

Amiodarone/sotalol

S

Acute lung injury and hypotension: case report

An 89-year-old woman developed acute lung injury following treatment with amiodarone and hypotension following treatment with sotalol for paroxysmal atrial fibrillation [*routes, dosages and durations of treatments to reactions onsets not stated*].

The woman, who had severe, symptomatic aortic stenosis, presented to the hospital for transcatheter aortic valve replacement via a percutaneous femoral approach. She also had mild diastolic dysfunction, paroxysmal atrial fibrillation (stabilised with sotalol) and sick sinus syndrome (required dual-chamber pacemaker). Eventually, she underwent an aortic valve replacement. The procedure was complicated with vertebral artery injury and required emergent tracheal intubation, mechanical ventilation, massive transfusion, an unspecified vasopressor therapy and endovascular stenting for the repair of the vertebral artery. She was hospitalised to the cardiothoracic surgery intensive care unit for further management. After one week of the surgery, she developed paroxysmal atrial fibrillation requiring electrical cardioversion and titrated sotalol. Eventually, she developed ventilator-associated pneumonia, which resolved with unspecified antibacterial therapy. Subsequently, she developed hypotension associated with sotalol.

The woman's therapy with sotalol was discontinued. Due to vocal cord dysfunction, her tracheal tube intubation was unsuccessful. In the following week, she underwent a successful percutaneous tracheostomy. She started receiving amiodarone to control ongoing paroxysmal atrial fibrillation. Subsequent pulmonary X-ray series showed diffuse ground-glass opacities concerning acute lung injury. Her infectious workup was unremarkable. Her therapy with unspecified antibacterial was broadened empirically for an extended course. On postoperative day 12, chest CT scans revealed diffuse alveolar infiltrates with areas of consolidation throughout the lung fields. Consequently, she was diagnosed with acute amiodarone lung injury. Her treatment with amiodarone was discontinued. She was treated with unspecified steroids. Her condition improved significantly. Her chest X-ray cleared and she was removed from the ventilator. On postoperative day 37, she was discharged from the intensive care unit. Later, she was transferred to a skilled nursing facility in fair condition.

Fegley MW, et al. Acute Lung Injury Associated With Perioperative Amiodarone Therapy-Navigating the Challenges in Diagnosis and Management. *Journal of Cardiothoracic and Vascular Anesthesia* : Jan 2021. Available from: URL: <http://doi.org/10.1053/j.jvca.2021.05.026>

803580830