

‘Difficult’ Case 1

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- 34yr old male, from Brazil
- Married, no children
- 6 week history of intermittent fevers, dry cough, weight loss, shortness of breath on exertion
- HIV-1 positive, CD4 320 (17%), viral load 3300 c/ml
- HBV and HCV negative

O/E

- Thin and cachectic
- Breathless at rest
- Small lymph nodes in the cervical region
- Skin - normal
- HS – normal
- Chest: fine crackles at bases, reduced air entry at bases
- Oxygen saturation – 90% at rest
- Hepatosplenomegaly

PA ERECT

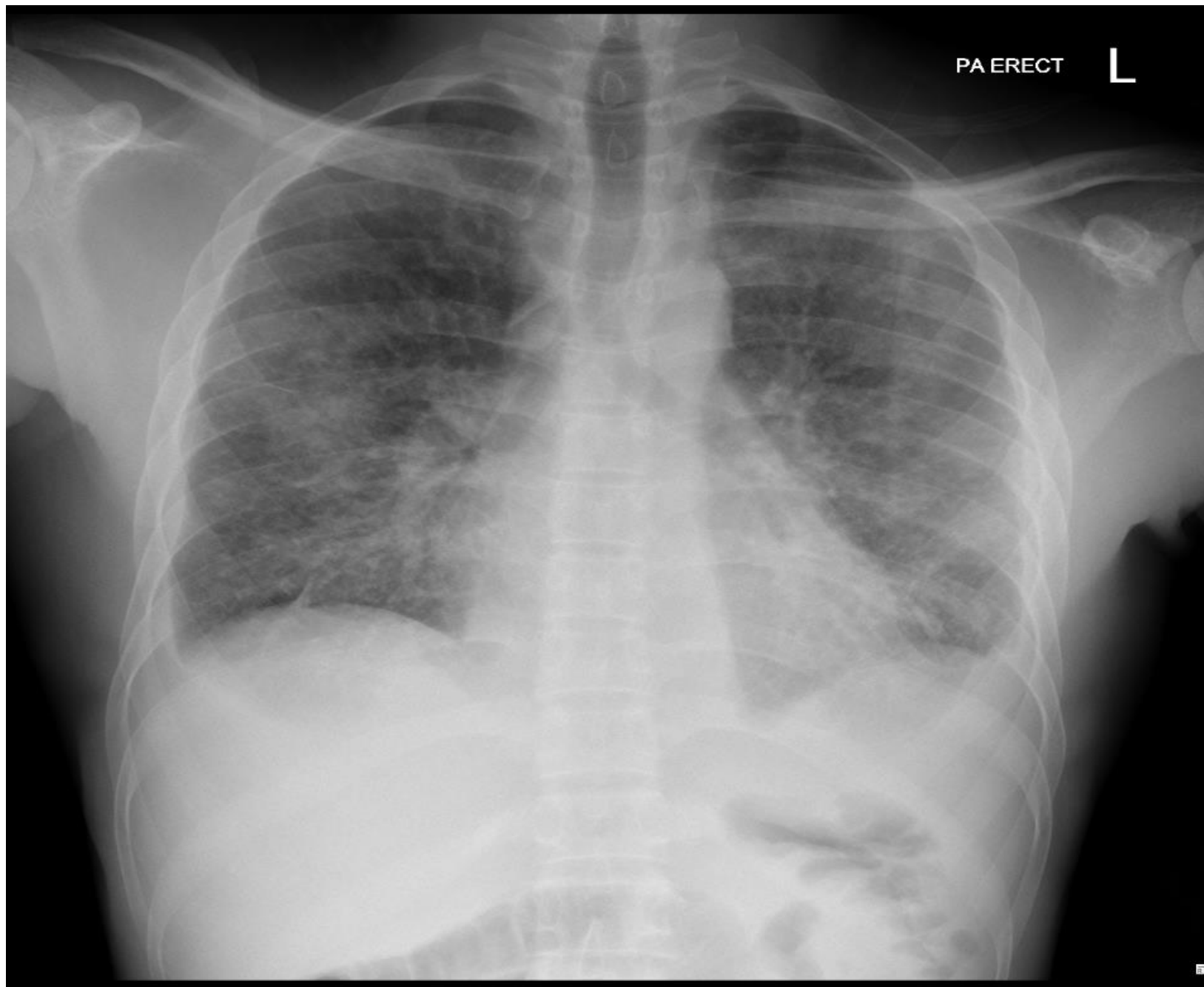


What's the differential
diagnosis?

