

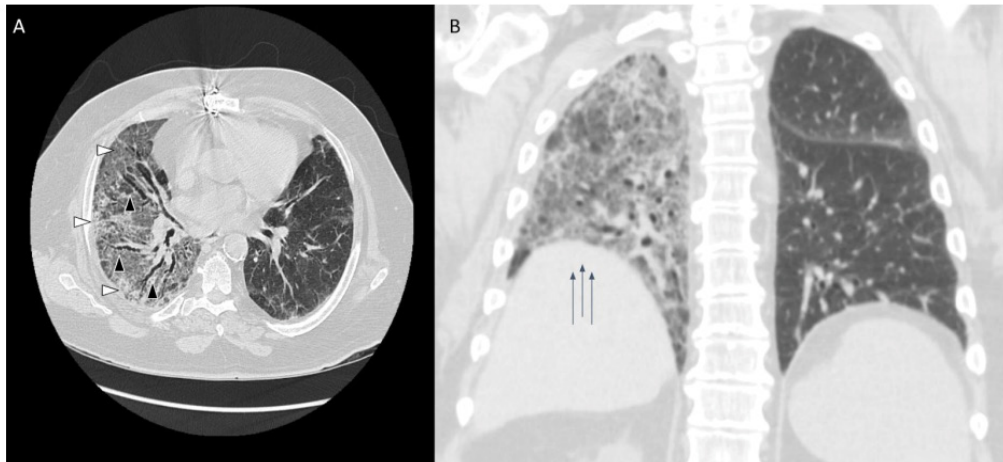
Clinical-Medical Image

## Unilateral Pulmonary Fibrosis due to Acute Amiodarone Toxicity

John O'Donnell DO<sup>1\*</sup>, Jeanine Chiaffarano DO<sup>2</sup>

<sup>1</sup>Rowan University School of Osteopathic Medicine, Department of Pulmonary and Critical Care Medicine, Stratford, NJ, USA

<sup>2</sup>Jefferson's Health of New Jersey, Department of Pathology, Washington Township, NJ, USA



**Figure 1:** **Panel A:** A transverse view of a non-contrast CT of the chest illustrating primarily unilateral right lung disease with traction bronchiectasis (black arrowheads) as well as mixed interstitial and alveolar infiltrates (white arrowheads). **Panel B:** A coronal view of the same non-contrast CT with elevation of the right hemidiaphragm (triple arrows) due to associated right lung volume loss. These findings are consistent with pulmonary fibrosis secondary to acute amiodarone pulmonary toxicity.

### Clinical Image

A 76-year-old Caucasian male presented to a community hospital with a 6-month complaint of dry cough, progressive dyspnea over the past 3 months with worsening over the last week, and new onset hypoxia. He was a former smoker with 35-pack-year history, who had quit smoking 30 years prior. His history also included heart failure and atrial fibrillation, for which he had been taking amiodarone for the past 18 months. He had a CT chest without contrast performed 4 months prior to presenting which was unremarkable. A bronchoscopy was performed with BAL which showed the presence of foamy macrophages. The patient was diagnosed with acute amiodarone pulmonary toxicity, his amiodarone was discontinued, corticosteroids were initiated and his symptoms and oxygen requirements improved and he was discharged home on oxygen. This case illustrates how acute amiodarone pulmonary toxicity can present with rapid onset, significant pulmonary fibrosis, and even diffuse solitary lung disease (Figure 1).

**Keywords:** Bronchoscopy; Pulmonary fibrosis

### Declaration of Interests

The authors declare that they have no competing interests.

\*Corresponding author: John O'Donnell DO, Rowan University School of Osteopathic Medicine, Department of Pulmonary and Critical Care Medicine, Stratford, NJ, 08084, USA, Tel: + 856-630-0315; E-mail: odonnelljc@rowan.edu

Citation: O'Donnell DOJ, Chiaffarano DOJ (2021) Unilateral Pulmonary Fibrosis due to Acute Amiodarone Toxicity. *Int J Clin Med Imaging* 8: 741.

Copyright: © 2021 O'Donnell DOJ, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.