

# Atypical radiographic manifestation in *Pneumocystis jirovecii* pneumonia

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An 88-year-old woman with rheumatoid arthritis (RA) was transferred to our hospital due to cough, fever, and hypoxia. She had received 8 mg of weekly methotrexate and 4 mg of daily prednisolone and had not been given *Pneumocystis jirovecii* pneumonia (PCP) prophylaxis. Her chest X-ray showed consolidation of the left lower lung field (Figure 1), and chest computed tomography confirmed left lower lobe consolidation accompanied with air bronchogram (Figure 2). She was given a diagnosis of PCP based on her positive sputum *Pneumocystis jirovecii* PCR.



**FIGURE 1** Chest X-ray



**FIGURE 2** Chest computed tomography

PCP is one of the serious complications in patients with RA on immunosuppressive treatment. The radiographic features of PCP are typically bilateral interstitial infiltrates.<sup>1</sup> Consolidation is unusual manifestations in PCP,<sup>2</sup> but the radiographic findings for patients with immunosuppression do not necessarily reveal a single predominant or pathognomonic pattern.<sup>3</sup> A delay in the diagnosis of PCP may increase the mortality rate in RA. To prevent delay in diagnosis and effective treatment, clinicians should always bear PCP in mind even if the radiographic manifestation reveals atypical pattern.

## CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

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