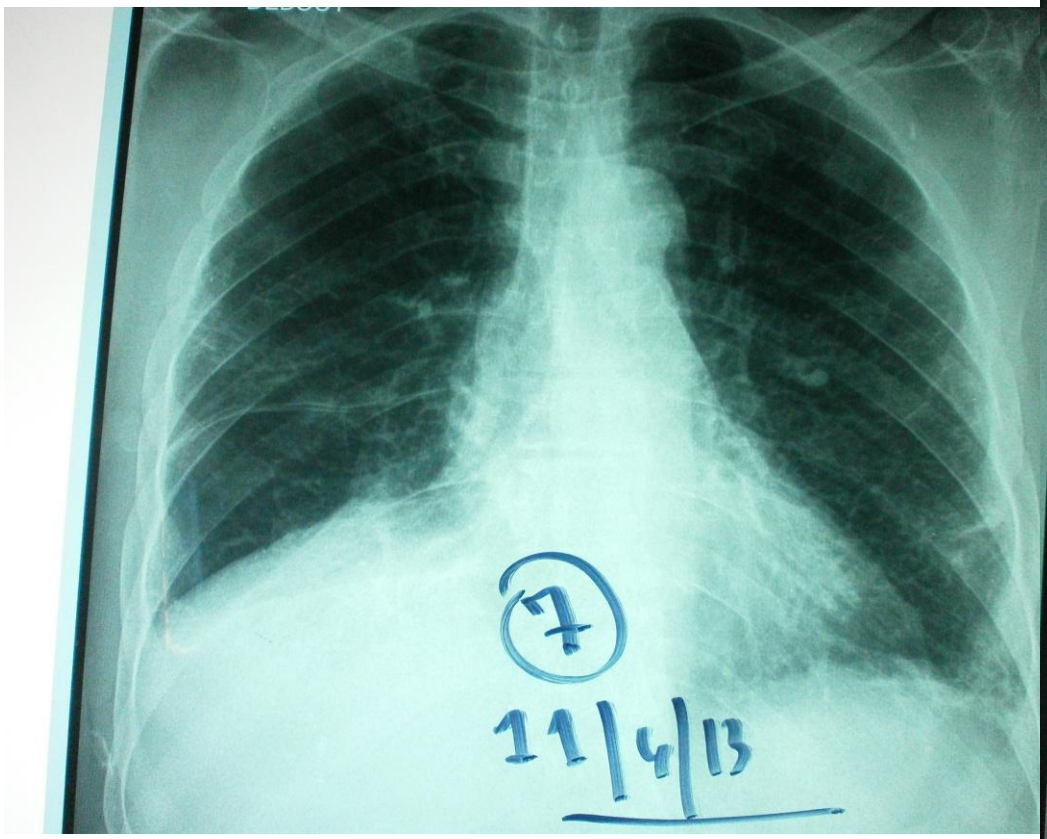
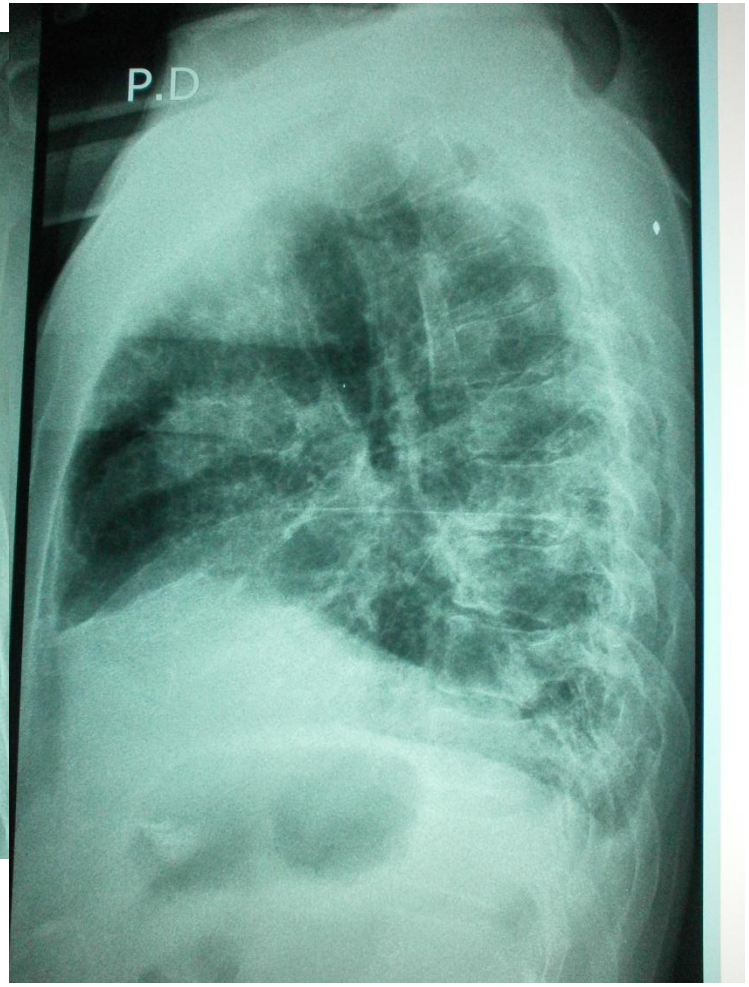
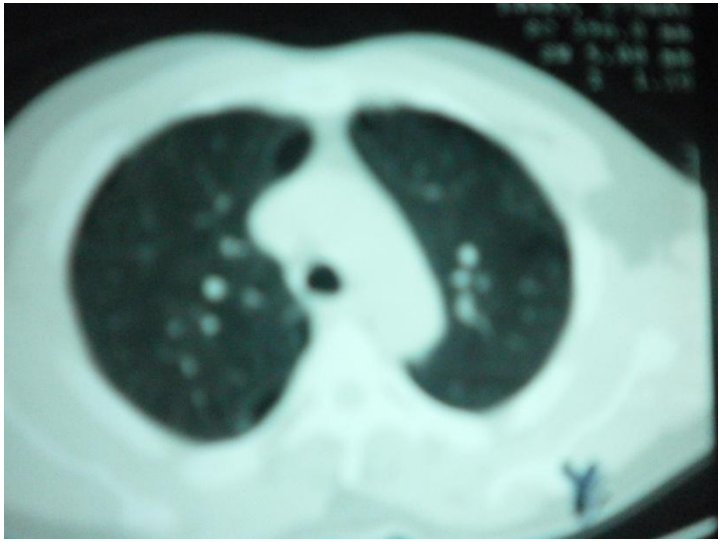
Mr MUSTAPHA A…56 Ans m' a consultée le 11/04/13 pour dyspnée progressive depuis 3 MOIS chez une maladie connu pour Polyarthrite rhumatoïde

