



Unusual Cause of Haemoptysis in a Young Male

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Keywords

Diffuse alveolar haemorrhage; Tetrahydrocannabinol (THC); Haemoptysis

Clinical Image

A 23-year old patient with a medical history of recreational Tetrahydrocannabinol (THC) abuse presented with severe cough and sudden onset of hemoptysis described as a handful of fresh blood. On chest CT-scan multilobar, peribroncho-vasculo-centric ground glass-opacities with partly subsolid consolidations were observed, suggesting Diffuse Alveolar Hemorrhage (DAH). DAH is characterized by a disruption of the alveolar-capillary basement membrane leading to blood leaking

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Received Date: 11 Dec 2020

Accepted Date: 29 Dec 2020

Published Date: 04 Jan 2021

Citation:

Nussberger G, Glaser-Gallion F,
Brutsche M. Unusual Cause of
Haemoptysis in a Young Male. *J Respir
Med Lung Dis.* 2021; 6(1): 1058.

ISSN: 2475-5761

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Figure 1a: Computerized tomography of the chest on admission shows extensive confluent, peribronchovascular and perihilar ground-glass-opacities, accentuated in all lung lobes with small areas of more extensive confluent, subsolid, peribronchial consolidations.

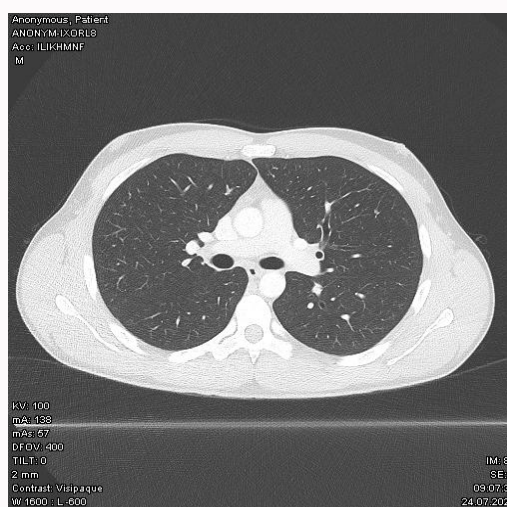


Figure 1b: Follow-up computerized tomography of the chest at 7 weeks documents complete remission.

into the alveolar space and is generally caused by capillaritis triggered by autoimmunity or secondary to non-autoimmune illnesses like illicit drug use (mostly cocaine) [1]. The serological (vasculitis and infectious) work-up was negative. Bronchoalveolar Lavage (BAL) confirmed alveolar hemorrhage. Urine toxicology remained positive for cannabinoids and there were no arguments for the presence of other secondary causes. The association between DAH and chronic inhalation of non-synthetic cannabis containing THC is rare and not

well understood [1]. His CT-scan completely normalized within 7 weeks of THC-restriction and supportive therapy.

References

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