A 53 year old woman was admitted to the hospital for fever and lung infiltrates. Her past history was unremarkable. Before hospitalization, she was treated with ceftriaxone and roxithromycin for suspected pneumonia. The first X-rays demonstrated diffuse infiltrates in both lung bases. She was admitted because of fever and aggravation of her pneumonia. The physical examination was interpreted as normal except for room air saturation of 95% and rales auscultated on bilateral lung bases. Laboratory data revealed the following: erythrocyte sedimentation rate 100 mm/hour, leukocytosis 17,800 cells/L with a left shift, hemoglobin 9.8 g/dl and thrombocytosis 645,000 cells/L. Raised liver enzymes with aspartate aminotransferase 71 IU/L, alanine aminotransferase 81 IU/L, alkaline phosphatase 312 IU/L, and low albumin level of 3.2 g/dl were recorded. The patient was treated with different antibiotic regimes without improvement for 14 days. Radiography and chest computerized tomography demonstrated worsening of the lung infiltrates (Figure 1 A and B). Repeated blood tests revealed hemoglobin of 7.8 g/dl, albumin 2.7 g/dl, globulins 3.7 g/dl, alkaline phosphatase 577 IU/L, aspartate aminotransferase 125 IU/L, and alanine aminotransferase 156 IU/L. Her fever continued to be around 39°C. Bronchoalveolar lavage did not demonstrate bacteria or inflammation. Closed endoscopic biopsy of the lung revealed organizing inflammation.
showing both intra-alveolar and intra-broncholar foci of organization compatible with a pattern of bronchiolitis obliterans organizing pneumonia (Figure 2). Prednisone treatment (60 mg qd) was initiated with rapid improvement. The patient is presently on a regimen with tapering of steroids (decrease of 10 mg/month). The lung infiltrates have almost completely disappeared (Figure 1 C).

BOOP was described in 1985 as a distinct entity, with different clinical, radiographic and prognostic features than seen in the airway disorder obliterative bronchiolitis [1]. BOOP is an inflammatory lung disease characterized by polyploid, endobronchial connective tissue masses. These masses consist of myxoid fibroplastic tissue resembling granulation tissue filling the lumens of terminal and respiratory bronchioles and extending in a continuous fashion into alveolar ducts and alveoli, representing an organizing pneumonia [2]. The typical chest radiograph shows bilateral patchy (alveolar) infiltrates. Lung biopsy continues to be the preferred method for establishing a diagnosis. Prednisone is recommended as a first-line treatment for patients with symptomatic and progressive disease.

The dosage is generally 1 mg/kg for 1 to 3 months, then 40 mg/day for 3 months, then 10-20 mg/day or every other day for a total period of 1 year. A shorter 6 month course may be sufficient in certain situations. Total and permanent recovery is seen in most patients and is dependent on the cause or associated systemic disorders.

BOOP might recur in one-third of patients treated for less than 1 year. It can be successfully treated a second and third time with the previously responsive dosage level of prednisone [3].

References

Correspondence: Dr. G. Zandmann-Goddard, Dept. of Medicine B, Sheba Medical Center, Tel Hashomer 52621, Israel. Phone: (972-3) 530-2652. Fax: (972-3) 535-2855. Email: shoenfel@post.tau.ac.il

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**Capsule**

**Could an aspirin a day help keep prostate cancer away? Possibly**

As part of a larger study that monitored lower urinary tract symptoms in 2,115 men 40-79 years old, a Mayo Clinic study suggests that regular use of aspirin, ibuprofen and other non-steroidal anti-inflammatory drugs (NSAIDs) may help protect against prostate cancer, the second leading cause of cancer death among men in the United States. The study found that men aged 60 and older who used NSAIDs daily reduced their risk of prostate cancer by as much as 60%, and that the beneficial effect may increase with age. The 1,362 Caucasian men in this study were followed for an average of 5.5 years. Of the 569 men who reported using NSAIDs daily, 23 developed prostate cancer compared with 68 of 793 men who did not use NSAIDs daily and developed the disease. The risk of prostate cancer among NSAID users was 12% lower in men aged 50-59, 60% lower in men 60-69, and 83% lower in men aged 70-79 compared to their counterparts who did not use NSAIDs daily.

Since the study included only Caucasian men in southeastern Minnesota, it's not known whether the findings apply to men of all races. There are also negative side effects to NSAIDs that need to be considered and monitored in people who take NSAIDs on a daily basis. About 189,000 men in the U.S. will be diagnosed with prostate cancer this year. About 30,200 men will die of the disease.

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**Capsule**

**Control your head**

Although there is substantial literature on the neurons and structures in the midbrain involved in the control of the eyes, little is known about the control of the head. Using electrical stimulation techniques and pharmacologic deactivation, Klier et al. show that the interstitial nucleus of Cajal in the midbrain controls not only torsional eye movements but also head movements. These results may also help to understand the etiology of disorders like torticollis.

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