Mesalazine-Induced Lung Fibrosis
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INTRODUCTION

• 5-aminosalicylates are a group of medications commonly used in Crohn's disease.

• Sulphasalazine is a combination of 5-ASA and sulphapyridine which acts as a carrier. In mesalazine (5-ASA), the specific sulphapyridine-related side effects, especially pulmonary reactions, are avoided.

• However, we present a case of lung fibrosis which was associated with mesalazine in a Crohn's patient.

CASE DESCRIPTION

• An 82 year old male whose Crohn's disease was diagnosed in 1964, was in remission on prednisolone after recent flare-ups.

• He was commenced on Pentasa (mesalazine) while awaiting thiopurine methyltransferase (TPMT) in view of starting azathioprine. Nine days later he was admitted to HDU with dyspnoea and hypoxia, a CXR showed consolidation and pleural effusion and he was treated as for pneumonia.

• The patient continued to deteriorate, a high resolution CT thorax showed ground glass changes consistent with lung fibrosis with no obvious causes from the history or investigations undertaken.

RESULTS

• Medical literature was reviewed, a few cases of mesalazine lung injuries were found, therefore Pentasa was discontinued and the patient was placed on iv methylprednisolone followed by oral steroids.

• As a result we witnessed a significant clinical improvement, the patient went off non-invasive ventilation and was discharged to the ward.

• Clinical findings were supported by a repeat HRCT thorax a few weeks after discharge.

• Inflammatory markers, mainly CRP, had shown significant improvement after discontinuation of mesalazine, as shown in the diagram.

CONCLUSION

• Mesalazine should be considered seriously as a potential cause for lung disease in a Crohn’s patient.

• Currently, mesalazine is considered clinically no more effective than placebo for active Crohn’s disease (AGA & ECCO 2009)