Issue List taken from letter 13 December 2022, please check, thank you.

4 January 2023

Dr Aldo Riquelme
Gp Superclinic @ Midland Railway Workshops
Block 1/6 Centennial Place
MIDLAND WA 6056
Fax: 618 9374 7099 (Autofax)

Dear Dr Riquelme

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

60 Balfour Road, SWAN VIEW WA 6056

Issue List
1. Newly diagnosed eosinophilic lung disease.
1.1. Presented with several months of cough.
1.2. CT chest September 2022 (SKG): Bilateral multifocal infiltrates, combination of dense consolidation and ground-glass change with upper lobe predominance.
1.3. Lung function testing December 2022: Normal spirometry with no significant bronchodilator response, normal lung volumes, normal gas transfer capacity.
1.4. Interstitial lung disease bloods: Myositis panel, ANCA, ANA, ENA, anti-dsDNA, anti-CCP and rheumatoid factor all negative/normal.
1.5. Significant peripheral eosinophilia (4.6).
1.6. Bronchoscopy and BAL December 2022: Negative for bacterial, fungal and AFB culture, moderate eosinophilia (27%).
2. Iron deficiency.
3. Ex-social smoker for three to four years, ceased since age 24.

Medication List
Ferro-grad C, prednisolone 40 mg, Bactrim on Monday, Wednesday, Friday 160 mcg/800 mcg.

I reviewed Nataya with her husband today in the Respiratory Clinic. As you are aware, she was recently commenced on steroid treatment for eosinophilic lung disease. She has been on prednisolone 40 mg with Bactrim on Monday, Wednesday and Friday since mid-December. She feels that her symptoms have significantly improved since the commencement of steroids. She is currently now back to almost 70% compared to her baseline. She is sleeping well at night and cough has resolved. She still has intermittent greenish phlegm and nasal mucus but otherwise has been significantly better. She has gained weight, however, about 4 kg in the last three weeks. She tells me that she has had trouble with getting supply of Bactrim at the community pharmacy due to reduced stock. From the review today, I was told that they are both trying to get pregnant but will wait until the eosinophilic pneumonitis has resolved.

On examination, she saturates at 98% on room air and has heart rate of 87 beats per minute.

Impression
Nataya's symptoms have responded significantly to steroid treatment. We will continue with slow wean of steroid dose and once she becomes asymptomatic, we can wean the prednisolone dose quicker 5 mg every week.

Plan
1. I have advised that she can reduce the prednisone dose to 30 mg for the next two weeks and 25 mg until review.
2. She will have some repeat blood tests today and also repeat blood tests prior to next review.
3. I have also asked for a G6PD screen for consideration of switching the PCP prophylaxis to dapsone in case Bactrim is out of stock. I have asked her to contact us if she has trouble getting Bactrim stock, so we can organise for her to have dapsone if her G6PD level is normal.

Yours sincerely

Electronically Approved by:

Dr Shok Yin Lee
Respiratory & General Medicine Consultant

8 February 2023

Dr Aldo Riquelme
Gp Superclinic @ Midland Railway Workshops
Block 1, 6 Centennial Place
MIDLAND WA 6056
Fax: 61893747099 (Autofax)

Dear Dr Riquelme

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

60 Balfour Road, SWAN VIEW WA 6056

Issue List
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1.6. Bronchoscopy and BAL December 2022: Negative for bacterial, fungal and AFB culture, moderate eosinophilia (27%).
1.7. Commenced on steroid treatment since 13 December 2022.
2. Iron deficiency.
3. Ex-social smoker for three to four years, ceased since age 24.

Medication List
Ferro-grad C, prednisolone 15 mg, Bactrim on Monday, Wednesday, Friday 160 mcg/800 mcg.

I reviewed Nataya today with her husband. She tells me that her symptoms have completely resolved since last review for about four weeks. She is now completely back to baseline. She is sleeping well and her weight has remained stable. She has been tapering the steroid dose 5 mg every two weeks and currently she is on 15 mg daily. Her repeat blood test today have showed a normal eosinophil level and inflammatory marker. IgE level is elevated at 292 but has improved since December from 720.

Impression
Overall, I think that Nataya has responded to steroid treatment with the complete resolution of symptoms. This is reassuring.

Plan

1. I have advised that she continues to taper the steroids by 5 mg every week.
2. She should continue on Bactrim until completely off steroids.
3. I will organise for her to have a repeat lung function test and repeat HRCT with bloods prior to review next month.
4. I will see her in four weeks' time.

Yours sincerely

Electronically Approved by:

Dr Shok Yin Lee
Respiratory & General Medicine Consultant

Issues and Medications taken from letter 8 February 2023, please check, thank you.

