“Aseptic Pneumonitis”

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Key words: aseptic pneumonitis, crossover phenomenon

(Inter Med 48: 1115-1116, 2009)

(DOI: 10.2169/internalmedicine.48.2258)

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Received for publication March 12, 2009; Accepted for publication March 17, 2009

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Picture 1.

Pattern I

Lungs
Invasion of microbes such as bacteria, virus, fungus and so on
Accomplished infection in the focus
Immune network as a protective system for a living being
Activated immune system
Some type of dysfunction of the immune network
Expanding inflammation in the focus tissue including adjacent organs
Senile pneumonia, fulmenal hepatitis, acute pancreatitis, multiple organ failure (systemic inflammatory response syndrome)

Picture 2.

Pattern II

Immunization in the focus tissue
Antimicrobial treatment or others
Improvement of pneumonia
A 94-year-old man had caught a cold with ordinary coughing for the previous two weeks. One week before his admission, the patient visited a respiratory specialist and had a chest X-ray. The patient was diagnosed to have acute pneumonia, and he was treated with an infusion of cefepime (2 g/day) for six days without any improvement (Picture 1A). This patient was then brought to our clinic and he received β-methasone 8 mg (Rinderon 2 mg×4), immunoglobulin 10,000 mg (Merieux VG 2,500 mg×4). After this treatment, 34 hours later, his symptoms and chest x-ray findings were dramatically improved (Picture 1B).

The typical infectious course, for example in a case of pneumonia is depicted as follows (Picture 2, Pattern I); i) invasion of microbes in lungs, ii) accomplished infection in the focus, iii) inflammation in the focus tissue, iv) antimicrobial treatment or others, and v) improvement of pneumonia.

In contrast, the immune network as a protective system works at the same time as follows (Picture 2, Pattern II); i) activated immune system, ii) inflammation in the focus tissue, iii) some type of dysfunction of the immune network, iv) expanding inflammation in the focus including adjacent organs, and v) senile pneumonia, fulminant hepatitis, acute pancreatitis, and multiple organ failure (systemic inflammatory response syndrome).

If an infectious course is deviated to pattern II from pattern I at the midway, no antimicrobial treatment will be helpful. Immune system malfunction must be the prime culprit, rather than the microbe itself. This type of pneumonia in infectious incidence should be termed the “Crossover phenomenon” and senile pneumonia with this “Crossover phenomenon” after eliminating pathogens should be termed “Aseptic pneumonitis”.

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