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Letter to the editor

(Dex)fenfluramine-induced interstitial pneumonitis

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Anorexants like fenfluramine (Ponderal) and dexfenfluramine (Isomeride), which are used in the treatment of obesity, have been associated with the development of primary pulmonary hypertension [1]. However, drug-induced interstitial lung disease caused by these appetite suppressants is rare [2]. The following case report describes the clinical picture of toxicity, which mimics that of reversible hypersensitivity pneumonitis caused by fenfluramine, followed by a hypersensitivity pneumonitis due to dexfenfluramine a few years later.

A 43-year-old female was admitted to the hospital because of a non-productive cough and dyspnea during exercise. The chest radiograph and computed tomography showed coarse reticular opacities indicative of interstitial lung disease. Cellular bronchoalveolar lavage fluid (BALF) analysis showed an increase in cells, predominantly lymphocytes, and the presence of plasma cells and foamy alveolar macrophages indicative of hypersensitivity pneumonitis or drug-induced pneumonitis [3,4]. Examination of lung biopsy specimens revealed a diffuse interstitial pneumonitis. The patient's clinical condition deteriorated and artificial respiration was required for 6 weeks. She was treated with prednisone. Hereafter, the clinical condition improved spectacularly and the chest radiograph abnormalities resolved completely. However, 4 years later, the patient's initial complaints returned. Again, the chest radiograph showed the earlier reported reticular opacities. BALF analysis revealed the aforementioned signs of a drug-induced pneumonitis [3,4]. Remarkably, dexfenfluramine had been prescribed by her internal physician for about 6 weeks prior to this last admission. Upon further questioning, the patient recalled that she had used fenfluramine for 4 months 5 years earlier, prior to her first admission.

This case illustrates the development of a pneumonitis, caused by fenfluramine, followed by a pneumonitis due to dexfenfluramine. The clinical picture of the first deterioration was similar to a drug-induced pneumonitis. However, at that time, fenfluramine was not considered as a possible cause. Then, after starting dexfenfluramine as adjuvant therapy for her obesity, her clinical condition deteriorated again. It appeared that, at that time, she developed a dexfenfluramine-induced pneumonitis. In conclusion, (dex)-fenfluramine should be considered to adversely affect lung parenchyma.

References

[1] Abenhaim L, Mordide Y, Brenot F, Rich S, Benichou J, Kurz X et al. Appetite-suppressant drugs and the risk of primary pulmonary hypertension. New Engl J Med 1996;335:609–16.

[2] Braun D, Tréchot P, Netter P, Danloy V, Anthoine D, Vaillant G. Recurrent interstitial pneumonitis and dexfenfluramine. Chest 1993;103:1927.

[3] Foucher P, Biour M, Blayac JP, Godard P, Sgro C, Kuhn M et al. Drugs that may injure the respiratory system. Eur Respir J 1997;10:265–79.

[4] Drent M, Nierop van MAMF, Gerritsen FA, Wouters EFM, Mulder PGH. Computer program using BALF analysis results as diagnostic tool in interstitial lung diseases. Am J Respir Crit Care Med 1996;153:736–41.

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