8 March 2023

Dr Aldo Riquelme
Gp Superclinic @ Midland Railway Workshops
Block 1/6 Centennial Place
MIDLAND WA 6056
Fax: 618 9374 7099 (Autofax)

Dear Dr Riquelme

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

60 Balfour Road, SWAN VIEW WA 6056

Issues
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1.7. Commenced on steroid treatment since 13 December 2022.
2. Iron deficiency.
3. Ex-social smoker for three to four years, ceased since age 24.

Medications
Ferro-grad C, prednisolone 20 mg, Bactrim on Monday, Wednesday, Friday 160 mcg/800 mcg.

I reviewed Nataya with her husband today. I would like to correct from my previous letter that she was actually weaning Prednisolone from 25 mg to 20 mg. After the last review, she weaned down to 20 mg prednisolone for two weeks before tapering down to 15 mg. She tried 15 mg for three days but experienced recurrent symptoms of nasal congestion and coryzal symptoms with green mucus. She also experienced trouble breathing when she sleeps at night. These symptoms were similar to before her treatment for eosinophilic pneumonitis. She subsequently increased prednisolone dose back to 20 mg and found that her symptoms are now slowly resolving again. So, she has now been back on 20 mg for the last almost a week.

Her repeat investigations have been reassuring. Her blood tests have been unremarkable. IgE levels are slowly decreasing, 280 at the moment from 700. Eosinophils are normal and inflammatory markers are normal. Repeat CT chest at SKG showed resolution of the ground-glass infiltrates, which she had previously. Spirometry and DLCO were within normal limits and stable from December 2022.
Iron studies were performed on her bloods this time and she has iron deficiency. I note that she is on iro n tablets for replacement.

On examination, she saturates at 98% on room air and has heart rate of 79 beats per minute.

Plan
1. I have advised her to continue with 20 mg of steroids for a month until her symptoms resolve and try it before trying to reduce it to 15 mg. Following that, we can taper the prednisolone dose down every two weeks if she remains well.
2. Please consider iron infusion if there is persistent iron deficiency.
3. I will see her again in four weeks' time.

Yours sincerely

Electronically Approved by:

Dr Shok Yin Lee
Respiratory & General Medicine Consultant

12 April 2023

Dr Aldo Riquelme
Gp Superclinic @ Midland Railway Workshops
Block 1, 6 Centennial Place
MIDLAND WA 6056
Fax: 618 9374 7099 (Autofax)

Dear Dr Riquelme

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

60 Balfour Road, SWAN VIEW WA 6056

Issues:
1. Newly diagnosed eosinophilic lung disease.
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1.9. Recurrence of nasal discharge and sinus symptoms when weaned down steroids to 15 mg.
2. Iron deficiency.
3. Ex-social smoker for three to four years, ceased since age 24.

Medications:
Ferro-grad C, prednisolone 20 mg, Bactrim on Monday, Wednesday, Friday 160 mcg/800 mcg.

I reviewed Nataya today in clinic. Nataya developed recurrence of nasal and sinus symptoms when she weaned down steroids to 15 mg. She described it as recurrence of nasal discharge with green mucus involving bilateral sinuses and has now improved to only the right side. Her symptoms did improve with a course of antibiotics (Cefalexin 500 mg bd for five days), antihistamine and FESS nasal sprays. The green mucus did clear up with antibiotics but unfortunately recurred again after completing antibiotic course. She has some coughing in the morning but thought that it is more related to nasal congestion rather than recurrence of her previous respiratory symptoms. She has two dogs at home which usually live indoors and sleep with her. Now, she has moved them to outdoors and she felt that her symptoms are worse if her dogs sleep with her.

On her repeat blood tests last week, I noticed that her eosinophil count has increased from 0 to 1.1 and inflammatory markers are normal. Lymphocytes were also elevated and IgE level was at 317, largely stable from previous.

I have sent her for a repeat chest x-ray and CT sinus today. Chest x-ray showed round opacity seen left upper lobe which is likely artefact but no evidence of progressive pulmonary infiltrates. CT sinus showed evidence of moderate chronic rhinosinusitis with mild nasal septal deviation and presence of fluid levels in maxillary sinuses possible representing acute inflammatory component.

Because of the development of recurrence of her symptoms, I have suggested that we increase the steroid dose to 37.5 mg. She initially responded to 40 mg of steroids and had complete resolution of symptoms after four to five weeks of 40 mg steroids. Due to the presence of nasal and sinus symptoms with elevated eosinophils, I am concerned about the possibility of Churg-Strauss or eosinophilic granulomatosis with polyangiitis (EGPA) although, she does not history of asthma or has evidence of asthma on lung function and positive ANCA. There is, however, a few atypical case reports of Churg-Strauss disease with the absence of asthma. The treatment for EGPA will be similar - steroids and immunosuppression. There is also a possibility that the rhinosinusitis is an unrelated issue to her current condition.

