



A CASE PRESENTATION OF DRUG INDUCED HYPERSENSITIVITY PNEUMONITIS IN SUSPECTED CASE OF N COVID-19

Respiratory Medicine

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ABSTRACT

Case History: A 13 years old, female patient, presented to covid suspect department of P.D.U Medical college, Rajkot with H/O sudden onset of breathlessness since 1 day and fever, dry cough since 4-5 days. Patient denied for any complaints of hemoptesis, chestpain, weight loss. Patient is diagnosed case of acute lymphoblastic leukaemia on chemotherapy. Patients was hypoxic and given o2 support. Sputum AFB/CBNAAT/Culture was negative. RTPCR for N covid-19 was negative and all routine blood investigation within normal limits. Chest X-Ray S/O right lower zone and Left mid zone, lower zone haziness. HRCT thorax S/O Multiple areas of GGOs in both lung predominantly in upper and lower lobes with CORADS 4, CT score 6/25 associated interlobular septal thickening at places in lower lobes. D/D Atypical/viral pneumonitis/ Drug induced injury (hypersensitivity). **Diagnosis:** Methotrexate induce pneumonitis. **Management:** Patient put on NIV mode of ventilation for 3 days and gradually weaned with o2 support. I/V antibiotics and steroids were given for 7 days. Methotrexate was discontinued. **Discussion:** Many drugs causes Hypersensitivity pneumonitis like chemotherapeutic agents, immunosuppressant, immunomodulators, antibiotic, anti-inflammatory and anti convulsion. Drug induced Hypersensitivity pneumonitis results from interaction between pharmacological agents and human immune system. Drug induced lung disease results from numbers of agents and have myriad of presentation ranging from ARDS to established fibrosis. Drug induced Hypersensitivity pneumonitis must remain in differential in any patients of chronic illness presenting with dyspnoea on exertion. **Outcome:** Drug induced lung injury must remain in differential in any patients with cancer, chemotherapeutic agents presented with acute history of sudden breathlessness.

KEYWORDS