

Eosinophilic Pneumonia in a Patient with Ulcerative Colitis

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We present the case of 16-year-old woman with a 2-month history of ulcerative colitis who presented with cough, fever, dyspnea on exertion, and nasal congestion. Computed tomography of the chest demonstrated peripheral alveolar opacities with relative sparing of the central portions of the lungs. The clinical and radiologic findings raised the suspicion of eosinophilic pneumonia, possibly drug-related. The patient had recently been started on a trial of Mesalamine (5-aminosalicylic acid or 5-ASA) for treatment of her ulcerative colitis 2 months ago. The patient's condition improved after discontinuation of mesalamine and treatment with prednisone. The clinical course and radiologic features supported the presumptive diagnosis of Mesalamine-induced eosinophilic pneumonia.

Case Report

The patient is a 16 year-old female who was diagnosed with ulcerative colitis two months earlier. Prior to this diagnosis she had no significant medical history and denied having any allergies. The initial treatment of her ulcerative colitis included a trial of Mesalamine. Within a month after diagnosis, the patient presented to the emergency

department complaining of a two-week history of cough, nasal congestion, dyspnea on exertion, sore throat, headache, fever, chest and neck pain. Her work up included a lumbar puncture, chest x-ray, and Epstein-Barr virus titers, all of which were negative. As a result the patient was discharged home with non-specific diagnoses of headache and dehydration. On present admission, the patient complains of worsening symptoms. Her review of systems was positive for a seven-pound weight loss, night sweats, and chills. Regarding her ulcerative colitis, she stated that she continued to have diarrhea and abdominal pain but these symptoms were improving. Her vitals on admission were: Temperature of 101.4 degrees Fahrenheit, heart rate of 86 beats per minute, respiratory rate of 20 breaths per minute, blood pressure of 112/75 mm Hg, height of 5 feet and 1/2 inches, and weight of 94 lbs. Physical examination was significant for decreased breath sounds bilaterally. Laboratory studies revealed an elevated white blood cell count with increased eosinophils and a microcytic anemia. Her sedimentation rate was elevated and she had a positive perinuclear staining anti-neutrophil cytoplasmic antibody (p-ANCA). Additional lab work was negative for: rheuma-

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Abbreviations: CT, computed tomography

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toid factor, angiotensin-1 converting enzyme (ACE), and human immunodeficiency virus (HIV).

Radiography of the chest showed bilateral, peripheral upper lobe opacities with air bronchograms and possible adenopathy (Fig. 1). CT of the chest was obtained for further evaluation of the peripheral lung parenchymal

process seen on chest X-ray (Fig. 2). The chest CT also demonstrated extensive peripheral alveolar opacities in the mid and upper lungs bilaterally which were fairly symmetrical with relative sparing of the central portion of both lungs and the lung bases. There was no significant hilar adenopathy. Based on the patient's symptomatic presenta-

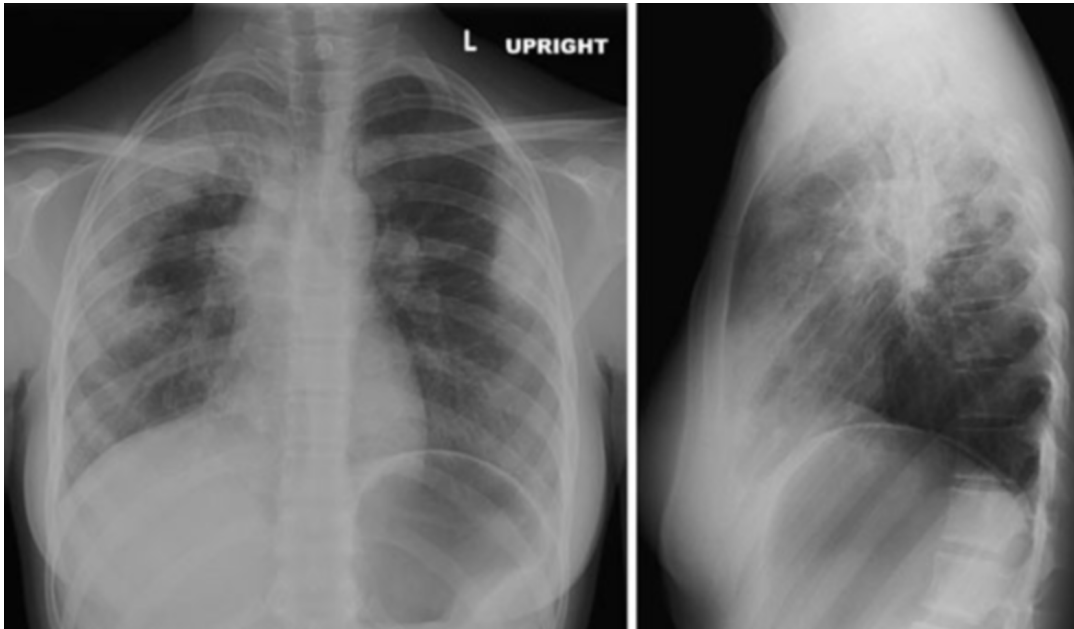


Figure 1. 16-year-old woman with presumptive Mesalamine-induced eosinophilic pneumonia. PA and lateral chest images at presentation show bilateral peripheral areas of consolidation with an upper predominance. Slight prominence of the right hilum is apparent which represented lung disease within the medial portion of the right lung.



Figure 2. At time of presentation, axial contrast enhanced chest CT at the level just below the carina shows bilateral peripherally located areas of consolidation with air-bronchograms. The more central lung areas are free of the process.

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