CD4/CD8, eosinophils presence by bacteria, withdrawal sputum resolution against serological criteria. Patients were on MTX-induced pneumonitis. In a 60 years-old patient, 6 months after MTX was discontinued, a radiologic pneumonitis was noted. Radiologic opacities were ground-glass, one of intestinal disease-modifying agents. Two cases of MTX-induced pneumonitis were presented. One case was in a patient with rheumatoid arthritis, and the other was in a patient with psoriasis arthritis. Both cases were dose-related. MTX was stopped in both cases and the pneumonitis resolved. The effectiveness of MTX in other patients was reviewed.
necessary but pulmonary histology is characterized by alveolitis with epithelial cell hyperplasia and eventually, small granulomas and eosinophilic infiltration.

References


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Calcified Alveolar Septal Pulmonary Amyloidosis as an Initial Manifestation of Multiple Myeloma

Amiloidosis pulmonar alveolo septal calcificada como manifestación inicial de mieloma múltiple

To the Editor:

Systemic amyloidosis is caused by the extracellular deposition of protein in the form of fibrils, known as amyloid.1 This process causes functional impairment of the affected organs and is fatal if left untreated.

Lung involvement is relatively common, but rarely symptomatic. It can present in three ways: nodular, tracheobronchial and diffuse alveolar septal.

We describe below the case of a female patient, 65 years of age, history of COPD, former smoker, who reported a 6-month history of progressive dyspnea, with no other associated symptoms. On physical examination, she had dry crackles in both lung bases. Complete blood count and biochemistry were normal. An echocardiogram was performed, which was normal. Spirometry revealed a severe obstructive defect (FEV1 47%) with moderate restriction (FVC 61%). Diffusing capacity for CO was severely reduced (17%). The 6-min walk test showed a significant drop in oxygen saturation and had to be suspended due to significant dyspnea and O2 saturation of 73%. A chest computed tomography (CT) was performed that showed multiple nodular images, mostly densely calcified, with thickening of interlobular septa, mainly peripheral and in the basal segments (Fig. 1). A lung biopsy, performed by video-assisted

Fig. 1. Left image: Chest CT scan showing diffuse bilateral areas of ground-glass opacity without architectural distortion, lymphadenopathy, or other abnormalities. Right image: Resolution of radiographic abnormalities after 3 months of withdrawal of MTX treatment.