

7. Kongres Hrvatskog
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PNEUMONIA IN THE IMMUNOCOMPROMISED HOST

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INTRODUCTION:

Pancytopenia may be caused by anything which interferes with the formation of blood cells in the bone marrow. A 2014 study set out to determine the most common causes of pancytopenia in people who were not already diagnosed with a condition. Over 60 percent had some type of blood-related cancer. Of those who did not have a blood-related cancer as the cause of their pancytopenia, diagnoses included aplastic anemia, megaloblastic anemia, and HIV anemia, and HIV. According to the data from the Croatian HIV/AIDS patients Register from Croatian National Institute of Public Health, Croatia has low rate occurrence of HIV infections.

CASE REPORT:

In 2015. a 57 year old male patient, non smoker, who presented at the Clinical hospital for pulmonary diseases Jordanovac due to non-specific infiltrates on both sides of the lungs and prolonged pancytopenia. During the last few years he was hospitalized multiple times due to febrility of unknown cause. In medical history he was treated for breast carcinoma, mastectomy and oncology treatment has been conducted, so periphery pancytopenia found in the test results was thought to be a consequence of the mentioned treatment.

Initatly he was presented with cough, dyspnea, and high febrility which did not react to antimicrobial therapy. Further history revealed a 6-month history of 20 kg weight loss with no anorexia, and he denied fevers and night sweats. Diagnostic procedure X-ray and MSCT have shown pneumotical infiltrative on the left lung with nodal changes. Considering morphological characteristics it is likely to be a combination of inflammatory parameters

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with secondary focal lesions. Fiberoptic bronchoscopy with biopsy of the lungs was in order. From mini lavage bronchoscopy a diffquick was done on Pneumocystis jiroveci which was positive and HIV DUO reactive. Further questioning did not reveal risk factors for HIV infection. He was treated with high doses of corticosteroids, meropenem, and linezolid to which he became afebrile with a fall of acute infection parameters, but respiratory insufficiency was still present. The patient was transferred to the clinic for infection treatment for further treatment.

CONCLUSION:

We described the challenges associated with diagnosis of human immunodeficiency virus in patients suffering from carcinoma. Human immunodeficiency virus infection should be considered in patients who present symptoms and signs that do not point towards a clear diagnosis, such as unexplained pancytopenia or febrility. Cancer and its treatment may alter normal hematopoiesis.