2.14 A retrospective review of clinical characteristics, diagnostic investigations, treatments, and outcomes for patients with Granulomatous Lymphocytic Interstitial Lung Disease at St James Hospital.

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Background: Granulomatous Lymphocytic Interstitial Lung Disease (GLILD) is a rare but severe complication of Common Variable Immunodeficiency (CVID). This study reviewed the clinical characteristics, diagnostic investigations, treatments, and outcomes of GLILD patients at St James Hospital. **Methods:** A retrospective chart review was conducted on all patients with a known GLILD. **Results:** The cohort included nine patients (seven males, two females) with an average age of 42.5 years, all diagnosed with CVID. Four patients had a history of immune thrombocytopenic purpura (ITP) or autoimmune haemolytic anaemia (AIHA), or both. Organomegaly was present in eight patients. All patients underwent CT thorax and baseline spirometry. Bronchoscopy was performed in five cases, yielding diagnostic results in three, while one non-diagnostic case required video-assisted thoracoscopic surgery. Treatment varied: four patients were managed expectantly, one declined treatment, one received rituximab alone, and three were treated with steroids and rituximab. The average pre-treatment DLCO was 57.25%, with a 15% improvement post-treatment. All cases were co-managed by respiratory and immunology specialists. **Discussion:** Diagnostic investigations were consistent but treatment approaches varied. These findings highlight the need for a consensus on treatment and closer collaboration between respiratory and immunology specialists to ensure optimal care for GLILD patients in Ireland. **Conflicts of Interest:** The authors declare that they have no conflicts of interest.