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Erlotinib induced Pneumonitis in Patients with Pancreatic Cancer

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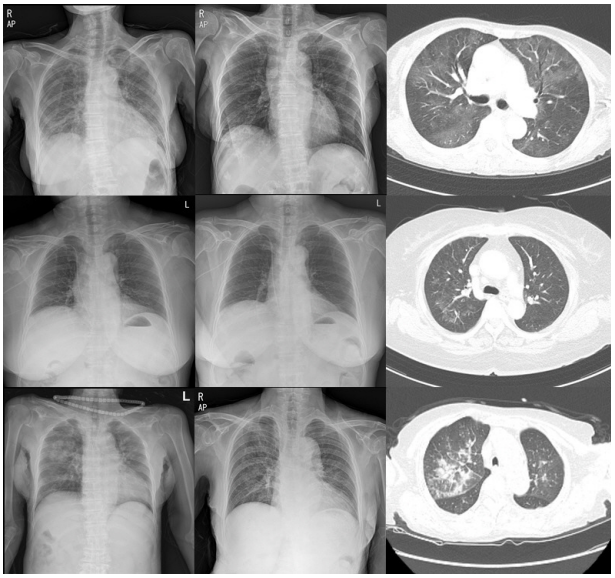
Introduction: Erlotinib (Tarceva®), a kind of epidermal growth factor receptor tyrosine kinase inhibitor, has been approved for advanced pancreatic cancer. It is informed that Erlotinib can induce interstitial lung disease (ILD). Several ILD cases by erlotinib have been noted in non-small cell lung cancer patients, however, only few cases reported in advanced pancreatic cancer, especially in South Korea. Recently, we experienced a series of 3 cases of erlotinib-induced pneumonitis (EIP) in patients with pancreatic cancer and herein, report them. **Case 1:** A 74-year-old female was diagnosed with advanced pancreatic cancer. She underwent 2 cycles of chemotherapy including gemcitabine and erlotinib. After 2 weeks, she complained of dyspnea. Chest x-ray (CXR) and computed tomography (CT) revealed diffuse ground glass opacities (GGO) on both lung fields, which suggesting EIP. Then, she was treated by steroid (intravenous hydrocortisone 120mg for 3 days, followed by oral steroid). The patient's symptom was improved and CXR was normalized. **Case 2:** A 59-year-old female with pancreatic cancer with celiac trunk encasement was treated by 3 cycles of the same chemotherapy. She complained of mild dyspnea 2 weeks later. CXR and CT demonstrated the newly developed GGO patterns in both lower lung fields. Initially, the patient was treated by steroid-containing inhaler and monterukast because she had already taken oral steroid due to secondary adrenal insufficiency. Respiratory symptom was relieved and the follow-up CT showed gradual improvement of ILD. Case 3. A 69-year-old female was diagnosed with pancreatic cancer with duodenal invasion. She underwent a total of 7 cycles of the same chemotherapy. Five days later, she presented with cough. Both lung haziness at the CXR and diffuse GGO patterns at the CT were noted. With intravenous methylprednisolone 30mg for 3 days, it was resolved. **Conclusion:** Erlotinib have played an important role as the chemotherapeutic agent for pancreatic cancer. However, it can cause ILD, which is rare, but fatal. We recommend a high level of alertness regarding EIP if the patient develops sudden dyspnea following chemotherapy including erlotinib.



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Biliary obstruction caused by non-Hodgkin lymphoma involvement: A case report

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Non-Hodgkin's lymphoma is known to be a rare and unusual cause of biliary obstruction. We report a case of biliary obstruction that a 25-year-old male showed icteric sclera and yellow discoloration of his skin caused by metastasis of non-Hodgkin lymphoma. Initial imaging & endoscopic work-up led us to an impression of either cholangiocarcinoma or IgG4-related disease, yet the pathological results weren't diagnostic. Through our thorough re-examination, we found a 5cm sized round, fixed, non-tender sternal mass, and additional imaging studies were suggestive of lymphoma, which was also consistent with the results of incisional chest wall biopsy. Biliary obstruction by lymphoma was successfully treated by endoscopic plastic stent insertion procedure and chemotherapy. Although it is widely accepted that lymphoma accounts for very few portion of malignant biliary obstruction, due to the fact that lymphoma and cholangiocarcinoma are often indistinguishable, careful diagnostic approach should be done.