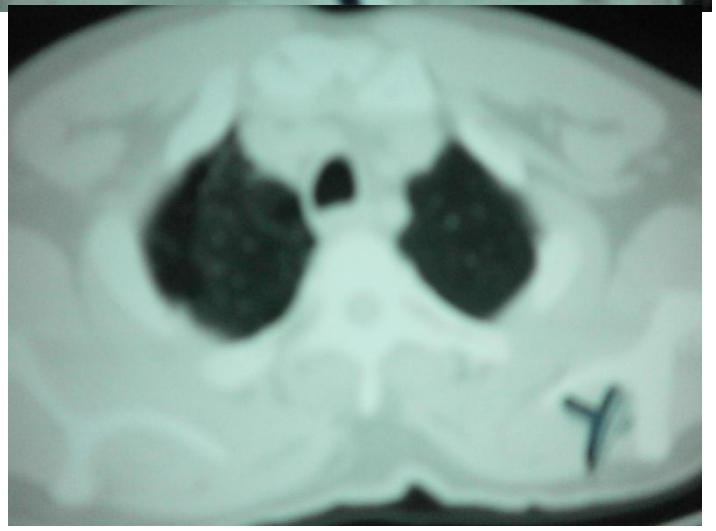


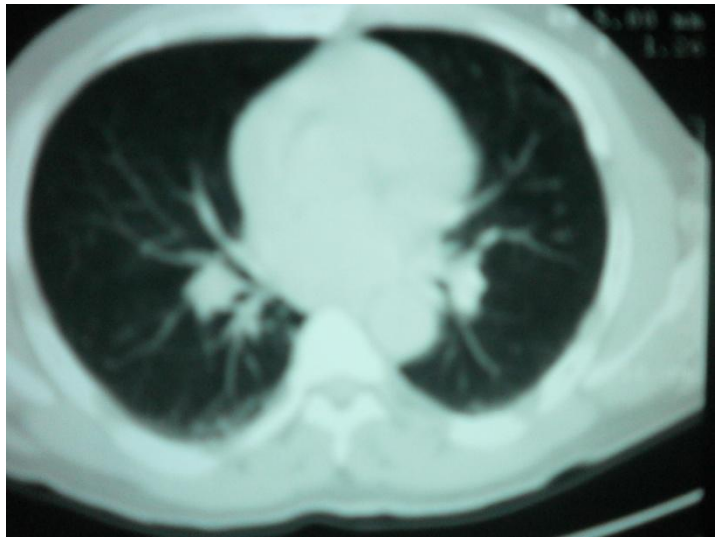


Scanner thoracique 29/12/09 QUASI -NORMALE

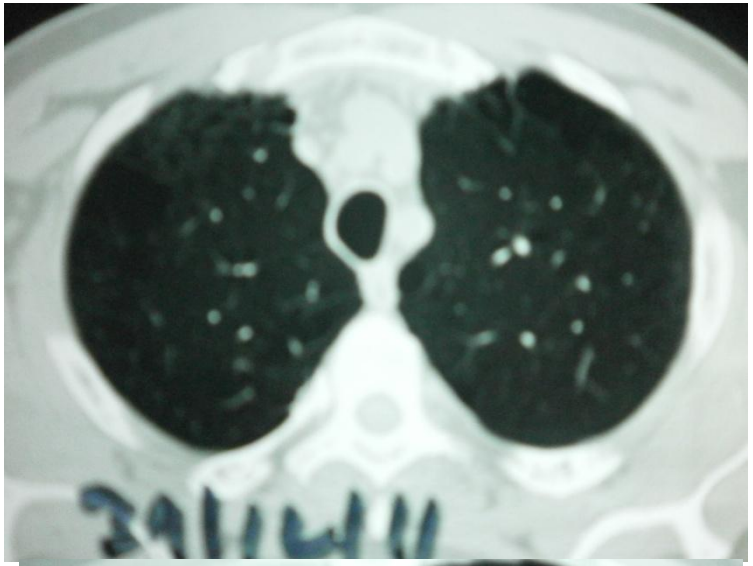
QQ BLEBS -S INTETIELLE A MINIMA PERIFERIQUE (Réticulation) aux nivaux des 2 bases

