



# Cryptogenic organising pneumonia (COP)

Cryptogenic organising pneumonia (COP) is a rare lung condition and a type of interstitial lung disease. It's sometimes called bronchiolitis obliterans organising pneumonia (BOOP).

It causes inflammation and scarring in the small airways and air sacs in your lungs.

On this page, we cover what causes COP, what the symptoms of cryptogenic organising pneumonia are and how COP is treated

## What causes cryptogenic organising pneumonia?

The condition is called cryptogenic because the cause is unknown. It can also be called idiopathic. Although COP has pneumonia in its name, it is not an infection. The fact that many cases respond to immunosuppressant drugs suggests that there is an autoimmune component to COP.

Our bodies have an immune response to fight infection. Sometimes the immune response can be too strong – it doesn't only fight the infection but also causes other damage to the body. In these cases, immunosuppressant drugs are used to reduce the body's immune response. This is called immune suppression.

## What are the symptoms of COP?

COP symptoms closely mimic the symptoms of [pneumonia](https://www.blf.org.uk/pneumonia) ([blf.org.uk/pneumonia](https://www.blf.org.uk/pneumonia)). The most common symptoms of cryptogenic organising pneumonia are:

- persistent dry cough
- a high temperature – you might also sweat and shiver
- feeling generally unwell
- feeling short of breath
- loss of appetite and losing weight

Symptoms begin gradually, developing over a few weeks to months.

As the condition is rare, it may take some time to get a diagnosis. Your health care professional will want to rule out other causes, including pneumonia or other conditions with pneumonia-like symptoms.

“I had severe night sweats that lasted for months. I went to bed every night with a hairdryer and towels and change of bedding prepared for the 4am sweat! I’d never had these before, and in fact it’s now a warning sign to me if I get one, to get checked over again.” Fiona

## How is COP treated?

You will usually be given oral steroids, such as prednisolone, which are immunosuppressant drugs. In severe cases, you may be treated intravenously with infusions of a stronger steroid.

You’ll normally feel better in a few days. In most cases, you will notice a marked improvement within a week.

It can take several weeks or months to make a full recovery. The length of treatment varies considerably, but most people with COP will be treated for 6 to 12 months.

Some people get symptoms again when the steroid dose is reduced. They may need to take further immunosuppressant drugs.

Get in touch with us to find support near you.

Helpline: 03000 030 555

Monday to Friday, 9am-5pm

Ringing our helpline will cost the same as a local call.

[helpline@blf.org.uk](mailto:helpline@blf.org.uk)

[blf.org.uk](http://blf.org.uk)

British Lung Foundation  
73-75 Goswell Road  
London EC1V 7ER

Registered charity in England and Wales (326730), Scotland (038415) and the Isle of Man (1177)

**Code:** IS38      **Version:** 3

**Last medically reviewed:** November 2019

**Due for medical review:** November 2022

We value feedback on our information. To let us know your views, and for the most up to date version of this information and references, call the helpline or visit **[blf.org.uk](http://blf.org.uk)**