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Completely disappearance of opacity of pulmonary cryptococcosis with salazosulfapyridine for rheumatoid arthritis

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To the Editor,

A 68-year-old never-smoking woman was referred to our division with a chief complaint of fever and cough that had developed about 2 weeks ago. The patient was diagnosed as having rheumatoid arthritis 5 years ago. Salazosulfapyridine treatment had been started 3 months before this reference. Chest radiograph showed an infiltrative opacity in the lower left lobe (Figure 1-A). As clinical improvement was not achieved with antibacterial antibiotics, pathological and bacteriological specimens were obtained by bronchoscopy. The lesion was diagnosed as pulmonary cryptococcosis. The patient received an intravenous fosfluconazole for 2 weeks, and then had an oral fluconazole. As symptoms improved and the opacity of the left lower lobe on chest radiograph gradually diminished, the patient was discharged and continued to receive the oral antifungal treatment. For unknown reasons, rheumatoid arthritis also improved. Therefore, salazosulfapyridine was terminated. As a chest radiograph taken at 18 months after initiation of fluconazole showed further shrinkage of the opacity (Figure 1-B), administration of fluconazole was terminated. Chest radiograph taken 27 months after the termination of salazosulfapyridine treatment and that of 13 months after oral antifungal treatment showed a complete disappearance of opacity of the left lower lobe of the lung (Figure 1-C). The patient is in good health and is fine with no recurrence of rheumatism or pulmonary cryptococcosis.

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Figure 1. Chest radiograph taken at the time of diagnosis showed opacity in left lower lobe of the lung **A**, that taken at 18 months after initiation of fluconazole showed further shrinkage of the opacity **B**, and that taken 27 months after the termination of salazosulfapyridine treatment and that of 13 months after oral antifungal treatment showed a complete disappearance of opacity **C**.

Pulmonary cryptococcosis is a disease that often occurs in immunocompromised hosts (1), although it could occur in some immunocompetent patients (2). Pulmonary cryptococcosis is a disease that may be accompanied by its meningitis and requires attention. Pulmonary cryptococcosis has been reported to occur under prednisolone and methotrexate treatment (3,4). To our best knowledge, however, development and improvement of pulmonary cryptococcosis in rheumatoid arthritis patient treated with salazosulfapyridine have not been reported. It is known that patients with rheumatoid arthritis who had required methotrexate treatment try good control and discontinued of treatment, but the discontinuation was very uncommon (5). In addition, it was also rare to follow the course of pulmonary cryptococcosis until the disappearance of the opacity. Although it was a condition that the salazosulfapyridine administration was terminated, the course of this patient was shown to be able to reach the disappearance of the opacity by appropriate treatment. Although it is rare, treatment course in our

patient might provide somewhat suggestions for treatment of patients who have a similar clinical course in the future.

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