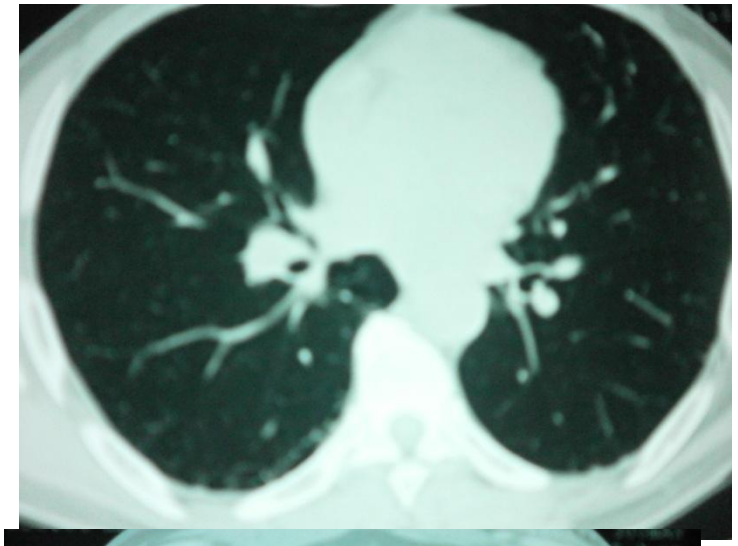


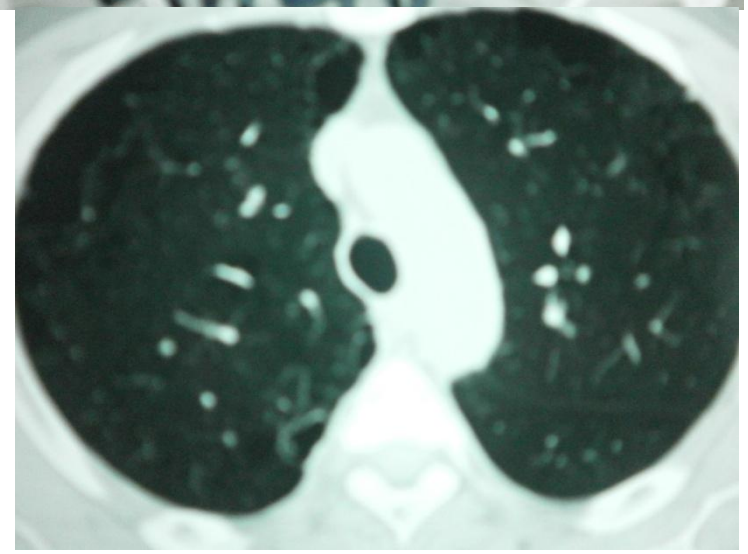


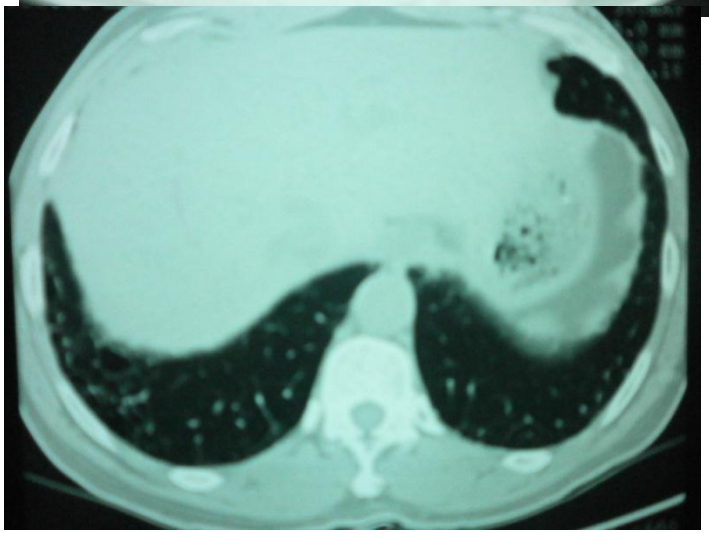


Scanner thoracique31/12/11 Normale (Emphyseme/Tabac)

