9.04 Idiopathic Pulmonary Haemosiderosis and diagnostic challenges in the paediatric patient

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Background: Idiopathic pulmonary hemosiderosis (IPH) is a rare disease, and is characterized by recurrent episodes of haemoptysis, iron deficiency anaemia and pulmonary infiltrates on chest imaging. Recurrent pulmonary haemorrhage can lead to deposition of haemosiderin in the lungs and subsequent fibrosis after repeated episodes of alveolar haemorrhage.

Case Description: Two-year-old male presented with intermittent haemoptysis, breathing difficulties and anaemia. Haemoglobin on presentation was 3g/l, requiring blood transfusion. CXR showed patchy lower lobe infiltrates. Extensive infective, auto immune and radiological work up performed at that time. Nil infectious cause found. Auto-immune workup was positive for pANCA and Anti-MPO antibodies. Haemoglobinopathy screen consistent with sickle cell trait. CT thorax showed right side extensive ground glass opacification. Appearances suspicious for diffuse primary pulmonary haemosiderosis. Patient treated with steroids and hydroxychloroquine due to worsening symptoms and oxygen requirement. Patient had excellent response with complete resolution of symptoms until representation at 15 years of age with new haemoptysis and anaemia. CT thorax now showing ground glass opacification predominantly in the lower lobes, but with diffuse parenchymal abnormality and numerous parenchymal cysts. **Conclusion**: IPH is a diagnosis of exclusion. Here, we describe a patient with an original diagnosis of IPH but now requiring further evaluation with lung biopsy to ascertain aetiology of his haemoptysis, and therefore guide treatment options going forward. **Conflict of Interests**: The authors declare that they have no conflict of interest.