 with cryptozing organizing pneumonia or eosinophilic pneumonia (COP/EP).

Results: In the entire group only 25% of the patients were smokers - less than national average in Poland (38% males and 24% females) and significantly less than patients with other respiratory system diseases such as COPD and lung cancer (about 80%). In the examined group of ILD patients, cigarette smoking was typical only for PLH (100%) and SIL (67%) patients. Among patients with IPF, 27% were smokers while among SAR and WG patients, 21% were smokers. In other patient groups, the percentage of smokers was less than 20% (HP-19%, CT-ILD 17%, COP/EP-15%, PWP-10%). Among patients with WG 34% were smokers while among IPF patients, 27% were smokers and among SAR patients, 21% were smokers.

Conclusions: Overall, the majority of ILD patients do not smoke cigarettes. This seems to confirm that cigarette smoking has no major impact on pathogenesis of the majority of the above mentioned diseases. However, on the basis of the above observations it is difficult to confirm the assumption on the protecting role of nicotine smoke with respect to ILD development. Obviously further research is necessary.