Clinical Reminders

A case of bronchiolitis obliterans organising pneumonia (BOOP) after nine months post-operative irradiation for breast cancer

A 71-year-old woman was referred to our unit with fever (38.5°C). During the preceding 3 weeks she reported sweats and non-productive cough despite previous antibiotic therapy. In May 2005 she had undergone a quadrantectomy and sentinel-node biopsy at our hospital for right upper-outer quadrant breast cancer. She received radiation therapy through conventional tangential-field irradiation using photons from August to September 2005.

Chest X-ray showed a right-sided pulmonary area of consolidation. CT scan demonstrated dense pneumonic infiltrate with bronchograms in the right mid-lobe. A second CT scan (21 days after the first) (see Figure 1a in the supplementary data on the journal’s website http://www.ageing.oxfordjournals.org) showed patchy consolidation in the right mid-lobe and the appearance of bilateral nodules (diameter 1–2 cm) at the posterior segment of the right upper lobe. The patient underwent lung biopsies via bronchoscopy at the mid- and upper right lobes from the radiographically abnormal area. Histology confirmed the diagnosis of bronchiolitis obliterans organising pneumonia (BOOP).

After oral prednisone there was a dramatic resolution of respiratory symptoms within 1 week, and a CT scan (see Figure 1b in the supplementary data on the journal’s website http://www.ageing.oxfordjournals.org) 3 weeks after initiating steroid therapy, showed resolution of the right area of consolidation.

This case implies that BOOP should always be kept in mind when treating patients who present these types of symptoms following irradiation of the breast [1–3].

Conflicts of interest
None

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Re-infection with primary varicella zoster in older people

Primary chickenpox is rare in older people as there is almost universal seroconversion by early adulthood. Re-infection with chickenpox in the absence of immunosuppression and presence of specific antibodies is even rarer but has been reported [1].

An 82-year-old previously healthy man developed a generalised blistering rash (see Figure 1 in the supplementary data on the journal’s website http://www.ageing.oxfordjournals.org) diagnosed by his GP as pemphigus and treated with prednisolone 60 mg daily. He deteriorated and developed pneumonitis and respiratory failure needing high dependency care. Diagnosis of chickenpox was confirmed by positive varicella zoster PCR. His serology showed positive varicella zoster IgG antibodies with a delayed rise in titres by day 29. He responded well to treatment with aciclovir.

Chickenpox should still be considered in the elderly as misdiagnosis and inappropriate treatment delays diagnosis and increases the risk of complications.

Conflicts of interest
None

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