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Case Report
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Organizing Pneumonia in a Patient with Myelodysplastic Syndrome Who was Treated with Azacitidine

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Case Presentation

A 75-year-old male was referred to our hospital due to anemia. His blood data showed a hemoglobin concentration of 5.7g/dL, and a white blood cell count of 2300/μL (blasts: 16.5%). A bone marrow aspiration showed trilineage dysplasia and a blast count of 13.0%. The patient was diagnosed with myelodysplastic syndrome with excess blasts-2. He was started on azacitidine monotherapy. Three weeks after the initiation of the third course of treatment, he presented with a fever, dry cough, and dyspnea on effort. Computed tomography revealed bilateral interstitial infiltrates (Figure 1), and spirometry tests demonstrated a markedly restrictive pattern. He underwent a transbronchial lung biopsy, which revealed organizing lesions (Figure 2). A pathological diagnosis of organizing pneumonia was made. Although it seems to be a very rare complication, it is important for hematologists to be aware that interstitial lung disease can occur as an adverse event of azacitidine use.

Figure 1: At the time that the patient presented with respiratory symptoms, CT revealed bilateral abnormal shadows, which were compatible with OP.

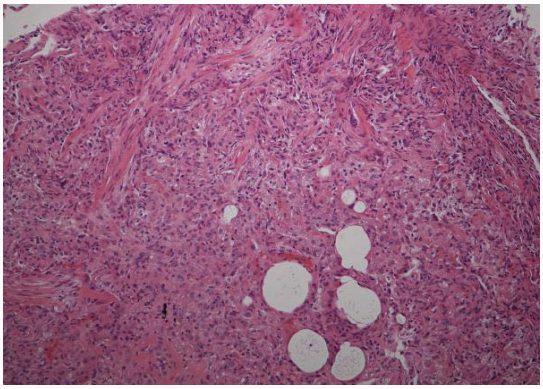

Figure 2: The organizing lesion had spread into the bronchioles, alveolar ducts, and alveoli. Mild thickening of the alveolar wall and slight alveolar exudative fibrosis were seen (hematoxylin-eosin stain, ×200).

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