

## Amiodarone

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**Pneumonitis: case report**

An 83-year-old woman developed pneumonitis during treatment with amiodarone for atrial fibrillation.

The woman had a history of Crohn's disease requiring two digestive resections treated with loperamide and mesalazine, hypothyroidism treated with levothyroxine sodium and several episodes of renal failure with fluid and electrolyte disorders. She had a cardiorespiratory arrest with ventricular fibrillation followed by atrial fibrillation in January 2018, for which she had been receiving amiodarone 200 mg/day [*route not stated*] with several other medications. She was admitted to a geriatric emergency room due to asthenia, a progressive diarrhoea without fever for two days and a dyspnoea with desaturation in April 2020. She was confused and drowsy for 48h, and had a bilateral and symmetrical murmur with tachypnoea and NYHA3 dyspnoea without signs of cough. Bilateral ground-glass lesions in the area with intralobular reticulation were noted on a CT scan, suggestive of COVID-19. She was suspected to have developed COVID-19 pneumonia despite negative nasopharyngeal RT-PCR test. Her apixaban therapy was switched to heparin [Calciparin] due to recent worsening of renal function. She was treated with amoxicillin/clavulanic acid for cellulitis of the left flank, which was later switched to clindamycin and piperacillin/tazobactam [Tazocillin]. Despite five negative RT-PCRs, the diagnosis of COVID-19 was retained. Her respiratory symptoms improved during the admission, and she was shifted to follow-up and rehabilitation care. Two months later, she was preferred for a pneumology consultation due to persistent dyspnoea and pneumopathy. After reviewing her CT scans identical lesions were noted: mixed interstitial lesions with ground glass in the reticulation range, extending to four lobes with mixed interstitial lesions. The differential diagnoses of infectious pneumonia or COVID-19 were ruled out, and she was diagnosed with amiodarone-induced pneumonitis [*time to reaction onset not stated*].

The woman's amiodarone therapy was stopped. A follow-up at the end of October 2020 showed clinical improvement of respiratory symptoms. On 04 February 2021, a significant decrease in bilateral crackles and an improvement in her general condition was noted since October consultation.

Vasseur M, et al. Amiodarone or COVID induced-pneumopathy: One train can hide another one! Therapies 76: 374-377, No. 4, Jul-Aug 2021. Available from: URL: <http://doi.org/10.1016/j.therap.2021.03.001> [French; summarised from a translation]

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