

A Case of the Week

Case 430

A thirty-year-old male presented with appetite loss and general fatigue. Last month, he went to a dental clinic for nasopalatine duct cyst loading abscess. Medical findings showed mild fever of 37.4 degrees, heart rate 110/min, respiration rate, 20-24/min. Laboratory test revealed hemoglobin 5.8g/dL, platelets 29000, CRP 22.69 mg/dL, white blood cells 11400/mm³, myeloblastic cells > 80%. He took chest CT for further investigation (Figs 1-4).

PJP肺炎

male 30



Fig.1 Ground glass opacity in bilateral middle pulmonary areas and patchy consolidation in right lower lobe are depicted on chest radiograph.

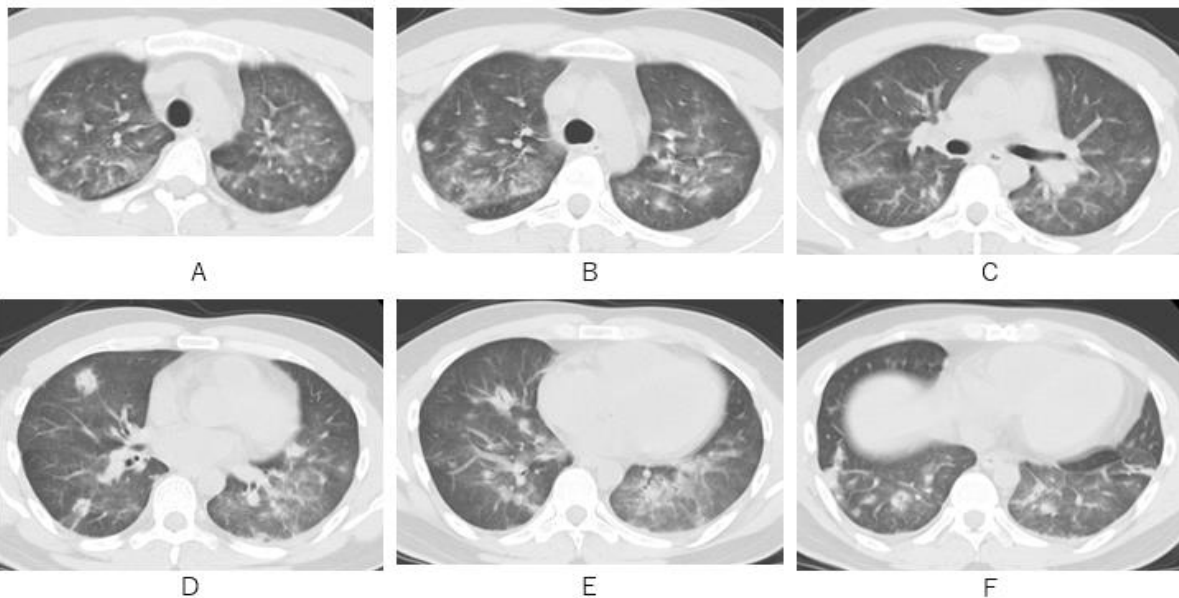


Fig.2 Ground glass attenuation in the central area and small round consolidation with traversing air bronchogram are depicted on axial CT. Note ground glass attenuation is spared in peripheral zone.

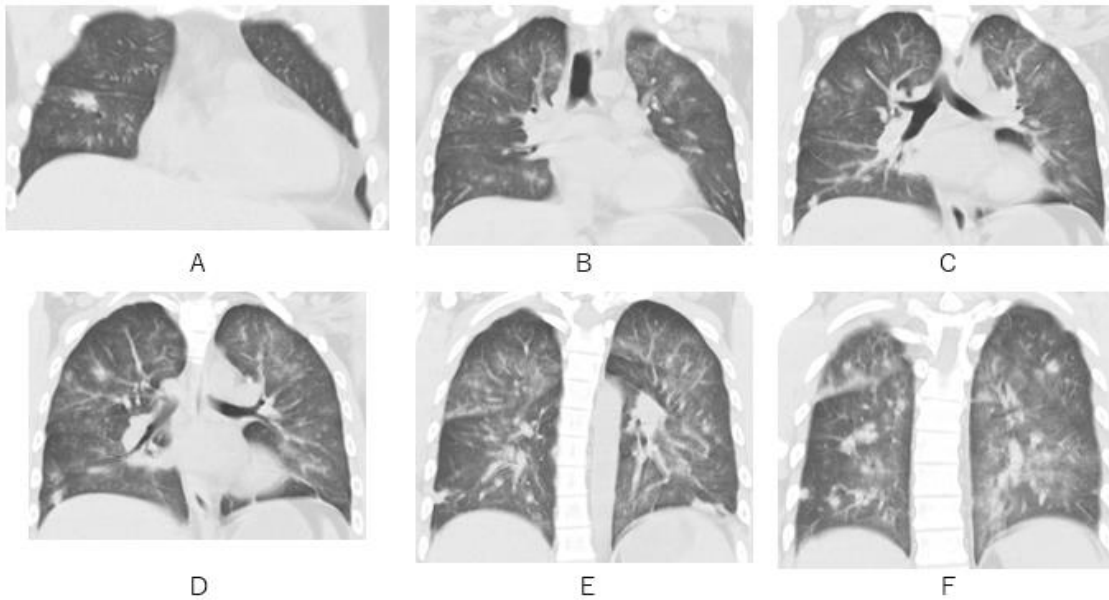


Fig.3 Ground glass attenuation in the central area and small round consolidation with traversing air bronchogram are depicted on corona CT. Note ground glass attenuation is spared in peripheral zone.

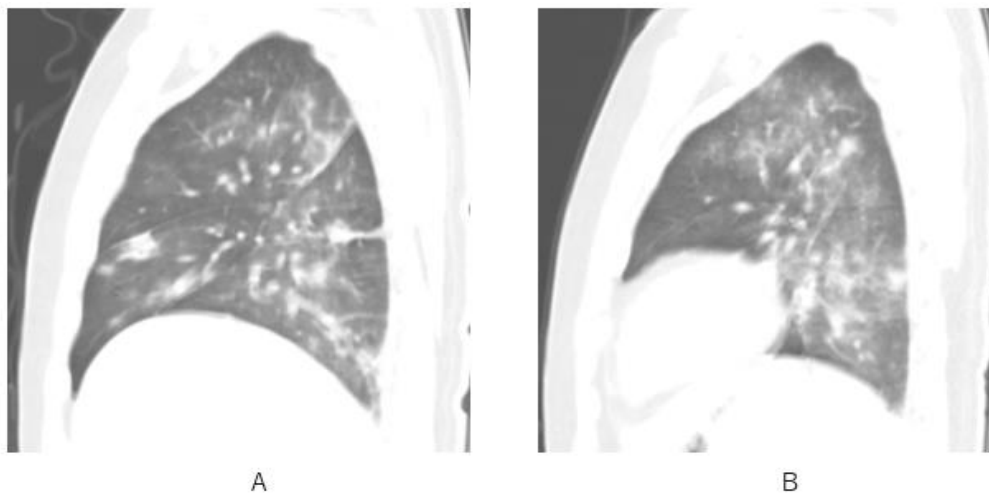


Fig.4 Ground glass attenuation in the central area and small round consolidation with traversing air bronchogram are depicted on sagittal CT. Note ground glass attenuation is spared in peripheral zone.

What is your clinical diagnosis?

1. **Bacterial pneumonia**
2. **Virus pneumonia**
3. **Mycotic pneumonia**
4. **Pulmonary edema**
5. **Acute interstitial pneumonia**

answer

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