中文題目：Imatinib相關的肺炎

英文題目：Imatinib-related pneumonitis

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摘　　要：

A 53-year-old man with a history of gastrointestinal stromal tumor (GIST) had taken imatinib mesylate for about a year after the tumor excision. His regular medications also included amlodipine and diphenylhydantoin for his hypertension and seizure. He referred to our hospital because of progressive dyspnea on exertion in a period of 10 days. He had had fever and productive cough with white sputum and had been treated as community acquired pneumonia in a local hospital. Although his fever subsided and the sputum was cleared out after the one-week antibiotic treatment course there, he remained dependent on oxygen supplement and remained easy hypoxemia while breathing room air.

On admission to our hospital, physical examination revealed inspiratory fine crackles over bilateral lower lung fields. Chest radiograph revealed bilateral diffuse non-segmental air-space opacity. Another antibiotic course with coverage of atypical pathogen was given, but the opacity on chest radiograph remained the same and the remained dyspenic with dry cough and dependent on oxygen supplement. Computed tomography of the chest revealed diffuse consolidation with air-bronchogram in a pattern of central distribution bilaterally. Bronchoscopy and thoracoscopic lung biopsy were suggested to exclude other diseases although imatinib-induced pneumonitis was highly suspected. The patient refused thoracoscopic lung biopsy, while no specific pathogen was identified from the specimens obtained from bronchoscopy.

After discussion with the oncologist, systemic steroid with methylprednisolone 40 mg three times daily was administered for probable drug-related pneumonitis. Although imatinib was not discontinued, his dyspnea improved dramatically under steroid treatment. The follow-up chest radiograph revealed partial resolution of the air-space lesions, and no oxygen supplement was needed after 10 days of steroid treatment. He was then discharged with oral prednisolone 10 mg three times daily. Followed in the outpatient department, he had an uneventful recovery and the follow-up chest radiograph showed gradually clearing of the previous lesion. In conclusion, we reported a rare case of imatinib-related pneumonitis with great response to treatment with steroid.