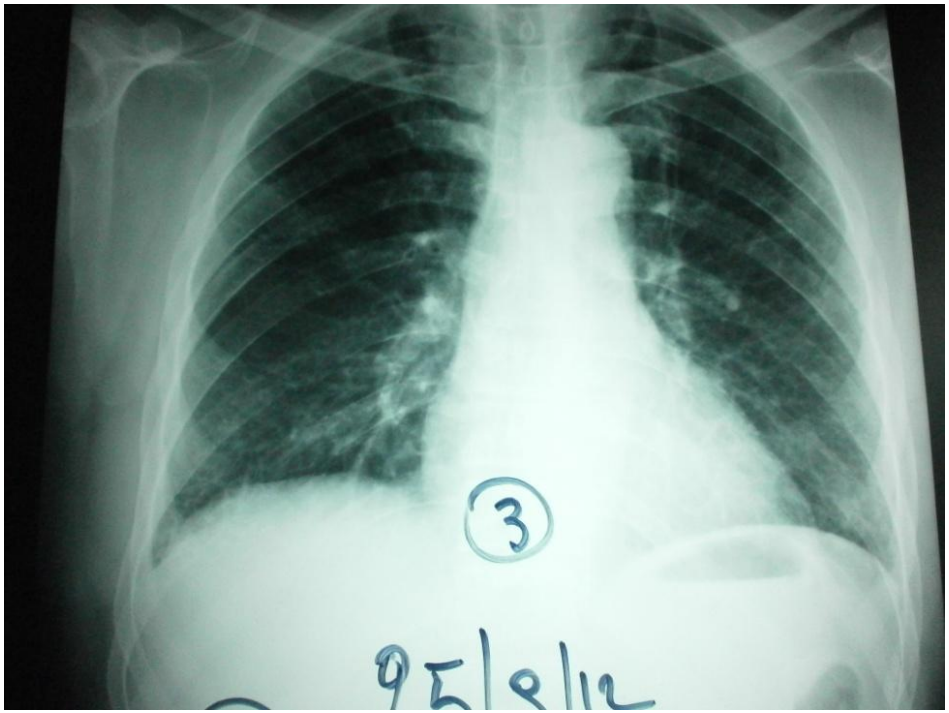








..Aété sous corticoide puis Vamid+plaquenil



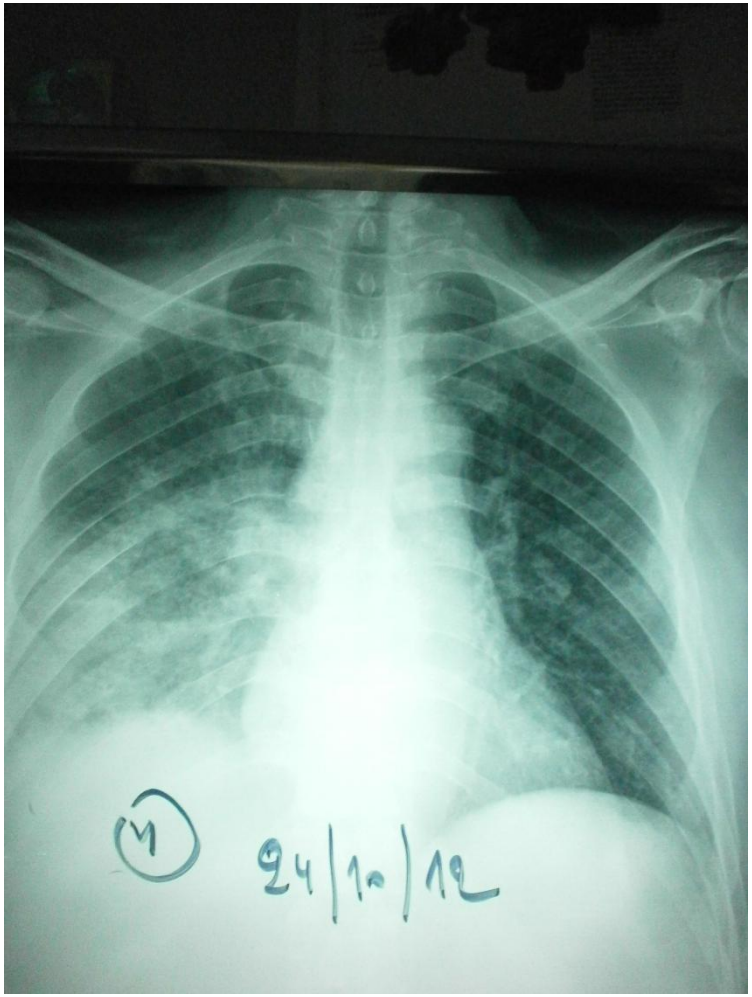
Association avec
Rémicade(INFLIXIMAB)
depuis le 24/09/1

