

[ LETTERS TO THE EDITOR ]

**Bucillamine-induced Pneumonitis in a Patient with Rheumatoid Arthritis-associated Interstitial Pneumonia: A Case Report and Review of the Literature - Reply**

**Key words:** interstitial pneumonia, idiopathic pulmonary fibrosis, acute exacerbation, rheumatoid arthritis

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**The Authors Reply** We thank Kalemci et al. for pointing out the important issues in our case study (1). In this case, pneumonitis developed in April, and the patient had been taking a proton-pump inhibitor to prevent low-dose aspirin-associated ulcer for several years. She had received the seasonal influenza vaccine (against H3/N2, H1N1pdm, and B) the previous autumn. When pneumonitis developed, a nasal swab was negative for influenza A and B virus antigens, but evaluations to detect other respiratory airway viruses, such as cytomegalovirus and human herpes virus, were not performed because the clinical significance of the detection of respiratory airway viruses in the acute examination of interstitial lung diseases is not currently established (2).

The involvement of air pollution, environmental factors,

and other seasonal factors was not evident in the development of pneumonitis in this case. Therefore, we believe that the pneumonitis was caused by the bucillamine itself in this case, although the possible involvement of the proton-pump inhibitor and any respiratory airway viruses in the development of pneumonitis cannot be completely excluded. We hope that these observations will serve as useful references for Kalemci et al.

**The authors state that they have no Conflict of Interest (COI).**

Atsuki Fukada<sup>1</sup>, Mikio Toyoshima<sup>1</sup>,  
Tsuyoshi Nozue<sup>1</sup> and Takafumi Suda<sup>2</sup>

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<sup>1</sup>Department of Respiratory Medicine, Hamamatsu Rosai Hospital, Japan and <sup>2</sup>Second Department of Internal Medicine, Hamamatsu University School of Medicine, Japan

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Correspondence to Dr. Mikio Toyoshima, [mi-toyoshima@hamamatsuh.johas.go.jp](mailto:mi-toyoshima@hamamatsuh.johas.go.jp)

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