IDIOPATHIC PULMONARY HEMOSIDEROSIS IN ADULT: A CASE REPORT

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Abstract

Diffuse pulmonary hemorrhage is a rare but potentially catastrophic event. It manifests radiographically by the rapid development of diffuse bilateral infiltrates, which, although they resemble pulmonary edema. There are over 45 known causes for diffuse pulmonary hemorrhage. Here, we report a case of idiopathic pulmonary hemosiderosis who presented to emergency room complaining of severe dyspnea and cough with blood-tinged sputum for several months. The chest radiography revealed bilateral unevenly distributed alveolar opacities. A computed tomography scan of the chest showed consolidation lesion over bilateral lung parenchymal. Bronchoscopy was performed. Trans-bronchial lung biopsy and bronchial lavage were done. Pathologically, it showed hemorrhage with hemosiderin-laden macrophages deposition. Vasculitis, collagen vascular disorders and immune complex diseases were excluded. The chest radiography improved greatly after 4 days of admission. We should keep a high index of suspicion of the diagnosis and it should be included as a differential diagnosis in the case of diffuse radiographic bilateral infiltrates with a history hemoptysis.

Key words: Idiopathic pulmonary hemosiderosis, Pulmonary hemorrhage, Hemoptysis

Introduction

Bleeding into the lung parenchymal is common in a lot of disorders. A triad of symptoms suggests diffuse pulmonary hemorrhage (DPH); hemoptysis, anemia, and airspace opacities on the chest radiography. Occasionally, the bleeding is covert and hemoptysis is absent. The clinicians always miss the diagnosis. There are over 45 known causes for diffuse pulmonary hemorrhage. The underlying lung parenchymal may be normal, or may show capillaritis, diffuse alveolar damage (DAD), or other miscellaneous abnormalities. Capillaritis is recognized to be the most common histologic finding in patients with DPH. In patients with bone marrow transplantation or DAD, the pathogenesis of DPH is often multifactorial, commonly a mixture of coagulopathy/thrombocytopenia with pulmonary infection. DPH is rarely seen in AIDS. Other associations with DPH include DAD, mitral stenosis, venoocclusive disease, leptospirosis, fat embolism, and hemorrhagic pulmonary edema of renal failure.

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