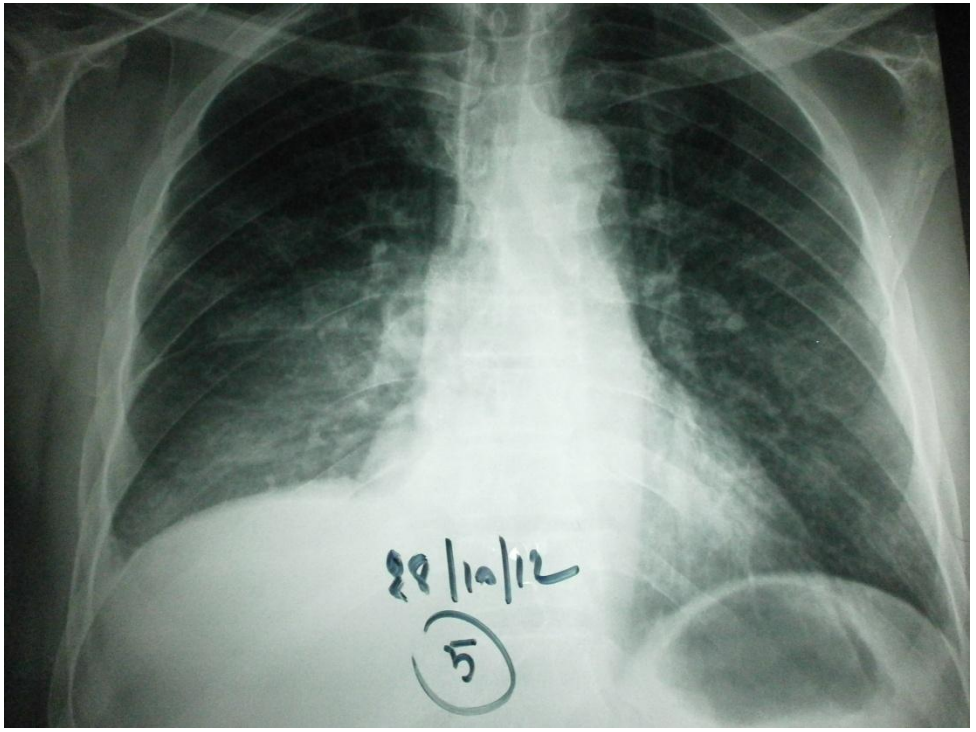
RX Thorax Normale.

Relais
le5/11/12..31/12/12.1
8/02/13..26/03/13)…

Le 24/10/12 PLEUROPNEUMPOTAHIE pneumopathie droite …PYOSTACINE TAVANIC

..

