doi • 10.5578/tt.26305

Tuberk Toraks 2017;65(2):163-164

Geliş Tarihi/Received: 22.04.2016 • Kabul Ediliş Tarihi/Accepted: 19.06.2016

EDİTÖRE MEKTUP
LETTER TO THE EDITOR

Cytomegalovirus pneumonia in an immunosuppressed child mimicking interstitial lung disease

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A 5-week-old female with common variable immunodeficiency (CVID) presented with lower respiratory tract infection. X-Ray of the chest showed ground glass opacities and multiple nodules evident in the left and right lung suggestive of an interstitial lung disease (Figure 1). Lung biopsy was performed. Hematoxylin and eosin stained sections showed areas of consolidation with numerous foamy histiocytes. Some of the alveolar spaces were lined by large cells, containing eosinophilic inclusion bodies (Figure 2A), surrounded by a characteristic halo which was positive for CMV immunohistochemical stain (Figure 2B). Histopathology of the lung biopsy showed CMV pneumonia. Clinical status improved after starting antiviral treatment. CMV pneumonia is one of the most important opportunistic pathogens in immunocompromised patients (1). CMV induced pulmonary lesions exhibit diffuse alveolar damage and/or interstitial inflammation and further prevent pulmonary interstitial fibrosis (2).

Figure 1. X-Ray of the chest revealed bilateral reticulonodular opacities.

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Figure 2. (A) Cytomegaly of the cells lining the alveolus with the characteristic haloed viral inclusion shown by the arrow (Haematoxylin & Eosin, X400) (B) Typical positive immunohistochemistry (IHC) staining for CMV (arrow) in a cytomegalic cell (IHC, X400).

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