

Images in Clinical Oncology

Pulmonary Fibrosis Occurring as a Sequel to Mediastinal Irradiation in Hodgkin's Lymphoma.

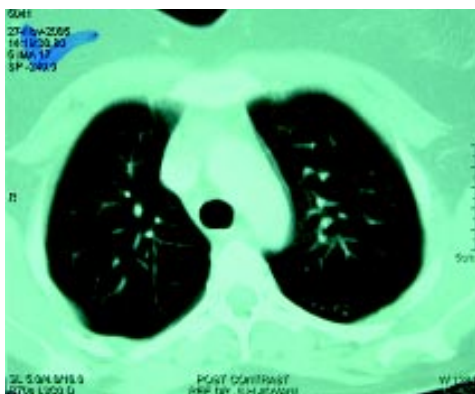


Fig 1. Pre-radiotherapy CECT chest showing no pulmonary lesions.



Fig 2. CECT chest 3 months after mediastinal irradiation showing bilaterally symmetrical pulmonary interstitial opacities.



Fig 3. Chest X-ray PA view showing bilateral pulmonary fibrosis

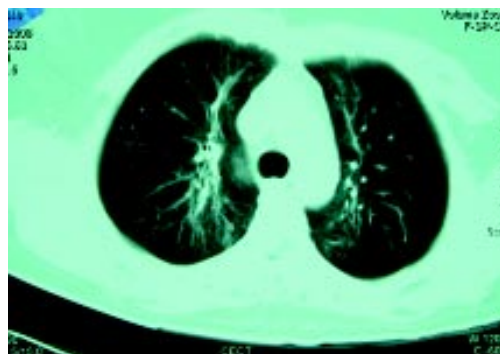


Fig 4. CECT chest 12 months after mediastinal irradiation showing reduction in opacities.

A 27-year-old housewife from West Bengal was seen at our institute in Feb 2008. She was diagnosed to have Hodgkin's Lymphoma stage IIA nodular sclerosis type 2 in December 2005 and had received 6 cycles of ABVD followed by 3 cycles of MINE and 3 cycles of DHAP from January 06 till November 06 following which she achieved complete response [Fig.1]. She subsequently received radiotherapy to both sides of the neck and mediastinum from December 06 to January 07. Computed tomography of the chest done in April 07 showed bilaterally symmetrical linear paramediastinal lung interstitial opacities conforming to the RT port site [Fig. 2]. CXR done in November 07 showed bilaterally symmetrical pulmonary fibrosis (Fig 3) CECT of the chest done in February 08 revealed that interstitial opacities present in the apices of both lungs and the apical segment of the right lower lobe had reduced in size and stabilized [Fig. 4].

Acute radiation pneumonitis occurs 6 to 12 weeks following radiotherapy to the mediastinum. The patients present with non-productive cough, fever and dyspnea, and may have leucocytosis and lung infiltrates. The condition generally responds rapidly to glucocorticoids. Glucocorticoids given prophylactically are of no proven value. It is more common to observe only the radiologic changes without any clinical symptoms as was the case in our patient. Pulmonary fibrosis is a late sequel resulting from a diffuse scarring process and does not respond to glucocorticoids.

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