

Recurrent Interstitial Pneumonitis and Pulmonary Hemorrhage Secondary to Amiodarone Toxicity

Rami Jambaih M.D.

Victor Salloum M.D.

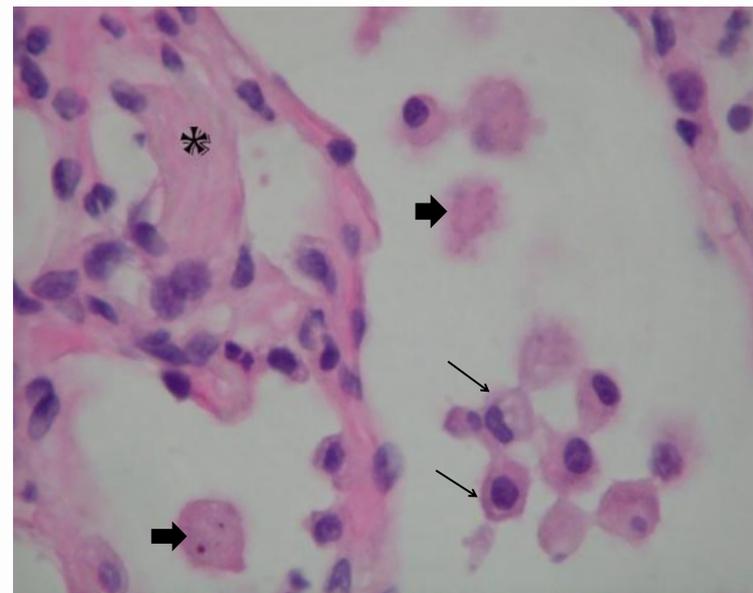
Joe Lin M.D.

Introduction

Amiodarone is a commonly used drug with a wide range of toxicity. Pulmonary toxicity is among the most serious complications.

Case Presentation

- ❖ A 60-year-old male presented with dyspnea and hypoxemia.
- ❖ PMH includes atrial fibrillation for which he was started on Amiodarone 200 mg daily 9 months prior.
- ❖ CXR showed diffuse interstitial infiltrates.
- ❖ He failed a course of antibiotic treatment for 10 days.
- ❖ High resolution CT scan showed bilateral ground glass infiltrates suggestive of **Amiodarone induced interstitial pneumonitis**.
- ❖ Amiodarone was stopped and he was started on Prednisone.
- ❖ Symptoms improved at one-month follow-up and CXR infiltrates resolved.
- ❖ Prednisone was tapered and stopped after 2 weeks.
- ❖ One week later, he developed hypoxic respiratory failure with hemoptysis and bilateral lung infiltrates.
- ❖ Bronchoalveolar lavage revealed 3 bloody returns.
- ❖ Transbronchial biopsy showed **fibrosis (*)**, **lipid laden** (small arrows), and **hemosiderin laden macrophages** (large arrows) favoring the diagnosis of **Amiodarone toxicity with diffuse alveolar hemorrhage**.



Discussion

- ❖ Pulmonary toxicity secondary to amiodarone use occurs in 5-15% of patients.
- ❖ Manifestations range from mild to severe and even fatal disease such as ARDS.
- ❖ Most common presentation is interstitial pneumonitis accounting for one-third of patients.
- ❖ **Alveolar hemorrhage is a rare complication of amiodarone pulmonary toxicity.** Only a few cases were reported.
- ❖ Amiodarone is a highly lipophilic drug that avidly binds to adipose tissues, resulting in a large distribution volume and a prolonged half-life reaching 180 days.
- ❖ Pulmonary toxicity may progress despite drug discontinuation.
- ❖ Treatment includes stopping the offending drug and initiation of glucocorticoid therapy in severe cases.
- ❖ In our case, the rapid tapering of Prednisone apparently was responsible for the acute recurrence of a more severe form of interstitial pneumonitis with evidence of diffuse alveolar hemorrhage.

Conclusion

This case highlights the deleterious pulmonary side effects of Amiodarone and emphasizes the importance of **slow tapering of glucocorticoids following amiodarone-induced lung injury**.

References

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