

Comment

Dear Readers,

the current issue of „Progress in Medicine” is in part dedicated to the selected pulmonary diseases which are not as common as pneumonia, asthma or chronic obstructive pulmonary disease. The less prevalent diseases are less known to doctors and are more difficult to diagnose not only by primary care physicians but also by internal medicine specialists or pulmonologists. The goal of the presented series of articles is to give the readers the concise information on the symptomatology and diagnostics of some rare pulmonary diseases.

In diagnosing sarcoidosis, finding of non-caseating granulomas in the microscopic examination of tissue sample with simultaneous exclusion of tuberculosis by the microbiological means, plays pivotal role. Besides microbiology methods, tuberculin skin test is also used. It is simple and easily available. However, it has many disadvantages, which are discussed in one of the articles.

The other granulomatous disease is hypersensitivity pneumonitis, or allergic alveolitis, which is caused by inhalation of the organic dusts. The early diagnosis is particularly important as a delay often results in irreversible pulmonary fibrosis and disability.

Another group of granulomatous diseases consists of mycobacterioses, the diseases caused by mycobacteria other than *Mycobacterium tuberculosis*, also known as atypical or non-tuberculous mycobacteria. The incidence of the mycobacterioses is increasing. They mainly occur in immunosuppressed individuals. The clinicians of the various speciality: pulmonologists, transplantologists, hematologists, rheumatologists, oncologists can be faced with the problems related to mycobacterioses.

The important issue are the drug induced pulmonary reactions. They vary in the clinical presentation but often have the picture of interstitial lung disease. The list of drugs inducing interstitial pattern in the lung is increasing including new biological agents.

Chronic lung diseases are often complicated by the pulmonary hypertension which should be differentiated with the idiopathic pulmonary arterial hypertension. The review article presents up to date knowledge on this subject.

The presentation of the 3 cases with the testicular neoplasm diagnosed in a pulmonary department has a particular practical aspect. It shows that the diagnosis of the testicular neoplasms in our country is often delayed, and that local consolidations or nodules in the lung of the young men has to be differentiated with the metastatic neoplasm of the testis.

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