

Steroids and dose interruption in Dasatinib associated Pleural effusions

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Introduction: Dasatinib is an orally available chemotherapeutic tyrosine Kinase inhibitor approved for CML found to be recognized for rare occurrence of a drug induced immune reaction causing pleural effusions. Early identification and treatment is important and different management techniques such as dose interruption, complete discontinuation and short term steroid managements have been used although need to be more thoroughly studied.

Methods: 74 year old male with PMH CML on dasatinib admitted for 5 month history grade 3 pleural effusions and worsening dyspnea. His treatment of CML with Dasatinib was changed approximately 10 months prior admission from imatinib to dasatinib and over the preceding 5 months has developed new symptomatic recurrent pleural effusions. The PE was consistent with crackles bibasilar lower lobes consistent with pleural effusions without JVD or edema. CXR revealed Bilateral pleural effusion Right > Left requiring his third thoracentesis inpatient within 3 months.

Results: Pleural Fluid analysis revealed exudative lymphocyte predominant 70 monocyte 30, ADA 7.5. Hospital course

without overt signs of infection afebrile, absent WBC. CXR revealed Bilateral Pleural effusions Right> Left . Quantiferon negative. Echo preserved EF. Therefore, obvious causes of pleural effusion ruled out. Suspicion for drug induced immune reaction was considered given the relationship with recently initiating dasatinib. Management entailed dose interruption and a short 1 week of course of low dose steroids on discharge. Repeat CXR 2 weeks later revealed improved bilateral pleural effusions with 85 % clinical improvement reported by the patient.

Conclusion: Dasatinib associated pleural effusions treated with short term steroids and dose interruption provides alleviation of clinical symptoms and improvement in radiologic findings in short term management.

Speaker Biography

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