Rhinovirus Pneumonia in a Patient Infected with HIV

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A 51-year-old man on antiretroviral therapy for human immunodeficiency virus (HIV) infection (CD4 196/μL, viral load below 20 copies/mL) visited the emergency room complaining of fever and dry cough. There was no abnormal infiltration observed on his chest X-ray (Picture 1); however, chest computed tomography (CT) revealed multiple areas of patchy ground-glass opacity in both lungs (Picture 2).

He had no sputum, and a rapid antigen test for influenza and urinary antigen tests for Streptococcus pneumoniae and Legionella pneumophila were negative. Bronchoalveolar lavage (BAL) was performed, and his sample was cultured for bacteria and fungi, and used in a multiplex polymerase chain reaction (PCR) that can detect 15 respiratory viruses and six bacteria strains (Seeplex kit, Seegene, Seoul, Korea). The BAL sample was also tested with Grocott’s stain for Pneumocystis jirovecii. Only rhinovirus was detected, and he was diagnosed as pure rhinovirus pneumonia.

Rhinovirus is a pathogen that can cause upper respiratory tract infections. However, Puro et al. reported that rhinovirus was detected in 60% of patients with pneumonia (1). Jacobs et al. described CT findings in patients with rhinovirus infections and found that the most common finding was patchy ground-glass opacities, as observed in the present patient (2).

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

References


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