

[ PICTURES IN CLINICAL MEDICINE ]

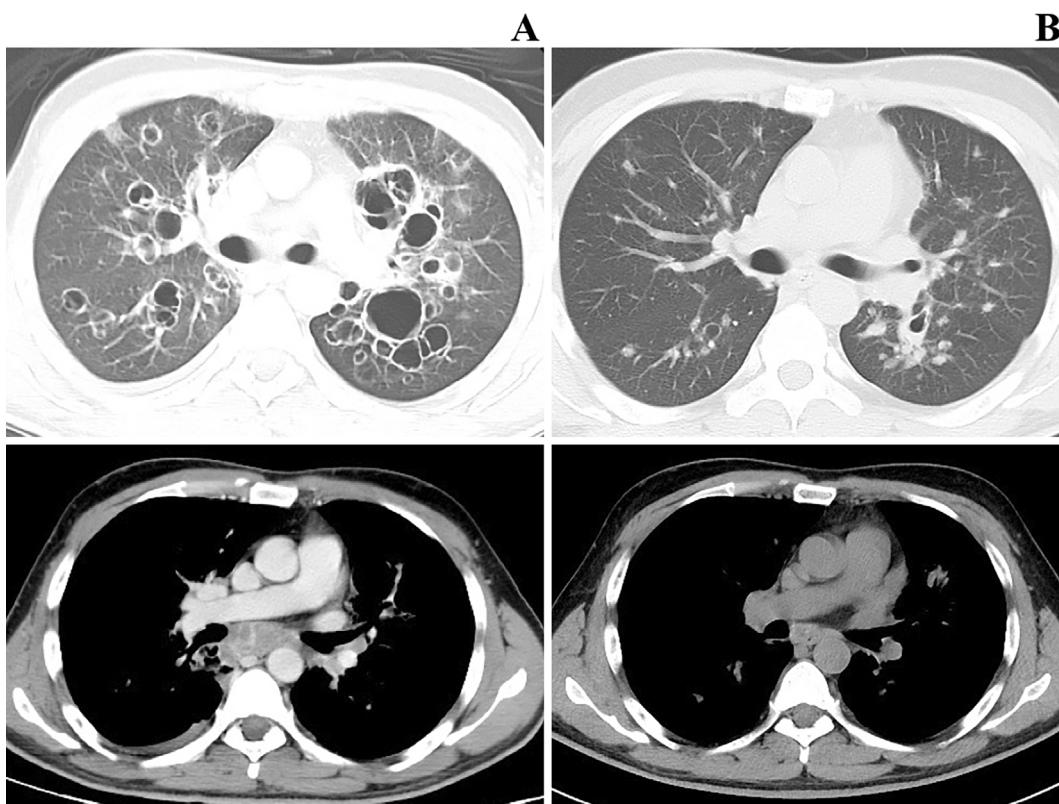
## Multiple Lung Cysts Due to *pneumocystis jirovecii* Pneumonia

Kazuaki Fukushima and Keishiro Yajima

**Key words:** *Pneumocystis jirovecii* pneumonia, multiple lung cysts, HIV

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**Picture 1.**

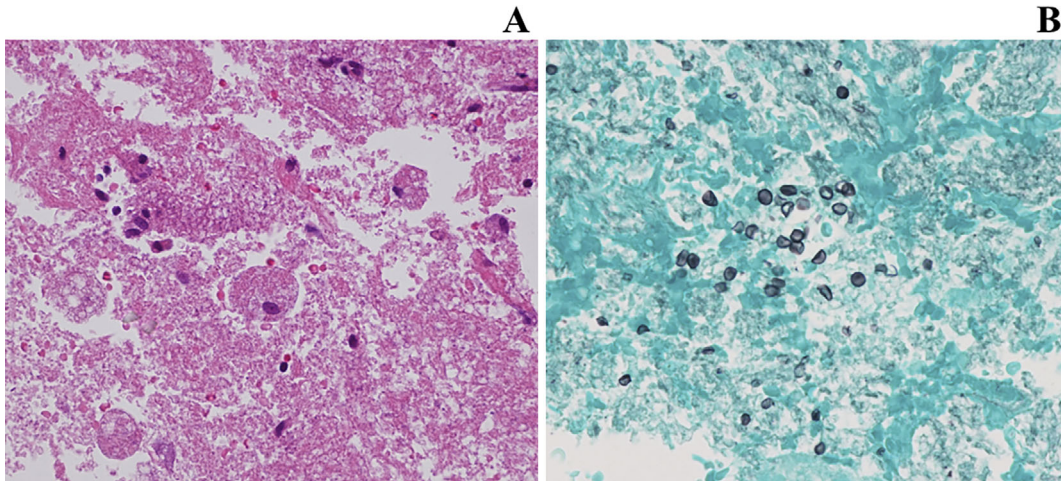
A 43-year-old man presented with fatigue and weight loss. He was diagnosed with HIV, but antiretroviral therapy was discontinued. Physical examination demonstrated oral thrush, but no other abnormal findings. Blood tests revealed a CD4 cell count of  $77/\mu\text{L}$  and HIV-RNA of  $7.7 \times 10^5$  copies/mL. A chest computed tomography (CT) scan showed diffuse ground-glass opacities and multiple cysts with mediastinal lymphadenopathy (Picture 1A). Bronchoscopy with bronchoalveolar lavage (BAL) and endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) of

the lymph node was performed. Cytology of BAL revealed granulomatous lesions. A lymph node from which a specimen was obtained by EBUS-TBNA revealed granulomas and cysts of *pneumocystis jirovecii* (Picture 2). Acid-fast stain and mycobacterial cultures of these specimens were negative. Sulfamethoxazole-Trimethoprim was initiated and a follow-up CT scan revealed shrinkage of these lesions one month later (Picture 1B). Chronic *pneumocystis jirovecii* pneumonia (PCP) has been associated with forming cysts (1). Additionally, granulomatous PCP is a rare histopa-

Department of Infectious Diseases, Tokyo Metropolitan Komagome Hospital, Japan

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Correspondence to Dr. Kazuaki Fukushima, fukushima-ngi@umin.ac.jp



**Picture 2.**

thologic finding that may be associated with the host immune response (2).

**The authors state that they have no Conflict of Interest (COI).**

### References

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