**LUNG INFILTRATES IN A PATIENT ON BORTEZOMIB - NOT ALWAYS PNEUMONIA**

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**Introduction**: Bortezomib is a proteasome inhibitor often used in the treatment of multiple myeloma. Pulmonary toxicities from bortezomib including acute lung injury, pneumonitis and pulmonary edema have been rarely reported in the literature. We report a case of hypoxic respiratory failure as a complication of bortezomib therapy in a patient with multiple myeloma.

**Case**: A 64-year-old male with history of multiple myeloma (recently started on lenalidomide, bortezomib and dexamethasone) presented with one-day onset of shortness of breath. Patient received chemotherapy with bortezomib and dexamethosone two days prior to admission. On examination, patient was afebrile, tachypneic and had lung crackles. A chest x-ray showed bilateral patchy airfield opacities. Of note, patient had a similar admission after getting chemotherapy recently. During that admission, patient was intubated for hypoxic respiratory failure and extensive workup for infection including a bronchoscopy came back negative. During that admission, patient’s hypoxia and infiltrates started improving in 48 hours with gentle diuresis. An echocardiogram had shown normal systolic function and grade one diastolic dysfunction. This time again, patient had similar course with hypoxemia initially requiring high flow nasal cannula, followed by spontaneous improvement in oxygenation and infiltrates in less than two days. A repeat echocardiogram was performed and was essentially unchanged.

**Discussion**: Given temporal association of hypoxia and pulmonary edema to bortezomib therapy and sudden onset and rapid reversal in less than two days during two separate admissions with negative infectious workup, it is likely that patient’s symptoms and signs were related to drug toxicity; either a flash pulmonary edema following the chemotherapy on a baseline of mild diastolic dysfunction or an acute lung injury with possible pneumonitis that resolved spontaneously. It is important to consider this possible drug toxicity in patients undergoing bortezomib therapy who present with rapid onset hypoxia and lung infiltrates around 48 hours after receiving the medication and usually resolves in similar timeframe with supportive management.