our institute. Five cases developed pulmonary complications. Four of five cases involved pleuritis and one was eosinophilic pneumonia. All cases were treated with prednisolone with or without immuno-suppressive drugs. There were no previous cases of interstitial pneumonia.

Corbett et al. (6) reported a case of chronic persistent interstitial pneumonia in 1983. Van Hoeyweghen et al. (7) described a case showing basal lobe infiltrates. Lung biopsy showed patchy interstitial fibrosis and chronic inflammation. Pouchot et al. (8) reported one patient who developed a pleural effusion, pericarditis, and interstitial pneumonia, which into an acute respiratory distress syndrome and required mechanical ventilation. Stoica et al. (9) also reported a case of ASOD that was associated with severe respiratory failure.

KL-6 is a high-molecular-weight glycoprotein and is classified as “Cluster 9 (MUC1)” (10). KL-6 is a chemotactic factor for most fibroblasts and the increased level of KL-6 in epithelial lining fluid in small airways may cause intra-alveolar fibrosis in fibrosing lung diseases. Circulating KL-6 has been shown to be a sensitive marker indicating lung diseases. KL-6 is a high-molecular-weight glycoprotein involved in interstitial fibrosis may cause intra-alveolar fibrosis in fibrosing lung diseases. Circulating KL-6 has been shown to be a sensitive marker indicating lung diseases.

Maternal and fetal outcome of pamidronate treatment before conception: a case report

Sirs,

Idiopathic hyperphosphatasia is a genetic bone disorder and is accompanied by very high bone turnover and progressive bone deformity (1). Pamidronate therapy appears to be promising for patients with idiopathic hyperphosphatasia. Bisphosphonates have been shown to cross the placenta in humans (2). Animal studies have shown that this drug during pregnancy can result in shortening of diaphyseal bone, increased diaphyseal trabecular volume, and a reduction in bone marrow volume in the fetus (2). In view of these observations, the use of bisphosphonates during pregnancy is not recommended. We present a case of a woman with hereditary hyperphosphatasia who had received pamidronate before conception. A 30-year-old woman with idiopathic hyperphosphatasia had been treated with cyclical intravenous pamidronate for 42 months in order to prevent the development of skeletal deformity and disability. Pamidronate was given at a dose of 1 mg/kg on three consecutive days every four months, total cumulative pamidronate dose of 9 mg/kg/year.

The woman conceived one month after the last cycle. No further pamidronate was given during pregnancy. The patient received daily doses of 1000 mg elemental calcium and no vitamin D. All prenatal exams were normal. After 36 weeks of gestation, premature membrane rupture occurred and a female infant was born, with Apgar scores 8/9 and birth weight was 3130 g. The maternal serum ionized calcium, phosphate and PTH concentrations (1.08 mM, 1.39 mM, and 4.6 pM, respectively) were decreased after preconceptional disease activity of interstitial pneumonia. C-reactive protein were decreased showing disease activity of interstitial pneumonia. Circulating KL-6 has been shown to be a sensitive marker indicating lung diseases. Lung biopsy showed patchy interstitial fibrosis and chronic inflammation. Pouchot et al. (8) reported one patient who developed a pleural effusion, pericarditis, and interstitial pneumonia, which into an acute respiratory distress syndrome and required mechanical ventilation. Stoica et al. (9) also reported a case of ASOD that was associated with severe respiratory failure. KL-6 is a high-molecular-weight glycoprotein and is classified as “Cluster 9 (MUC1)” (10). KL-6 is a chemotactic factor for most fibroblasts and the increased level of KL-6 in epithelial lining fluid in small airways may cause intra-alveolar fibrosis in fibrosing lung diseases. Circulating KL-6 has been shown to be a sensitive marker indicating lung diseases.

References

Early onset neutropenia after rituximab in lupus nephritis

Sirs.

Rituximab is a mouse/human chimaeric IgG1-k monoclonal antibody that targets the CD20 antigen found on B-lymphocytes. It may be an effective treatment for patients with systemic lupus erythematosus (SLE) (1, 2). In this report we describe a case of early onset neutropenia after rituximab therapy in SLE.

A 48-year-old Caucasian woman was diagnosed, ten years ago, as having SLE and diffuse proliferative glomerulonephritis (class IV) with nephrotic syndrome. Remission of the nephropathy was achieved with steroids and cyclophosphamide. New onset polyarthritides appeared three months before her current admission. On physical examination the blood pressure was 160/100 mm Hg and mouth ulcers were rare in patients with SLE treated with rituximab (2, 7). However, recently two cases of early-onset neutropenia associated with rituximab for SLE have been reported (8).

In our patient, there was a close temporal correlation between drug exposure and the early-onset neutropenia. After the first dose of rituximab, we observed a mild decrease in white blood cell count and neutrophil values. On re-exposure, the patient developed a severe neutropenia. The early-onset of the adverse reaction would suggest an immune mediated mechanism (9). Afterwards, she presented fever; apparently the infection was secondary to neutropenia but the reverse cannot be ruled out. This case report illustrates the necessity to carry out a close monitoring of neutrophil count during rituximab therapy.

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