

Clinical Image

Pneumocystis Jiroveci Pneumonia

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A 23-year-old man was admitted to hospital because of 10-day history of fever. Just before onset of fever he had taken prednisone 60 mg per day for 2 months because of nodular panniculitis. On admission, the patient began to feel a little breathless. Physical examination was normal except for mild tachypnea and tachycardia. Analysis of arterial gas on room air revealed severe hypoxemia. Chest CT scan (Figure 1) revealed diffuse ground glass opacities in both lungs. And what's your diagnosis?

Bronchoalveolar lavage fluid examination (Figure 2) showed numerous cysts of *Pneumocystis jirovecii* were crowded in foamy alveolar casts (Gomori Methenamine Silver and eosin stains, $\times 400$). The patient was diagnosed as *Pneumocystis jirovecii* pneumonia (PCP) and treated by trimethoprim-sulfamethoxazole (TMP-SMX). Five days later his fever resolved and after 21-day therapy repeated chest CT scan became completely normal.

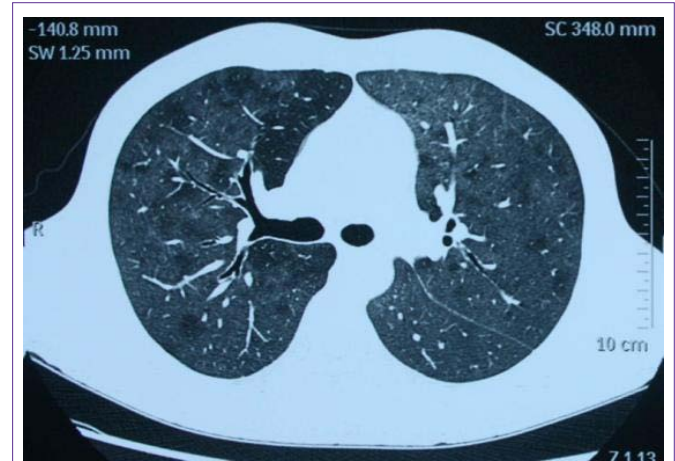


Figure 1: Revealed diffuse ground glass opacities in both lungs. And what's your diagnosis?

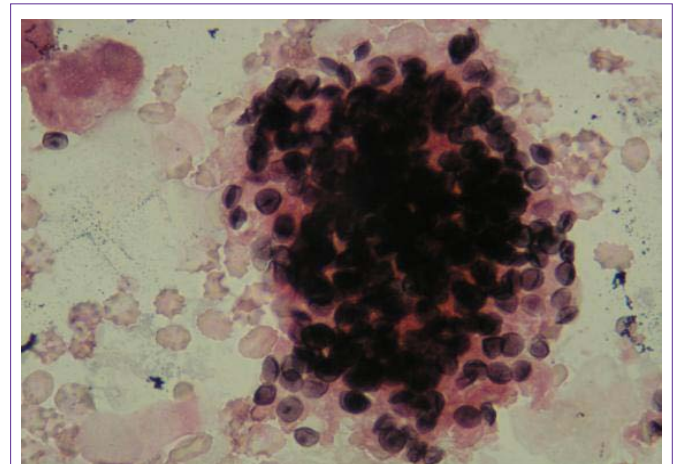


Figure 2: *Pneumocystis jirovecii* were crowded in foamy alveolar casts (Gomori Methenamine Silver and eosin stains, $\times 400$).