# INTERSTITIAL PNEUMONITIS

## Clinical presentation:

→ Develops 1 to 51 months after initiation of sirolimus therapy.[1]

→ Appears as bilateral patchy or diffuse alveolo-interstitial infiltrates with a predilection for the lower lobes.[1][2]

→ Infection, parasites, autoimmune diseases and other pulmonary diseases should be ruled out. Infection biomarkers such as procalcitonin can help discriminate between infectious and noninfectious diseases.[3][4][5]

## Management:

| Grade 1 | Grade 2 | Grade 3 |
|---|---|---|
| Asymptomatic | Symptoms not interfering with daily activities, oxygen support not required. | Symptoms interfere with daily activities and/or oxygen support required. |
| Close monitoring with radiographic and pulmonary function assessment every 4-8 weeks.[6] | → Sirolimus dose reduction<br>→ Corticosteroids (e.g. Prednisone 1 mg/kg)<br>→ Antibiotics<br>→ Discontinuation may be considered.[3][6][7] | |

→ Clinical improvement is often rapid after sirolimus discontinuation; complete radiographic resolution is frequently observed within 2 to 4 months.[4]

→ Conversion of sirolimus to everolimus was found to resolve the problem in some cases.[8][9][10]


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