

A Case of Everolimus-associated Pneumonitis in a Renal Cell Carcinom Patient

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Background: Everolimus is a mammalian target of rapamycin (mTOR) inhibitor with immunosuppressive and antiproliferative effect that is advantageous for the patients with transplantation or malignancy. Interstitial pneumonitis has been reported as an adverse drug reaction of everolimus. We report on a case of interstitial pneumonitis (Grade 3) associated with everolimus in a renal cell carcinoma patient. **Case presentation:** A 73 year-old woman, who had been on everolimus (10 mg once daily) for three months to treat advanced renal cell carcinoma, was hospitalized due to acute pyelonephritis. Everolimus was withheld on the first day, and empirical antibiotic was initiated. During admission, her urinary tract infection resolved, but she developed a persistent fever with progressive dyspnea. Her chest computed tomography showed bilateral ground glass opacities, and diagnosis of pneumonitis was made. Broad-spectrum antimicrobial regimen was started, but her respiratory failure and chest radiographic findings were exacerbated. We suspected interstitial pneumonitis associated with everolimus and employed high dose corticosteroid therapy. She recovered from her pulmonary condition rapidly in response to steroid treatment. **Conclusion:** This is the report that everolimus-associated pneumonitis was observed from the beginning of its development in a hospital setting after its withdrawal. Drug-related pneumonitis should be considered as a cause of pneumonia for a patient with medical history of everolimus, and steroid therapy can be beneficial. **Key words:** everolimus, interstitial pneumonitis, renal cell carcinoma

Ramsay Hunt Syndrome in a Patient Infected with Human Immunodeficiency Virus

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Ramsay Hunt syndrome is a varicella zoster virus (VZV) that involved the facial nerve. This syndrome is caused by reactivation of the VZV in the geniculate ganglion of the sensory branch in face and ears. It is characterized by the symptom of peripheral facial palsy and ear pain, vesicles in the auditory canal and auricle. Although VZV infection may occur more commonly in patients with human immunodeficiency virus (HIV), Ramsay hunt syndrome with HIV infection is rare. We report a first case of Ramsay Hunt syndrome in patients with HIV in Korea. The patient, a 40-years old man, visited the hospital because of sore throat for five days. The patient first presented with odynophagia and earfullness. On admission, he had right facial palsy of peripheral type, hoarseness, dysphagia, tongue movement limitation and right auricle vesicular eruptions. Then, he was diagnosed Ramsay Hunt syndrome. He had positive human immunodeficiency virus antibody and western blot tests. His CD4-positive T cell count was 281/uL. The patient was treated with valaciclovir for 2 weeks and steroid for 7 days with highly active antiretroviral therapy (HAART). His symptoms and facial palsy improved with treatment.