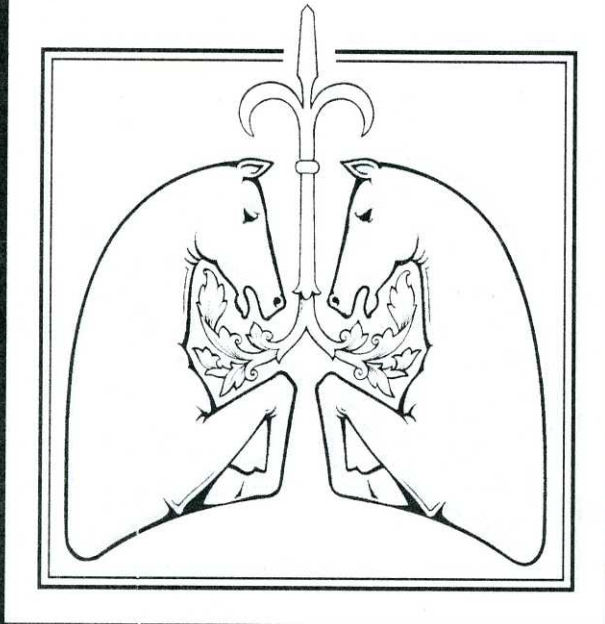


PNEUMOLOGIA '94



**NEW TRENDS IN THE DIAGNOSIS
OF RESPIRATORY DISORDERS**

SELECTED PAPERS AND POSTERS

Edited by:

ASSOCIAZIONE SANTORIO PER LA PNEUMOLOGIA - TRIESTE

CYTOMEGALOVIRUS INTERSTITIAL LUNG DISEASE IN AIDS PATIENTS

Sallustio G., Arezzo C., Rana S., Cappabianca A.M., Moretti A.M..

II Division of Pneumology - Hospital "D. Cotugno" - Bari (Italy)

Pulmonary infections, both bacterial, viral, fungal and protozoic in AIDS patients are an important chapter of the respiratory pathology. In such immunocompromised host micro-organisms, that don't cause any infections in healthy population, become pathogen. Such unusual micro-organisms, frequently resistant to the current common chemotherapeutic drugs and with high mortality, make aetiology and the therapy difficult. We observed a 24-year AIDS patient with a severe respiratory failure, tachypnoea, fever and peripheral cyanosis. On auscultation harsh breathing with fine and medium crackles in the mid-basal lungfields with some scattered hisses were heard. Arterial blood gases showed hypoxaemia and hypocapnia with normal pH. Chest radiograph showed an accentuation of the interstitial-like structure particularly on mid-basal lungfields. The hila appeared congested and the cardiac silhouette increased in volume. The ecg showed a sinus tachycardia interrupted by sporadic ventricular extrasystoles and diffused alterations of the repolarization. The echocardiography showed a severe dilative cardiopathy by probable myocarditis, with dilation and hypokinesia of the left ventricle with a fraction of ejection around 50%. The right viral aetiological definition of the clinical picture has made necessary instrumental (bronchoscopy, CT) and serological tests which aimed at pointing out specific antibody levels against determined micro-organisms, in particular viruses. In the case of viral aetiology, we tried to isolate in culture the virus from the blood and the urine. The analysis of the results of the various tests has oriented the diagnosis towards a Cytomegalovirus (CMV) pneumonia non complicated by bacterial, fungal or protozoic superinfection. A specific therapy with acycloguanosine (10 mg./Kg.i.v.three times a day), supported by a cardiokinetic, diuretic and corticosteroid pharmacologic treatment has permitted the improvement of the general clinical conditions and the radiographic picture of the patient. The timely use of serological tests towards unusual pathogens, correlated to the routine tests, is the fundamental assumption for the aetiological definition and the therapy of the pulmonary infection and also for the prognosis quoad vitam in AIDS patient.