

European Respiratory Society Annual Congress 2013

Abstract Number: 2292

Publication Number: P3807

Abstract Group: 1.5. Diffuse Parenchymal Lung Disease

Keyword 1: Interstitial lung disease **Keyword 2:** Vaccination **Keyword 3:** Bronchoscopy

Title: Influenza vaccine-induced ILD

Dr. Piero 17733 Balbo piero.balbo@libero.it MD ¹, Dr. Filippo 17734 Patrucco filippo_patrucco@hotmail.it MD ¹, Dr. Andrea 17735 Lombi andrea.lombi@gmail.com MD ¹ and Dr. Roberta 17736 Nicali roberta.nicali@gmail.com MD ¹. ¹ Pulmonology Unit, Ospedale Maggiore Della Carità, Novara, Italy, 28100 .

Body: A 83-yr-old male was evaluated for normocapnic respiratory failure, fever and bilateral ground-glass pulmonary opacities on CT. He was affected by Chronic Lymphocytic Leukaemia (CLL) diagnosed in 2011 without any other lung diseases. No new drugs were introduced recently. About 2 weeks before the onset of symptoms hereceived inactivated influenza virus vaccine. Bronchoalveolar lavage (BAL) performed during hospitalization revealed 58% macrophages, 40% lymphocytes and 2% eosinophils. BAL cultures for bacteria, mycobacteria, viruses and fungi were negative. The Transbronchial Lung Biopsy (TBLB) specimens showed lymphocytic interstitial inflammation with mild fibrosis. No aspects compatible with infection or malignancy was noted. Blood cultures and autoimmunity screening panel were negative. Based on these findings we argued the possibility of an interstitial lung disease (ILD) triggered by the vaccine. He started oral prednisone 25 mg/day with marked improvement of symptoms and gas exchanges. The steroid was tapered over 1 month with normalization of clinical and radiological features. Influenza vaccine-induced ILD is a rare complication. A recent review reveals that there isn't a prevalence for gender, type of vaccine administered, time of onset of symptoms (Watanabe S. Eur Respir J 2013;41(2):474-7). CT scans revealed bilateral ground-glass opacities and/or patchy infiltration; interstitial and alveolar lymphocytic infiltration were demonstrated by BAL and TBLB. Definitive conclusions to explain the ILD tissue damage can't be drawn due to the small number of cases (Matsuno O. Respir Res 2012;13:39). There isn't an univocal diagnostic approach but we suggest to consider this condition excluding other potential causes after BAL and/or TBLB.