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Acute Eosinophilic Pneumonia Secondary to Daptomycin

Austin Makadia, Abdul Rahman Al Armashi, Elenora Demyda, Francisco Somoza Kanchi Patel, Lara Zakarna, Massiel Cruz Peralta, Basel Altaqi, Keyvan Ravakhah
St. Vincent Charity Medical Center, Internal Medicine Department, Cleveland, OH

Introduction:

Daptomycin is an antibiotic with activity against gram-positive bacteria. The most common adverse effects include bleeding, blistering, burning, coldness, skin discoloration, and hives. Acute eosinophilic pneumonia (AEP) is a rare potential side effect.

Case presentation:

A 79-year-old male with a past medical history of chronic left knee prosthesis infection and chronic kidney disease presented to the hospital after two days of subjective fever and weakness. He denied associated symptoms or previous pulmonary diseases. He recently underwent multiple left knee revisions and received several antibiotics regimens, but developed severe allergic reactions to them. Eleven days prior to presentation, he was started on ertapenem and daptomycin. Physical exam showed stable vitals, bilateral wheezing, reassuring Hickman catheter, and a draining tract with serosanguinous fluid on his left knee. Laboratory work demonstrated moderate anemia, normal white blood cells with bandemia, and elevated inflammatory markers. Chest X-ray illustrated new diffuse interstitial opacities. On day two, the patient had worsened shortness of breath with desaturation, tachycardia, persistent fever, and a new reticulo-papular rash on exam. Repeat labs indicated new eosinophilia. A chest computed tomography scan showed peripherally diffuse reticulonodular and ground-glass opacities with nodularities. Daptomycin-induced AEP was suspected and daptomycin was discontinued. Using the Naranjo scale for medication adverse effects, our patient scored 6 points, making the diagnosis probable. Methylprednisolone with breathing treatments were given with substantial improvement. Repeat imaging one month later showed resolution.

Conclusion:

Our case illustrates that AEP remains an underknown adverse reaction of daptomycin and early recognition can prevent serious complications.

