

Case3

30 Y/O MAN

PNEUMOCYSTIS PNEUMONIA

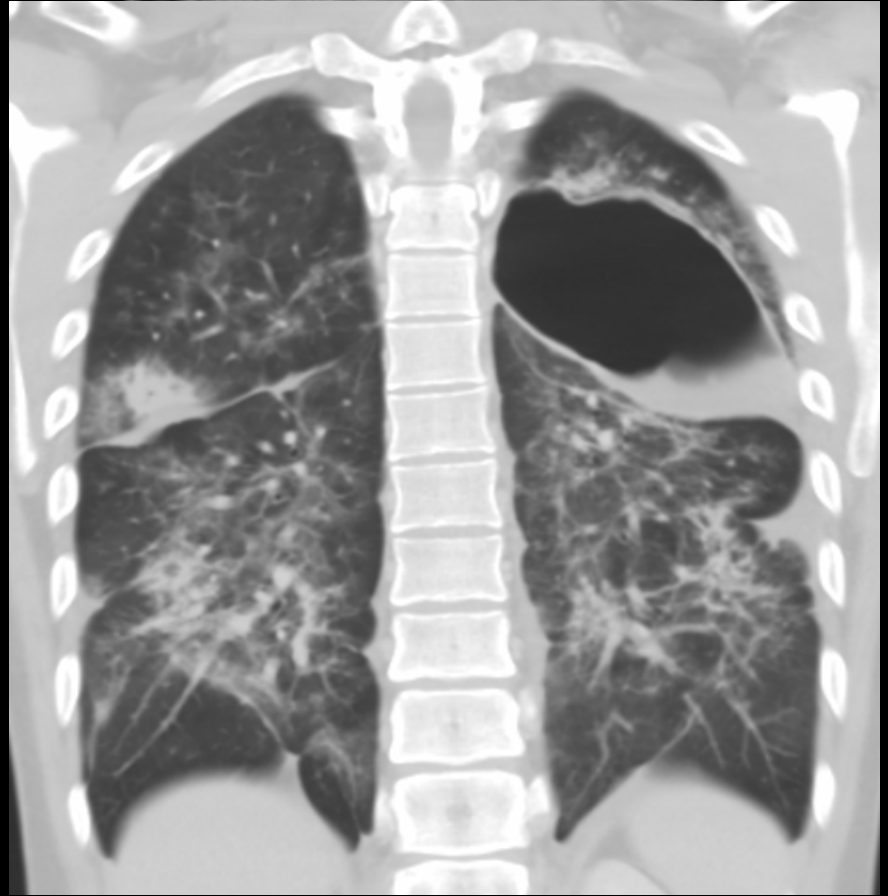
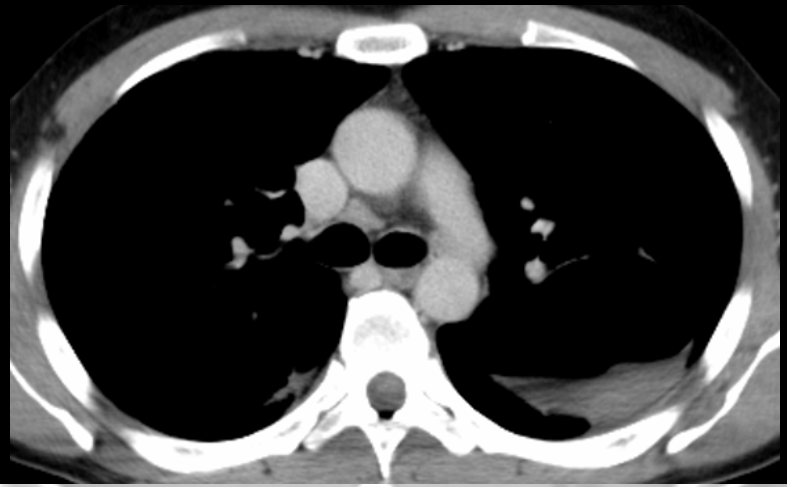
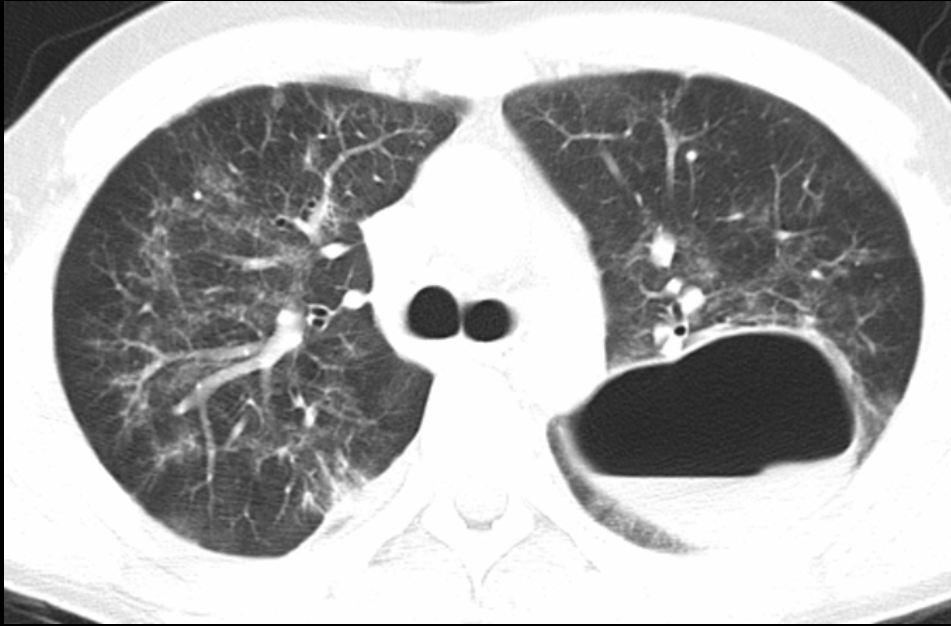
Brief history

