Cryptogenic organizing pneumonia (COP) is a rare lung condition affecting the small airways (bronchioles) and alveoli (tiny air sacs). It was previously known as idiopathic bronchiolitis obliterans with organizing pneumonia (BOOP).

**Learn About COP**

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**Key Facts**

- “Cryptogenic” refers to a condition where the cause is unknown.
- COP is a form of organizing pneumonia (OP) for which no specific cause is known.
- Although the word “pneumonia” is in the name, COP is not an infection.
- In most cases, gradual onset of shortness of breath and dry cough are the most common symptoms.
- COP is usually treated with oral steroids.

**What Is COP?**

COP is a rare condition in which swirls of inflammation block the very small airways (bronchioles) and air sacs in the lung (alveolar sacs). When the cause of the inflammation is unknown, it is called “cryptogenic.” COP used to be called “bronchiolitis obliterans organizing pneumonia, or “BOOP,” but this term is no longer used.

**How COP Affects Your Body**

Symptoms can begin gradually, over a few weeks to months. COP often begins with what seems like a flu-like illness. Most patients experience shortness of breath with exertion, dry cough, and weight loss. If the disease progresses shortness of breath can be present even at rest. In rare cases, patients may have chest pain, joint pain, night sweats, or coughing up blood.

**How Serious Is COP?**

COP is a condition that has the potential to cause severe lung damage and may require hospitalization.

Significant improvement usually occurs with proper treatment. Patients should be monitored as recurrences are common. Most people recover after weeks or months of treatment with a steroid such as prednisone.

**COP Symptoms, Causes, and Risk Factors**

**What Are Symptoms of COP?**
The most common symptoms of COP are:

- Persistent (2-4 months), nonproductive cough
- Low-grade fever
- General feeling of not feeling well (malaise)
- Shortness of breath
- Loss of appetite
- Weight loss

**What Are Risk Factors?**
The cause of COP is unknown. Men and women are equally affected and the average age of someone diagnosed with COP is 50 to 60 years old. A condition similar to COP may occur as a side effect of certain medications.
When to See Your Doctor
The faster you get treatment, the faster you will see improvement in symptoms. This is especially true for the very young, for people older than 65, and for anyone with other long-lasting (chronic) health problems, such as asthma. You should consult with your health-care provider if you have a persistent (2-4 months), nonproductive cough, or shortness of breath that does not go away.

Diagnosing and Treating COP
COP (formerly called BOOP) is a rare disease of unknown cause. It is usually diagnosed by ruling out other diseases. Sometimes the signs, symptoms, X-ray, and biopsy findings of COP may occur as side effects of medications. It is essential to determine whether the condition is caused by a medication because stopping that treatment will help treat the disease.

What to Expect
Your doctor will ask you many questions about your health to get a detailed patient history. He or she will also most likely have you undergo several tests before a diagnosis is given.

How COP Is Diagnosed
A diagnosis of COP will usually include a clinical evaluation, a detailed patient history and identification of characteristic findings. Your health provider may also order specialized tests such as chest X-rays, laboratory tests, pulmonary function tests, and possibly a lung biopsy.

How COP Is Treated
Sometimes COP will go away on its own; however, in most cases some form of treatment is necessary. The treatment of choice is corticosteroids, such as prednisone. Cytotoxic drugs such as cyclophosphamide may be used to treat COP if there is no improvement with corticosteroid treatment.

It is important to note that COP is not responsive to antibiotic treatment.

Living With COP
Most people recover after weeks or months of treatment with a steroid such as prednisone, or treatment of the specific underlying cause. However in some people, the disease may progress despite treatment.

What to Expect
Most individuals with COP will require treatment, most commonly a steroid like prednisone. Improvement is often seen within a few days or weeks. In some situations, COP may recur as the dosage of medication is reduced. If this happens, patients will need an additional course of treatment.

Managing of Disease
Patients with COP have an excellent prognosis. If you are treated with a corticosteroid, it is extremely important to take it as prescribed. Your doctor may also suggest you get a flu vaccine every year as well as a pneumococcal vaccine.

Follow-up testing may be suggested especially for patients who have a relapse.

Finding Support
The Lung Association recommends patients and caregivers join our Living with Lung Disease Support Community to connect with others facing this disease. You can also call the Lung Association's Lung HelpLine at 1-800-LUNGUSA to talk to a trained respiratory professional who can help answer your questions and connect you with additional support.
Questions to Ask Your Doctor About COP

Making notes before your visit, as well as taking along a trusted family member or friend, can help you through the first appointment with your doctor.

- Do I have COP?
- What tests will I need?
- What are the symptoms related to my COP?
- Does COP only affect the lungs?
- What is the treatment suggested for my COP?
- Is it necessary to be admitted to hospital for appropriate care, or is it possible to be treated at home?
- What is my chance of relapsing?
- Are there alternative treatments if the first treatment fails?
- Are there any complications that I might expect from the COP or its treatment?