

中文題目：使用低劑量 Amiodarone 所引發急發展性類腫瘤
BOOP 之個案病例報告

英文題目： Low dose Amiodarone induced tumor like rapid
progressive Bronchiolitis Obliterans-Organizing Pneumonia
(BOOP), a case report

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Abstract:

We present this case with unusual rapid rate of disease course and tumor like presentation as low dose Amiodarone use. CT guided biopsy and pathology confirmed BOOP. Withdrawl the Aminodarone and clinical condition dramatically improved. We should be kept in mind with differential diagnosis of rapid progressive tumor like mass causing respiratory failure. Drug especially Amiodarone induced should be highly suspected.

Case Report:

This 74-year old female patient suffered from fever, and productive cough with yellowish sputum for 7 days prior to admission. She has past medical history of CAD with ischemic cardiomyopathy, complicated with atrial fibrillation.

Amiodarone (200mg per day) was used to control rapid atrial fibrillation rate at our clinical service. Five days before admission, she called our clinical service. CXR showed RUL mild infiltration (Picture 1). She refused for admission and just received medication. Five days later, she finally admitted and diagnosed with community acquired pneumonia of right upper lobe (Picture 2). However despite empiric antibiotics use, her pneumonia progressive worsened (Picture 3). She was eventually intubated due to respiratory failure. Follow-up chest X-ray we suspected an underlying tumor. Chest CT was arranged (Picture 4) and followed by open lung biopsy (Picture 5). We have found chronic inflammatory cell infiltrate within the interstitial area, associated with multiple small loosely arranged fibrous nodule in the alveolar space.

Bronchiolitis obliterans-organizing Pneumonia (BOOP) was diagnosed. Drug history was reviewed after BOOP diagnosis was done. Drug such as Amiodarone was highly suspicious. We have eventually discontinued Amiodarone. Patient's condition was dramatically improved and she was eventually extubated and discharged from our hospital with smooth follow up (Picture 6).

Discussion:

Amiodarone induced pulmonary toxicity has long been studied, it is infamous for causing pulmonary fibrosis as its adverse effect. The incidence rate increase in proportion with increasing dosage. Pulmonary toxicity usually increases over a period of 3-6 months. This reported patient has been under low dose amiodarone (200mg QD) for her atrial fibrillation. After admitted for pneumonia management, her clinical course worsened rapidly which lead to respiratory failure. Lung biopsy was prescribed after chest CT study. Biopsy was confirmed as

BOOP. Her condition improved after discontinuing Amiodarone.

She was extubated successfully. Reported Amiodarone

pulmonary toxicity were usually chronic and slow. With this

type of rapid progressive presentation of BOOP has rarely been

reported. Treatment with steroids has been suggested.

However, simply withdrawn from Amiodarone has prompted

improvement in our patient.

Picture 1 : CXR 93-01-12, five days before admission



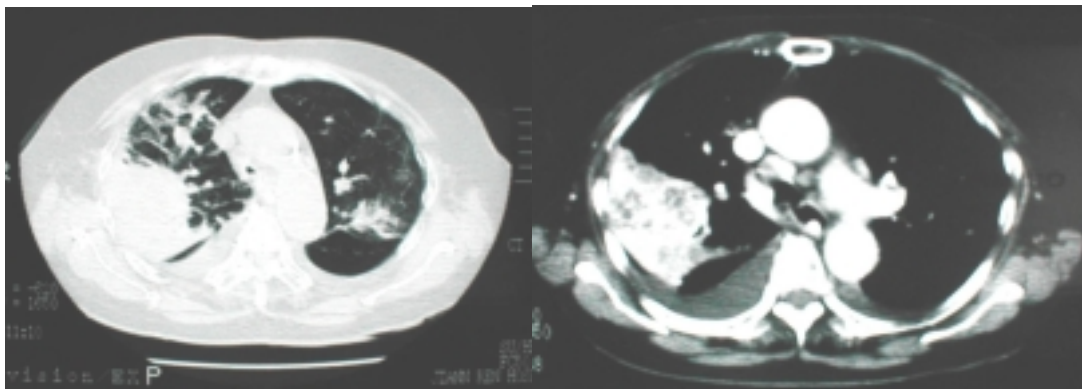
Picture 2 : CXR 93-1-17, Date at admission



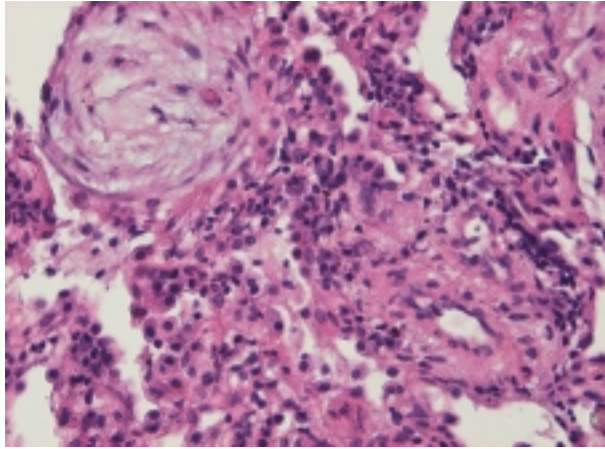
Picture 3 CXR 93-1-22, prior to intubation



Picture 4: Chest CT 93-1-29: tumor like mass over the RUL



Picture 5: Biopsy proved BOOP



Picture 6: OPD followed up