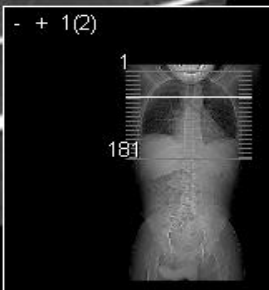
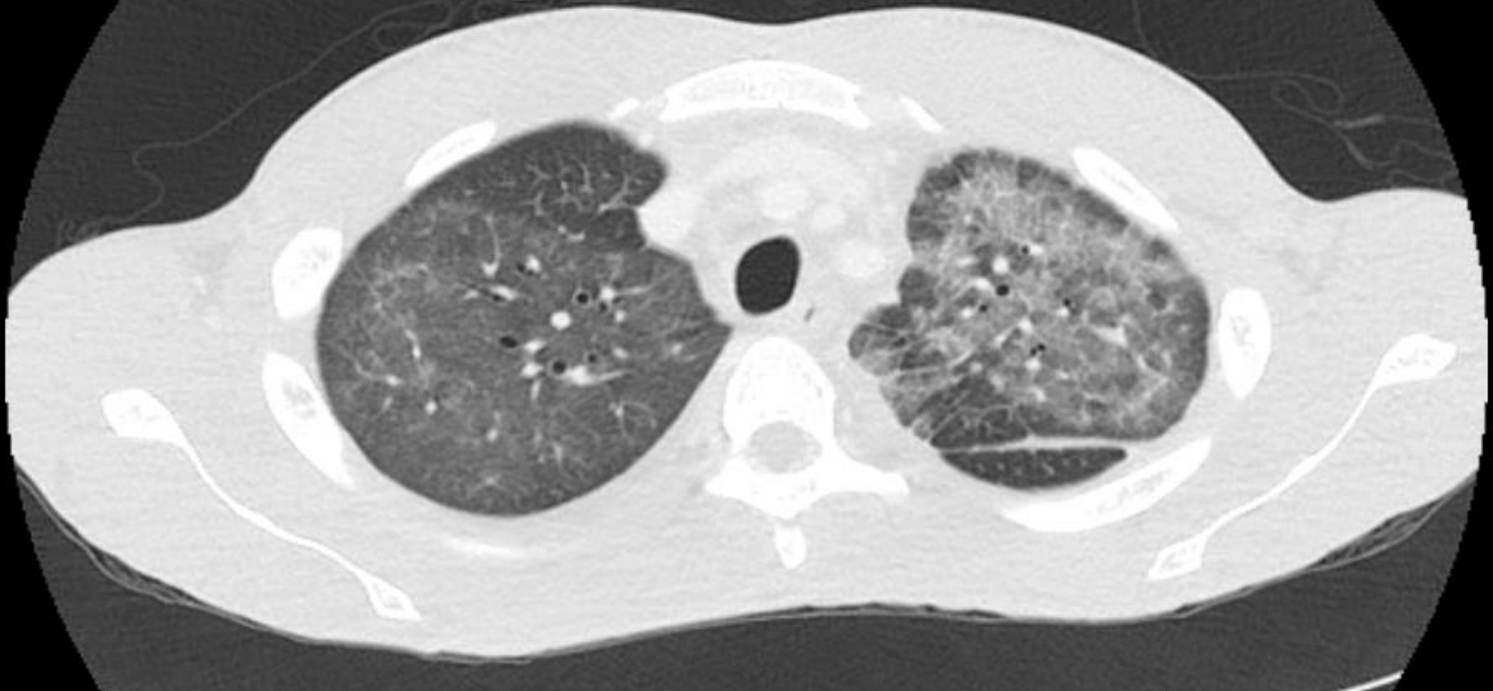
What would you do next?

