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[Alveolo-interstitial pneumonia due to Temozolamide.]

[Article in French]

[Guilleminault L](#), [Carré P](#), [De Luca K](#), [Beau Salinas F](#), [Autret-Leca E](#), [Narciso B](#), [Diot P](#).

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Introduction Temozolomide is an alkylating agent approved for treatment of glioblastoma in association with radiotherapy. **Case report** We report the case of a 56 year old woman presenting with alveolo-interstitial pneumonia after treatment with Temozolomide. Initially she received induction treatment with Temozolomide and concomitant radiotherapy for bifocal high grade glioblastoma. A month later she received, as scheduled, the first course of Temozolomide maintenance chemotherapy. Grade II dyspnoea developed a few days later. High resolution computed tomography showed alveolo-interstitial opacities with basal predominance, associated with alveolar nodules. Broncho-alveolar lavage showed a lymphocytosis. No bacteria were isolated from microbiological samples. A final diagnosis of drug-induced pneumonia was based on the time sequence and absence of other causes. **Conclusion** There is little literature concerning the pulmonary toxicity of Temozolomide. However, our case report of drug-induced pneumonia and similar observations in the databases of regional pharmacovigilance centres suggest that this side effect should be included in the summary of product characteristics.

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