

Amiodarone Toxicity

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A 75 year –old patient with known chronic atrial fibrillation on treatment with low dose (200 mg/d) amiodarone for 10 years. He developed dyspnea on exertion (NYHA III/IV) and dry cough the last year. Physical examination revealed typical Velcro sounds at the lung bases. Chest radiograph showed diffuse reticular infiltrates mainly in both lung bases (A). High resolution computed tomography showed extensive ground glass shadows (B). Upper abdominal computed tomography showed pigmented liver shadows (high attenuation) consistent with drug deposition (C). Bronchoalveolar lavage showed pigmented macrophages. Most patients diagnosed promptly respond well to the withdrawal of amiodarone and the administration of corticosteroids, which are usually given for four to 12 months. However, there is no safe dose for amiodarone treatment.

A



B



C



REFERENCES

1. Polkey MI, Wilson PO, Rees PJ. Amiodarone pneumonitis: No safe dose. *Respir Med.* 1995;89:233–5.

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