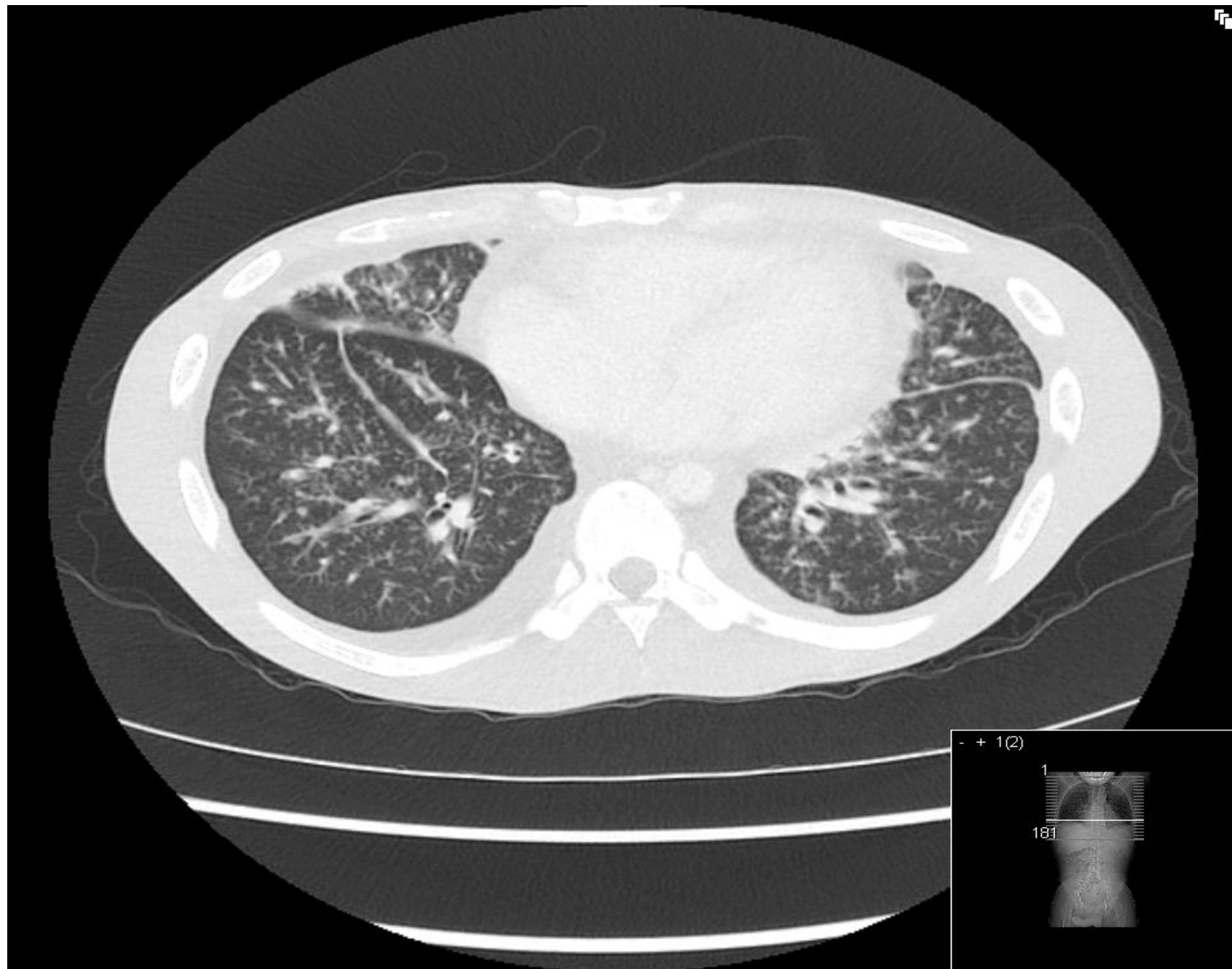
What was actually done?

- High-dose intravenous co-trimoxazole
 - Intravenous methylprednisolone 40mg bd
 - Intravenous amoxycillin-clavulinate
 - Oral clarithromycin
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- Transferred to our unit
 - Feels much better
 - CXR repeated day 3



- Are we happy that we have the right diagnosis or do we need to do other tests?