- 30 y/o man
- PH:
 - No known disease
- Chief complain
 - Dry cough about one months, short of breathing and voice hoarseness since 2 days ago

Imaging

- CXR
- Chest CT





DDx:

- Cytomegalovirus pneumonia
- Pneumocystis pneumonia
- Lymphocytic Interstitial Pneumonia

Cytomegalovirus pneumonia

- Imaging findings:
 - non-specific and diverse
 - ground-glass opacities (67%)
 - small pulmonary nodules, bilateral symmetric and diffuse
 - Consolidation
 - bronchiectasis

Pneumocystis pneumonia

- ground-glass pattern
 - predominantly involving perihilar or mid zones
- reticular opacities or septal thickening => Crazy-paving pattern
- Pneumatocoles
 - Up to 30%

Lymphocytic Interstitial Pneumonia

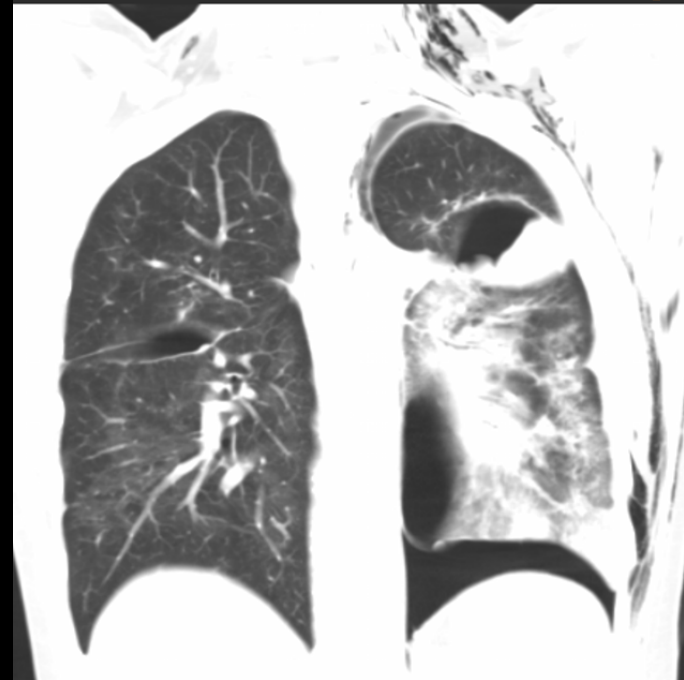
- Benign lymphoproliferative disorder characterized by lymphocyte predominant infiltration of the lungs.
- Tend to be diffuse with mid to lower lobe predominance

- Bilateral ground-glass opacities
- Poorly defined centrilobular nodules
- Small subpleural nodules (~ 85%)
- Bronchovascular bundle thickening (~ 85%)
- Mild interlobular septal thickening (~ 85%)
- Thin-walled cysts (~ 70%)

Clinical course

- Laboratory:
 - HIV (+) => HIV treatment
 - CMV igG (+) => Anti-viral treatment
- PJP treatment

After a month



Clinical course

- Chest tube first, but refractory
=> VATS LUL and LLL wedge resection

After 2 months

- Discharge