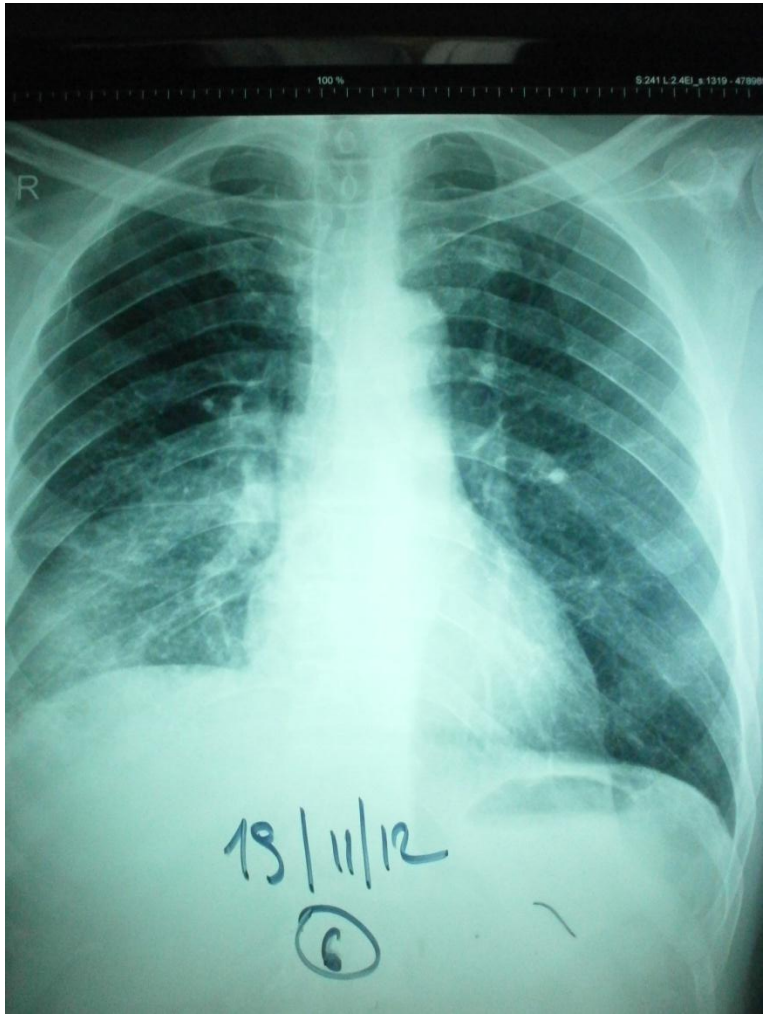


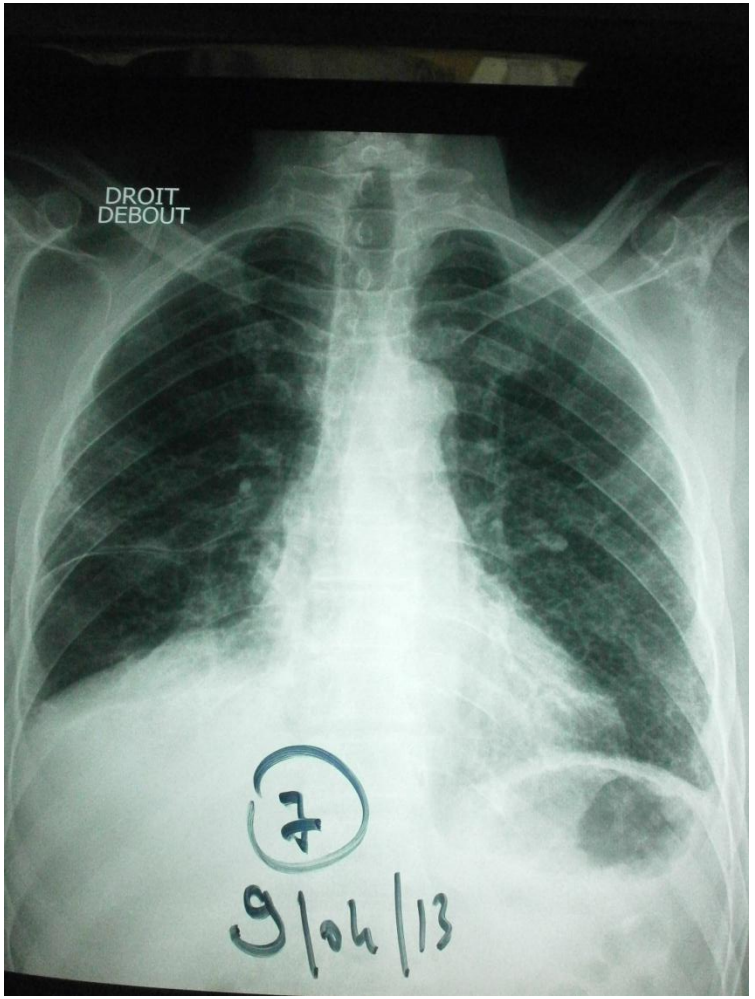


RX THORAX du 19/11/12 AUCUNE AMLIORATION…

Evolution(9/4/13) vers la rétraction a droite et extension controlatérale latérale