We will monitor to see how she progresses with the increased dose of steroids and I will obtain a HRCT over the next one to two months. I will also refer her to the ENT surgeon for consideration of investigation and management including biopsy of the sinuses. She will have repeat blood tests including ANCA. I will see her again in the next few weeks.

Yours sincerely

Electronically Approved by:

Dr Shok Yin Lee
Respiratory & General Medicine Consultant

Cc: Tessa Yap, ENT Department, ROYAL PERTH HOSPITAL, PERTH

Government of Western Australia
East Metropolitan Health Service

Royal Perth Bentley Group

Shok Yin Lee
Respiratory Physician
SJOG Midland
1 Clayton Street
MIDLAND, WA 6056

Dear Dr. Lee,

RE:

Patient: Nataya Nakhonwong	**DOB: 18/10/1986**	**UMRN: J9627846**

Please find letter enclosed from an RPH EAR NOSE &THROAT Outpatient Clinic.

Yours sincerely

Electronically Approved by:
Anton Hinton-Bayre
Consultant

Government of Western Australia
East Metropolitan Health Service

Royal Perth Bentley Group

RPH EAR NOSE &THROAT OUTPATIENT CLINIC
Outpatients Direct: 1300 855 275

10 May 2023

Dr Caroline Anderton
Gp Superclinic @ Midland Railway Workshops
Po Box 3516
MIDLAND WA 6056 (SMD)

Dear Dr Anderton

RE: Nataya NAKHONWONG UMRN: J9627846 DOB: 18/10/1986

Further to our conversation today, thanks for referring Nataya in to see us.

She is a 36-year-old lady who in the last few months has developed rhinosinusitis symptoms. She denies having had a previous history. She is known to you through a diagnosis of eosinophilic lung disease with raised peripheral eosinophil count. She has been on steroids now for some time that she finds it really helps with her nasal symptoms and there has been some trouble weaning her off due to recurrence of symptoms. She has apparently otherwise been in good health.

She is an ex-smoker. She lives with her husband and works as a Barista. She does not have any known allergies.

Of significance, she has had a dorsal nasal implant about seven years ago in Thailand. She has also had an injury some 14 years ago which I think fractured at least her midface and has had a surgical repair and plating of that.

From what I gather, she has been on a prophylactic dose of Bactrim and she is currently on about 15 mg of Prednisolone.

She has had a CT scan through PRC in April of this year that showed moderate pansinusitis without evidence of polyposis. The metal platres are obvious in the reconstruction of the midface. She also has a right orbital floor blowout fracture encroaching somewhat into the maxillary sinus, but not obstructing it.

To examine, you can feel the implant under the skin. There is a slight deviation of the nasal septum to the right hand side futher back making visualisation of the middle meatus there difficult but there is no sign of polyposis or active sinusitis. The left side was also clear. She did have bulky inferior turbinates. The postnasal space is clear as was her ears and larynx.

I think it is reasonable for her to optimise her topical use of regular intranasal steroids and I would be happy for her to titrate off her oral steroids. I did discuss with Nataya what surgery could achieve with regard to her

nasal breathing and sinuses. I think reduction of the turbinates would help with her breathing mostly. It could be difficult to access the right sinus complex without operating on the septum. This could potentially put the implant at risk depending on where the incision is made and infection of that could be quite devastating for her.

I did discuss doing a limited thing where I could reduce her turbinates and take some biopsies of at least the left sinuses to see if there is any sign of vasculitic change in the first instance. She was not too sure how she wanted to proceed today so I will give her some time to think about it and I will give her a call in the near future.

I will keep you updated.

Yours sincerely

Electronically approved by
Dr Anton Hinton-Bayre
Consultant

cc: Dr Shok Yin Lee Respiratory Physician, SJOG Midland 1 Clayton Street MIDLAND WA 6056

Issue List and Medications taken from letter with TID 225894637 dated 4 October 2023, please check, thank you.

6 December 2023

Dr Aldo Riquelme
Gp Superclinic @ Midland Railway Workshops
Block 1/6 Centennial Place
MIDLAND WA 6056
Fax: 618 9374 7099 (Autofax)

Dear Dr Riquelme

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

60 Balfour Road, SWAN VIEW WA 6056

Issue List

1. Eosinophilic lung disease.
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1.8. CT chest February 2023 (SKG): Complete resolution of lung infiltrates.
1.9. Recurrence of nasal discharge and sinus symptoms when weaned down steroids to 15 mg.
1.10. Recurrent infiltrates with weaning off steroids.
1.11. Mepolizumab commenced on 1 October 2023.
2. Chronic rhinosinusitis on sinus CT.
2.1. Reviewed by ENT at Royal Perth.
2.2. Underwent bilateral inferior turbinoplasty, August 2023. Biopsy of the left anterior ethmoid, right bulla and right inferior turbinate showed eosinophilic inflammation without evidence of vasculitis.
3. Iron deficiency.
4. Ex-social smoker for three to four years, ceased since age 24.

