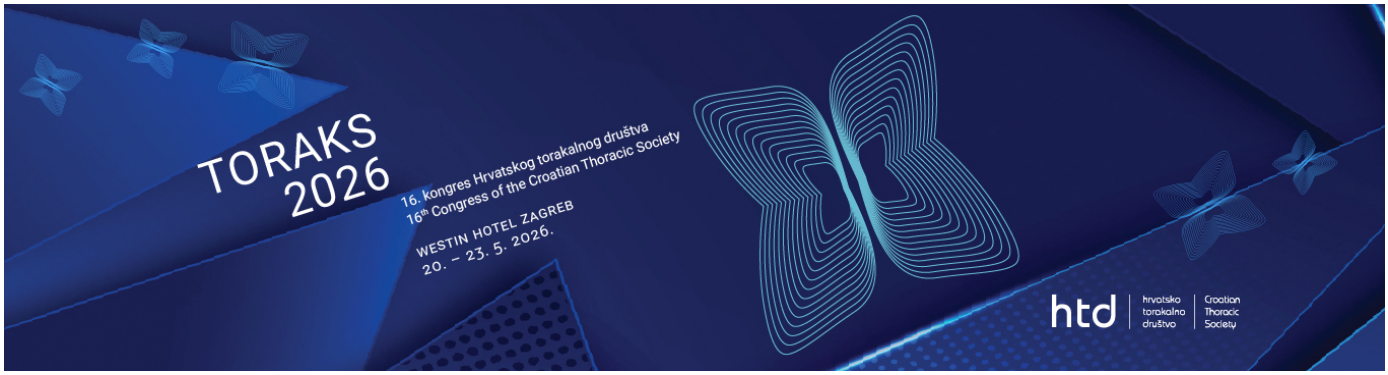


ATYPICAL RADIOLOGIC PRESENTATION AS A REACTION TO A DRUG

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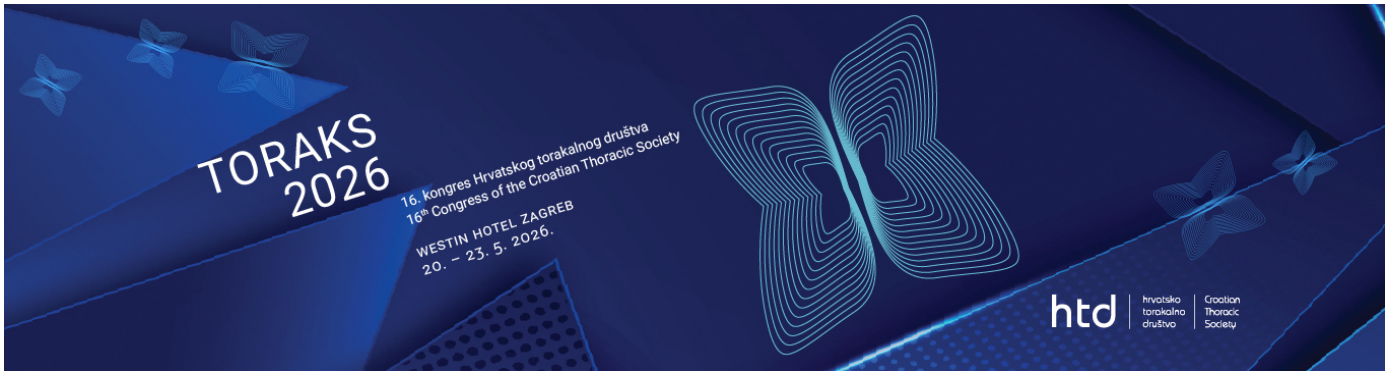
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Objective:

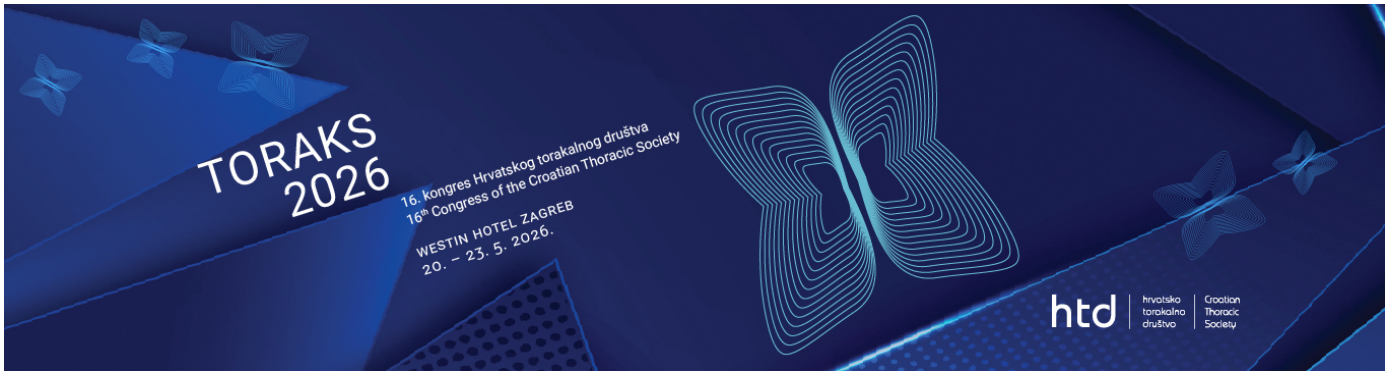
Introduction: Nitrofurantoin is used to treat acute and to prevent recurrent lower urinary tract infections in patients with predisposing risk factors. Nitrofurantoin can cause a toxic reaction in the lungs, either acute or chronic, with various radiomorphological presentations.

Case report: A 42-year-old female patient was evaluated several times in the emergency department over three months for persistent cough, that worsened with exertion, and low-grade fever. She also



reported sed appetite, and a weight loss over two months. Radiologically, there were bilateral areas of consolidation in lower lung fields. Due to the radiology finding, antibiotic treatment was started, initially azithromycin was administered and later levofloxacin, which resulted a brief regression of symptoms. After a few days she started to cough again. She had no significant past illnesses aside from recurrent urinary tract infections, for which nitrofurantoin was started two months prior to the onset of respiratory symptoms. Laboratory tests showed mild microcytic anemia; other results were within normal limits. Chest CT demonstrated thickened interlobular septa in all lobes with peripheral ground-glass infiltrates; random ill-defined solid and subsolid nodules were present, along with two nodular lesions in the right upper lobe, raising suspicion for lymphangitic spread. Discontinuation of nitrofurantoin was recommended, and invasive workup was considered given the CT findings. After stopping nitrofurantoin, the cough and dyspnea regressed and invasive procedures were abandoned. A follow-up chest CT showed near-complete regression of the previously described pulmonary parenchymal changes, with stable nodular lesions in the right upper lobe. Considering the clinical course and radiologic dynamics, specifically improvement after cessation of nitrofurantoin, the patient’s presentation was most consistent with drug-induced pneumonitis.

Conclusion: Nitrofurantoin can cause a wide spectrum of pulmonary changes; in our patient the differential diagnosis included lymphangitic involvement. When drug-induced pneumonitis is suspected, the temporal relationship between symptom onset and drug exposure is crucial for differential diagnosis and planning further workup.


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