

Hypersensitivity pneumonitis by sulphasalazine

Dear Sir,

We have had a patient with ulcerative colitis treated with sulphasalazine who developed secondary hypersensitivity pneumonitis (HP). The majority of toxic symptoms considered to be caused by this drug are related to a high seric concentration of the total sulphapyridine (4). Despite the high incidence of adverse effects, respiratory complications are uncommon. Hypersensitivity pulmonary reactions due to sulphasalazine were first described by Jones & Malone in 1972 (1). Only 12 well-documented cases of pulmonary injury due to sulphasalazine treatment have been reported (2, 5). Among them, HP is the most frequent pulmonary damage induced by this drug. To our knowledge, in the English literature, eight cases have been reported so far (5).

The prognosis of these HP is good, with complete recovery once the sulphasalazine is withdrawn.

At present the pathogenesis of these pulmonary complications is not fully understood. However, they appear to be immunologically induced, with an IgE-mediated allergic reaction (Type I) or an immune complex formation reaction (Type III) of Arthus (3). Thomas (4), who investigated different aspects of cellular and humoral mediators of immunity in a patient, obtained no definitive results but suggested an autoimmune mechanism.

Hypersensitivity or allergy to sulphasalazine, although unusual, must be suspected in patients with acute pulmonary inflammation who have been treated with this drug. Sulphasalazine should be used with caution when there is a history of known allergic response to aspirin or sulfonamides.

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