



Letter to the Editor

Pneumonitis due to an herbal medicine, Otsu-ji-to

We report a successfully treated case with interstitial pneumonitis due to Otsu-ji-to. Otsu-ji-to contains Ou-gon, an extract of *Scutellaria* roots, which is called scullcap in western countries. In Western traditional herbal medicine, scullcap is also utilized for convulsions, hysteria, nervous tension, and epilepsy.

A 53-year-old man was admitted for diffuse ground-glass opacity in both lungs noted on a chest X-ray. He had had hemorrhoid 1 month previously, which was successfully treated with surgery. In his post-operative course, he had Otsu-ji-to 7.5 g/day orally. Two weeks after the initiation of the drug, he developed shortness of breath, and was dyspneic at rest. Chest CT showed bilateral diffuse ground-glass opacities in both lungs, but honeycombing and traction bronchiectasis were not observed on it. There was no finding of heart failure or an evidence of pulmonary embolism. The radiological features seemed compatible with acute interstitial pneumonitis. An echocardiogram was normal. Laboratory data showed WBC 10,500/mm³, LDH 357 U/L, C-reactive protein 9.46 mg/dl. There was no elevation of antibody titers of *Mycobacterium*, *Legionella pneumophila*, and *Chlamydia psittaci*. Antibiotic treatment was initiated with ciprofloxacin on admission, however, his respiratory status rapidly deteriorated. Suspecting Otsu-ji-to-induced pneumonitis, it was discontinued and the patient was treated with methylprednisolone (500 mg/day) for 3 days. A lung biopsy was planned but the patient's respiratory condition improved

soon after steroids, so the procedure was not performed. On the 21 day of hospitalization, chest CT showed disappearance of diffuse ground-glass opacities in both lungs. Steroid was gradually tapered.

It is well known that Otsu-ji-to can have pulmonary toxicity; however, cases of interstitial pneumonitis that successfully treated were scarcely reported in English literature [1,2]. Regardless of the mechanism, however, physicians treating patients with such herbal medicine should be alert to the possibility of interstitial pneumonitis during the therapy.

References

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- [2] Sakamoto O, Ichikado K, Kohrogi H, Suga M. Clinical and CT characteristics of Chinese medicine-induced acute respiratory distress syndrome. *Respirology* 2003;8:344–50.

Daigo Hiraya
Katsunori Kagohashi
Hiroaki Satoh*

Department of Internal Medicine, Mito Medical Center,
University of Tsukuba, Mito, Ibaraki, 310-0015, Japan

*Corresponding author. Tel.: +81 29 231 2371;
fax: +81 29 221 5137.

E-mail address: hirosato@md.tsukuba.ac.jp (H. Satoh).

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