Sir, Hydroxyurea is a drug mainly used for the treatment of chronic myeloid leukaemia and polycythaemia.[1,2] Its most common toxic effects are myelosuppression, nausea and skin reactions.

An 80-year-old Caucasian woman was referred by her primary care physician to a haematologist with findings of haemoglobin 20.4 Gm% and PCV 0.62 in May 2002. A diagnosis of primary polycythemia was made by the haematologist after a detailed work-up. The patient was started on hydroxyurea 1 g/day for 2 months (approx 20 mg/kg/day). This was subsequently reduced to 1 mg and 0.5 mg on alternate days, when the patient showed an adequate response as seen by a reduction in her haemoglobin and PCV.

Four months after this, she presented with gradual onset of shortness of breath and wheeze. She had received 2 courses of antibiotics from her primary care physician with no resolution of symptoms. Chest X-ray during admission showed marked honey-combing of the lungs at both bases and lung function tests were in keeping with a restrictive pattern of lung disease, with a FEV1 63% predicted and FVC 67% predicted and a FEV1/FVC of 104%. A CT scan of the chest (Figure 1) confirmed the presence of pulmonary fibrosis in both the bases.

In conclusion, one it should be noted that autonomic dysfunction occurs in WD and is probably underdiagnosed. Hence, WD should be excluded in a young individual presenting with autonomic dysfunction.

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References


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Yet another cause for drug-induced pulmonary fibrosis

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An extensive search for other possible causative factors of pulmonary fibrosis in this patient was undertaken which was negative.

The offending drug was discontinued. She was referred to the respiratory team where she remains under surveillance. At six months follow-up, chest X-ray and pulmonary function tests remained unchanged though the patient felt symptomatically improved.

Drugs are a well recognized cause of pulmonary fibrosis; in particular cytotoxic drugs such as bleomycin and nitrofurantoin, and amiodarone. Some rare reported cases of side-effects of hydroxyurea include acute alveolitis. We feel that hydroxyurea is the most likely cause for the development of symptoms in our patient causing pulmonary fibrosis or alternatively causing acute alveolitis that could have been responsible for surfacing an already undiagnosed fibrosis in this vulnerable patient. Using Naranjo’s algorithm this scored a 5, indicating a probable adverse drug reaction as the reaction appeared after the drug was administered, with no other causes, and symptoms stabilized on cessation of the offending drug.

As hydroxyurea continues to be used in treatment of chronic myeloid leukaemia and polycythaemia, the possibility of pulmonary side-effects with fibrosis should be borne in mind.

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