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A Case Report Presentation of A Bleomycin Induced Pulmonary Toxicity with Good Response to Steroids

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Introduction: Bleomycin is a commonly used agent in the treatment of Hodgkin Lymphoma and Germ Cell Tumors. One of the most observed side-effects of it is pulmonary toxicity. In this case report we will investigate a patient that developed an interstitial pulmonary disease related to bleomycin toxicity responding rapidly to steroids.

Case Presentation: Patient had undergone ABVD (Doxorubicin, Bleomycin, Vinblastine, Dacarbazine) treatment 7 months ago with Hodgkin Lymphoma diagnosis. On the 7th month of treatment, after 6 sets of chemotherapy patient had started having cough and dyspnea. In the time of hospitalization to our clinic patients SpO₂ was%85 (on room air), body temperature was 36 °C and had crackles in base parts of both lungs. After investigating the old reports of the patient retrospectively, we have discovered that the coughing and complaints of the patient had started on the 2nd set of ABVD treatment and had progressive interstitial lesions in pulmonary CT scans. With the current findings we have started 1mg/kg/day dosed methylprednisolone treatment regime considering bleomycin related toxicity. On the first week of treatment we have spotted minimal radiological improvement and decrease in the need of oxygen. Antibiotic regime has been stopped. On the first month of methylprednisolon treatment we have observed a significant improvement in lung X-ray. Patient is still in follow-up.

Conclusion: For the patients undergoing treatments by drugs with known pulmonary toxicity, in the presence of respiratory symptoms and radiologically spotted pathologies, drug induced toxicity should always be considered and susceptible drugs should be stopped in necessary situations.

Keywords: Bleomycin, interstitial, toxicity, drug