Reviewer’s report

Title: Pulmonary fibrosis associated with antipsychotic drug therapy: a case report

Version: 2 Date: 18 January 2009

Reviewer: Amy Olson

Which of the following following best describes what type of case report this is?: Unreported or unusual side effects or adverse interactions involving medications

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: Yes

Comments to authors:

In their manuscript, entitled, “Pulmonary fibrosis associated with antipsychotic drug therapy: a case report,” Maher and colleagues describe a case of 33 year old male smoker treated with sertraline and risperidone for schizophrenia who developed respiratory failure after six months of pulmonary symptoms. High resolution computed tomography (HRCT) of the chest revealed marked reticular changes with a lower lobe predominance and diffuse ground glass attenuation with areas of consolidation. Histopathology revealed a pattern of fibrotic non-specific interstitial pneumonia with concurrent eosinophilic infiltration and foci of organizing pneumonia. After withdrawal of the anti-depressant and anti-psychotic medications and the initiation of intravenous methylprednisolone and cyclophosphamide, his acute respiratory failure resolved as did the
consolidation and ground glass infiltrates. Over three years, while being treated with prednisone and azathioprine, the reticular changes remain although the authors state that subject is stable.

Drug-induced lung disease is difficult to prove as it is unethical to re-challenge patients to drugs that may induce either life-threatening or irreversible damage. However, in this case report, the authors have nicely discussed how sertraline is most likely responsible for lung disease in this subject.

I have a few minor questions/comments:

1.) On page 4, in the last paragraph of the case presentation, the authors state that three years from the diagnosis the patient is clinically stable. Is there any objective evidence (pulmonary function tests, etc.) of stability other than HRCT?
2.) I consider sertraline an antidepressant, rather than an antipsychotic. I agree sertraline is the most likely agent although the patient was on risperidone and the possibly of risperidone-induced lung disease can not be ruled out, but the title seems to be implying risperidone as the etiology.
3.) On page 2, in the first paragraph of the introduction, the authors state that in many cases of drug induced lung disease the progression of fibrosis can be reversed by withdrawal of the causative agent. Do the authors mean to imply the fibrosis can be reversed, or instead the progression can be halted? (Ref1)
4.) How long was the patient treated with prednisone and azathioprine? Is the patient still on therapy?
5.) On page 5, 13 lines from the top, ‘down’ – should be ‘due.’
6.) On page 5, 10 lines from the top, the authors state that eosinophilia is a common finding in drug-induced fibrosis. Do they mean to state drug-induced lung disease?
7.) I assume no imaging studies or other measure of lung function were available prior the start of these medications.

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.