A Case Report of Steroid-resistant Cryptogenic Organizing Pneumonia Managed with Intravenous Immunoglobulins

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Introduction

Cryptogenic organizing pneumonia (COP)
Rare respiratory condition

• Etiology:
No identifiable cause

• Histopathology:
Alveolar ducts & airspaces filled with fibrin & granulation tissue

• Treatment:
Steroids, macrolides or immunosuppressants

• Less than 10 reported cases managed with intravenous immunoglobulins (IVIg).

Case Presentations

• History of presenting complaint:
72 years-old male, worsening dry cough for 1 week

• PMH:
Atrial fibrillation (on apixaban)
Left total knee replacement complicated by infection (on intravenous daptomycin)

• Chest x-ray:
Diffuse bilateral patchy infiltrates, concerning for multifocal pneumonia

• Investigations:
Negative for infectious, malignant, autoimmune etiologies

• Lung biopsy:
Cryptogenic organizing pneumonia.

• Initial treatment:
No improvement with antibiotics and high dose steroids

• Final treatment:
Intravenous immunoglobulins (IVIg) 0.4 g/kg/dose
Mycophenolate mofetil (MMF) 500 mg BD

• Follow-up:
Improvement after 5-day course of IVIg and MMF

Conclusion

Intravenous immunoglobulins (IVIg) should be increasingly considered as an important steroid-sparing alternative in patients with COP.

References

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