Medications

Ferro-grad C and mepolizumab 100 mg four weekly.

I have reviewed Nataya in clinic today. Nataya has been on mepolizumab for three months. She has responded very well clinically to the biologic. Her eosinophils are less than 0.1 and patchy infiltrates in bilateral upper zones on CT chest have now completely resolved on her most recent CT scan. Her cough and nasal symptoms have also completely resolved. She has been off steroids at the moment. However, she has been experiencing some, which I think is, drug reaction from the biologic. Since starting the biologic, she finds that she starts to develop itchy rashes within two to three days of the injection at the beginning of each month. The rash usually resolves within a day and can recur a day after on a different location. She has had rashes involving her neck, chest, arms and legs. She has been using antihistamine, which she thought has helped with some of her symptoms.

I suspect that Nataya is experiencing adverse drug reaction from mepolizumab unfortunately, although she has clinically responded really well to it. I will be looking at changing her biologic to benralizumab given the side effects. We have re-discussed again the safety of mepolizumab in pregnancy and breastfeeding and that ideally she should continue the biologic for long term, the one which she tolerates to control the disease.

I will see her again at the end of January to reassess with bloods.

Yours sincerely

Electronically Approved by:

Dr Shok Yin Lee
Respiratory & General Medicine Consultant

ST JOHN OF GOD
Midland Public Hospital

Operated by St John of God Health Care in
partnership with the Government of Western Australia

30 August 2023

Dr Aldo Riquelme
Gp Superclinic @ Midland Railway Workshops
Block 1, 6 Centennial Place
MIDLAND WA 6056
Fax: 61893747099 (Autofax)

Dear Dr Riquelme

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2. Chronic rhinosinusitis on sinus CT.
3. Iron deficiency.
4. Ex-social smoker for three to four years, ceased since age 24.

Medications
Ferro-grad C.

I reviewed Nataya with her husband today. Nataya tells me that the Symbicort has helped with her symptoms and she feels a lot better. She also feels that her nasal congestion has improved since she had a sinus surgery. She underwent sinus

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

surgery on 23 August and had bilateral inferior turbinoplasty. Biopsies were also taken in intraoperatively from the left middle meatus, left anterior ethmoid and bilateral inferior turbinates. Her sinuses were thought to be only mildly inflamed at the time of surgery. Since the surgery she has increased the frequency of flow nasal rinsing up to six times a day. She also still has mild cough with clear to green sputum or mucus. She does not have any other systemic issues apart from dry skin in her ears and scalp. This may be related to dermatitis.

Nataya had a repeat CT chest prior to the sinus surgery. The CT chest showed increased peripheral ground-glass opacities in bilateral upper lobes which is worse than CT scan in June. She has stopped steroids for about five weeks. Unfortunately she tells us that she has relapse of eosinophilic disease after stopping the steroids.

I discussed her case at the interstitial lung disease multidisciplinary meeting. We agree that her symptoms are consistent with relapse of chronic eosinophilic pneumonia after being weaned off steroids. The multidisciplinary team recommends biologic application for her disease whilst weaning off steroids. At the same time we will also wait for the ear, nose or sinus biopsy results to rule out vasculitis. The differential diagnosis remains to be vasculitis, although we have not been able to prove this on multiple occasions of negative autoimmune screen for now. Suggestion was also given to check for parasite in the stool.

Nataya has given me her peak flow reading over two weeks. Her highest reading is 350 mL and lowest reading is 200 mL. She does meet the variability criteria from an asthma point of view. I will try to apply for a biologic for her. In the meantime, I suggest that we start her back on steroids 30 mg along with Bactrim for prophylaxis.

Impression

1. Eosinophilic lung disease, relapse after weaning off steroids.
2. Consider a biologic application.

Plan

1. I will try to apply for her for a biologic such as mepolizumab or benralizumab.
2. I have given her a form for a stool sample to check for parasites and also strongyloides serology.
3. We will await the sinus biopsy results.
4. She will commence on steroids 30 mg daily until her symptoms completely resolve and continue for one to two weeks before we start to wean off the steroid dose by 5 mg.
5. She will have Bactrim prophylaxis while she is on steroids.
6. I will see her again in four weeks' time and I will notify her if I have any updates

RE: Nataya NAKHONWONG DOB: 18/10/1986 MRN: 222350

regarding the biologic.

Yours sincerely

Electronically Approved by:

Dr Shok Yin Lee
Respiratory & General Medicine
Consultant

Cc: Dr Anton Hinton-Bayre, ENT Surgeon, Royal Perth Hospital, Victoria Square, PERTH, WA 6000