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Title: Outcome of acute drug-induced pneumonias in ICU

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Body: Background: Limited data are available on the outcome of patients with acute respiratory failure due to drug-induced pneumonia (DIP). We aimed at assessing the clinical and BAL characteristics and the outcome of patients with DIP admitted in ICU. Methods: Retrospective analysis of medical records of all patients with an acute DIP admitted in our ICU between 2002 and 2012. Results: Sixteen subjects were included. The majority (56%) were males; medium age : 63 [56-75] years. The responsible drugs were mainly amiodarone (n=5) and cytotoxic ones (n=4). At admission in ICU, APACHE II and SAPS II median scores were 33 [23-41] and 17 [14-20], respectively. The PaO₂/FiO₂ ratio was 128 [92-151]. The predominant CT scan pattern was ground glass opacities in all cases with an additional honeycombing in 2, occasional reticulations and/or condensations in others. BAL showed 20 [6-50] % lymphocytes, 19 [3-38] % PMN and 2 [0-7] % PE. All infectious searches remained negative. Ten subjects (62%) required mechanical ventilation, whether invasive (n=8) or not (n=2). The overall mortality rate in ICU was 25% reaching 50% in intubated patients. Eleven subjects (69%) had a dramatic response to corticosteroids while 1 recovered after drug withdrawal only. Conclusion: The prognosis of DIP-associated acute respiratory failure is severe particularly in subjects requiring ventilation. It is nevertheless largely better than that of pulmonary fibrosis acute exacerbation for which DIP is sometimes mistaken due to a comparable CT scan pattern. This highlights the importance of distinguishing these entities. Type of alveolitis and history of drug intake are crucial for a proper diagnosis and management of acute DIP based upon drug withdrawal and steroids.