- + 1(2)

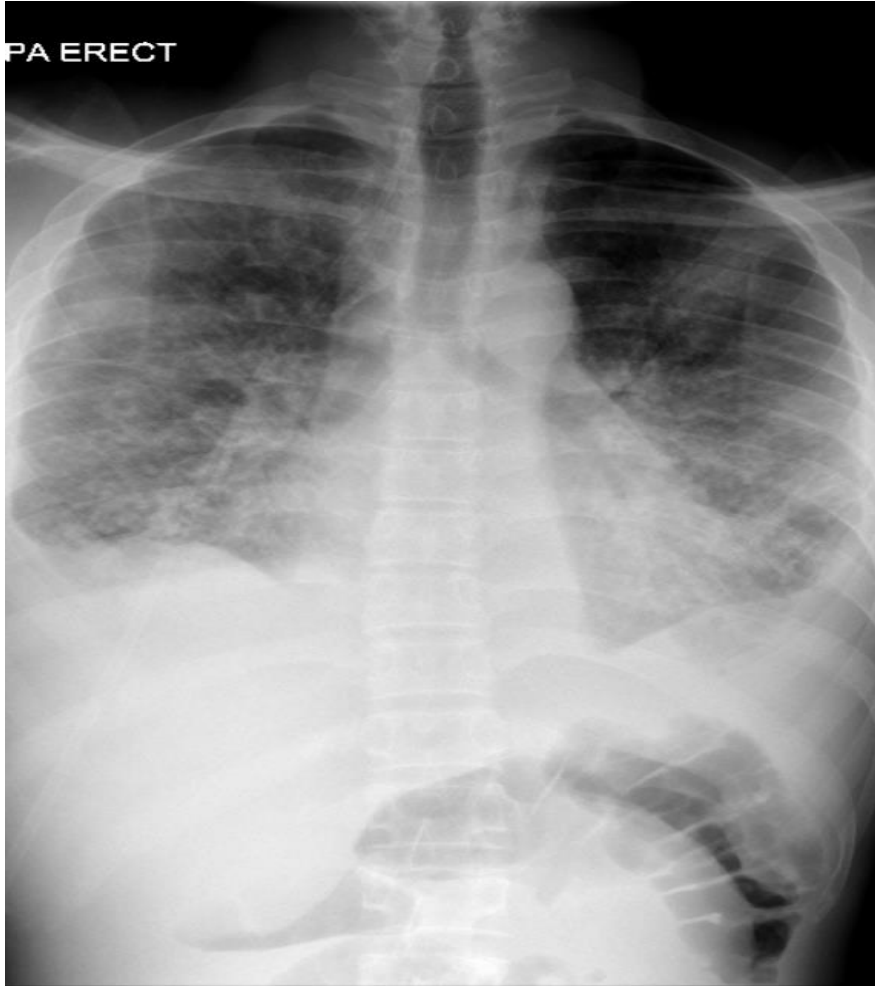




- + 1(2)

