CLINICAL SNAPSHOT

Crazy Paving Pattern

An 81-year-old woman was taken to the hospital because of the suspected diagnosis of community-acquired pneumonia. She had a respiratory rate of 35/min and an O_2 saturation of 68% on room air. She had been taking amiodarone 200 mg/d for two years because of tachycardic atrial fibrillation, and her chest x-ray revealed an unusual opacification, leading us to suspect amiodarone-induced pneumonitis. High-resolution computed tomography of the chest showed the typical so-called crazy paving pattern (alveolar ground-glass opacification with a superimposed irregular reticular pattern). Cytological examination of a bronchial lavage specimen confirmed our working diagnosis (CD8+ lymphocytic alveolitis with foam-cell macrophages and mild alveolar hemorrhagic syndrome).

The most common presentation of amiodarone-induced pneumopathy is interstitial pneumonitis, with an incidence of 1–5%. Risk factors include a daily amiodarone dose above 400 mg, advanced age, treatment for more than 2 months, and a pre-existing pneumopathy. The clinical presentation includes dry cough and dyspnea in 75% of cases, fever and weight loss in 33%. Our patient was treated with methylprednisolone 60 mg/d for two weeks, discontinuation of amiodarone, and empirical antibiotic therapy, and her condition rapidly improved.

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High-resolution computed tomography of the chest reveals coronary reconstruction. Yellow arrow: crazy paving pattern, orange arrow: normal lung tissue, and red star: ground glass opacity (surrounding normal lung parenchyma, "like a sandwich").