Bronchiolitis Caused by Pandemic Influenza A (H1N1) 2009

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A 37-year-old man (Case 1) and a 65-year-old man (Case 2) were referred to our hospital complaining of cough, dyspnea, arthralgia, and high fever in October and December 2009, respectively. Chest high-resolution computed tomography (HRCT) revealed centrilobular micronodules, tree-in-bud appearance, and bronchial wall thickening in both lung fields (Picture 1A, C). Testing of nasal specimens with reverse transcription polymerase chain reaction analysis confirmed that they had swine-origin influenza A (H1N1) virus (S-OIV), and sputum culture grew no microorganisms. The patients were treated with oseltamivir phosphate, and their symptoms disappeared. HRCT obtained 2 weeks after initial presentation showed resolution of the above findings (Picture 1B, D).

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

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