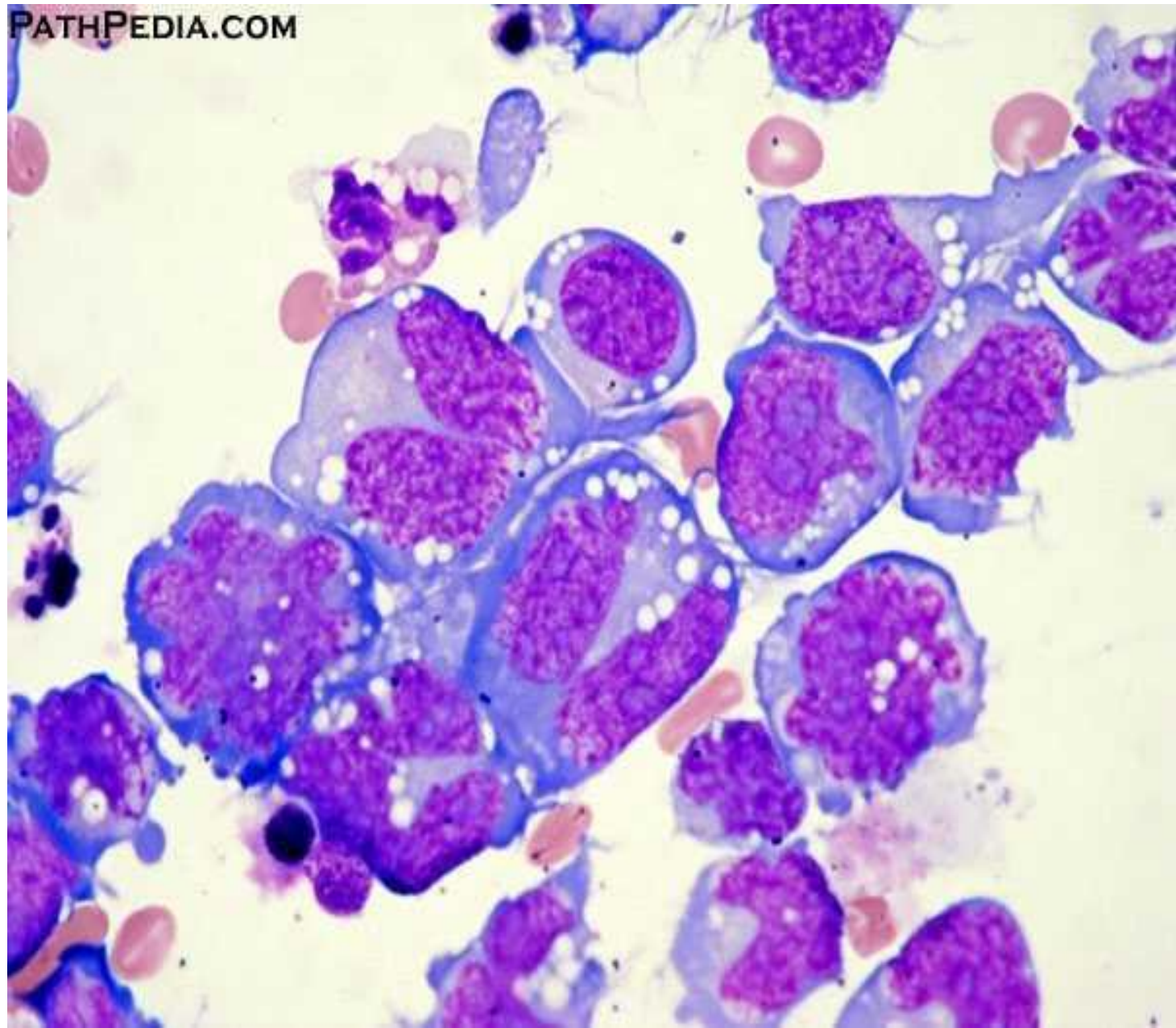


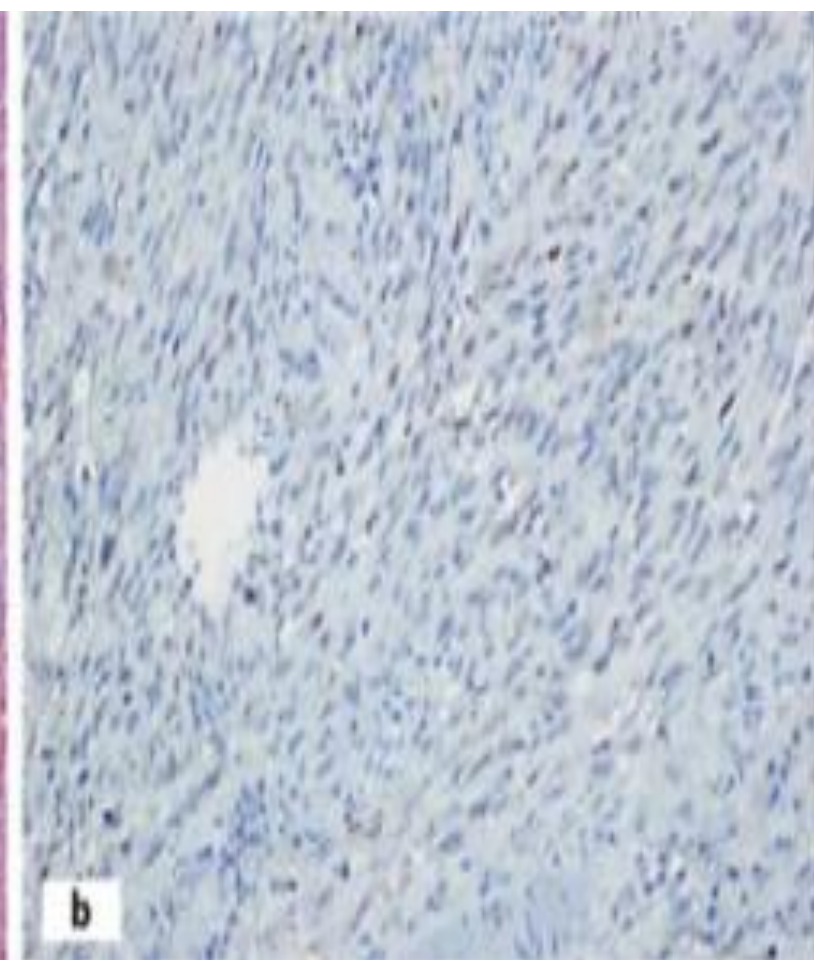
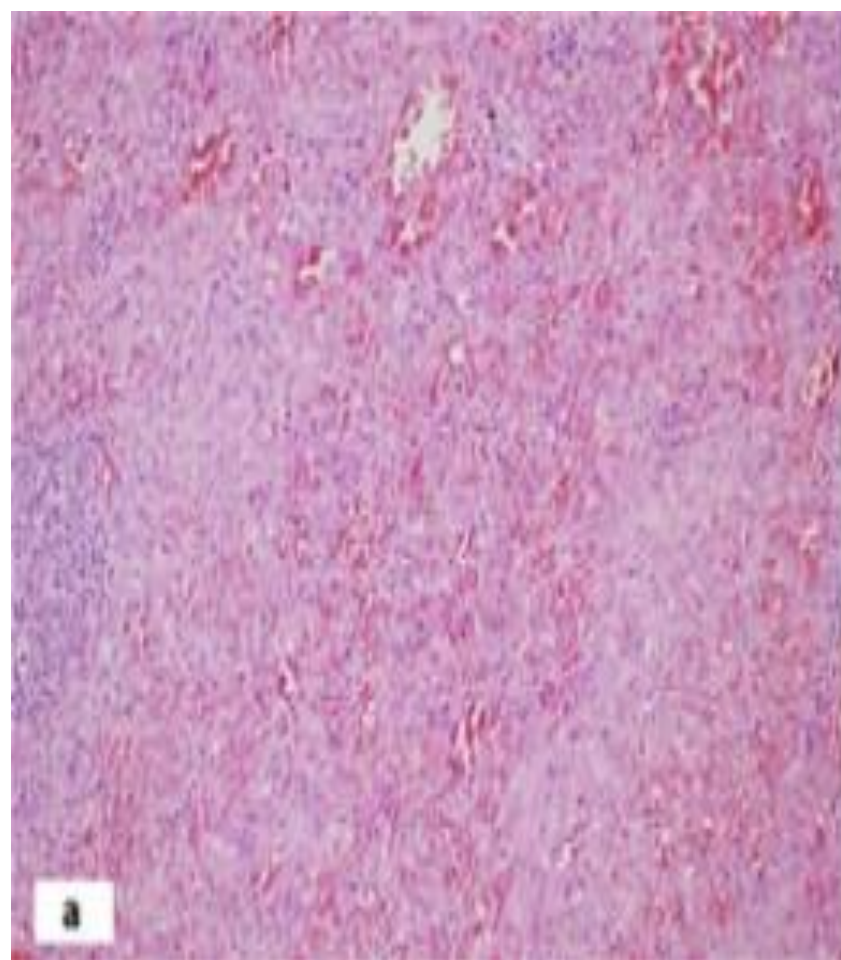
- Underwent bronchoscopy and BAL at day 4
- Cytology – no PJP
- Smear negative, TB-PCR negative, no positive bacterial/fungal cultures
- Serum CrAg, toxoplasma negative
- Prednisolone reduced and stopped, continued on i.v antibiotics



- Day 7 – fevers return
- More breathless
- CXR

Now what?





R

PA ERECT