(s intertielle bilatérale-emoussements des 2 culs des sac)





ANTECEDENTS ET TARES :
Tabac 30 ANS
1980 LIPOME DU QUADRIPES
AVC 2008

EXAMEN PHYSIQUE :

TA: 15/8 RC : 80 /min .Sat: 98 %. T°37 .

MV PLUS RUDE A DROITE QQ CREPITANTES TRES FINES AUX 2 BASES

EXAMENS BIOLOGIQUES :

CRP:150,5.VS 75/120.

NFS: GB = 8500 10 3/mm3- HB=11,90 gr/l - PLAQUETTES =339 103/mm3

CREATININE:6,23.IONO: NA: 139 K: 3,8 CL:100

ProBNP:68

AcAnti-CCP:5,80.TEST AU LAREX:64,6.reaction de waaler-rose:52,7

CRACHAT :BK Négatif

IDR Négative

GAZ DE SANG :Po2: 70 Pco2 : 35 So2: 94 Hco3- : 24 PH:7,45

PONCTION PLEURALE :

ASPECT:trouble:RIVALTA:positif.PROTIDE:63.LDH:2538

Neutrophiles:84%.HEMATIE:6000.LYMPHO(%):16%

Absence de cellule néoplasique.BK Négative

TRIGLYCERIDE:0,40

CHOLESTROL TOTAL:1,22

Ac Anti-CCP:7,90.Test au latex:73,1.Reaction de Waaler rose:58,5

Homme de 55 ans maladie rhumatismale sévère -
Pleuropneumopathie Survenant un mois après début de l' INFLIXIMAB
1)PNEUMOPATHIE A L'INFLIXIMAB
2)POUMON RUMATHOIDE(échapant a INFLIXIMAB)

Am j Med Sc 2012 Jul;344(1):75-8. doi: 10.1097/MAJ.0b013e31824c07e8.

Infliximab-induced nonspecific interstitial pneumonia.

Sens S, Peltz C, Jordan K, Boes TJ.

Source

Internal Medicine at Riverside Methodist Hospital, Columbus, OH 43214, USA. soumitrasen.1983@gmail.com

Abstract

Infliximab has well-established complications including injection site and allergic reactions, cytopenias, induction of autoimmune and demyelinating diseases and malignancy, especially lymphoma**. Pulmonary complications are well documented and include serious respiratory infections from tuberculosis, fungal and opportunistic pathogens. This has prompted a Food and Drug Administration black-box warning recommending close surveillance for these diseases. Nonspecific interstitial pneumonitis (NSIP) secondary to tumor necrosis factor-alpha inhibitor (TNF-alpha) therapy is less well described. Rarely, TNF-alpha inhibitor therapy has been reported to cause NSIP when used in conjunction with other immunosuppressive agents**. Literature search revealed 12 independent patients with presumed infliximab-induced NSIP in 8 separate publications; all patients were on concomitant steroid sparing immunosuppressive agents, complicating cause and effect. The authors report a case in which infliximab is surmised to cause NSIP in the absence of other steroid sparing immunosuppressants in a young female with ulcerative colitis. Of importance, the patient was taking no additional steroid sparing immunomodulating agents. The diagnosis was based on clinical presentation and radiologic and histopathological data. Cessation of infliximab and high-dose steroid therapy resulted in complete resolution of the patient's presenting signs and symptoms.