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Abstract

Background: Childhood interstitial lung disease (chILD) represents a highly heterogeneous group of rare disorders associated with substantial morbidity and mortality. It is characterized by diffuse pulmonary infiltrates, restrictive lung physiology, and impaired gas exchange. Most ILDs in children are found to have an underlying cause in contrast to adult. Diagnosis and treatment of chILD are challenging and best to be managed at a tertiary respiratory center. Managing these patients is understandingly more difficult in a limited resource developing country.

Methods: We retrospectively reviewed ten cases of chILD below the age of 12 years managed at Al