

中文題目：右側膿胸合併愛滋病毒感染：一個病例報告

英文題目：Right thoracic empyema with HIV infection in 23 year-old young patient: A case report

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Background: Bacterial pneumonia is common in patients with AIDS. Most clinical reviews of HIV-associated infections however lacks documented reports of empyema. We described a young HIV patient who developed right thoracic empyema. Immunodeficiency disorders such as HIV infection should be considered in a young patient with pneumonia and empyema.

Case Report: A 23-year-old man presented to our hospital with fever for four days. Other symptoms were anorexia, cough and general malaise for one week. Physical examination revealed a temperature of 39.5°C, a heart rate of 94 bpm, a respiratory rate of 17 breaths per minute and a blood pressure of 110 /70 mmHg. A white blood-cell count of 17,750/uL, a platelet count of 121,000/uL and a hemoglobin level of 14.6 g/dL were noted. Chest X-ray revealed right lower lung pneumonia. The computed tomography of the chest revealed a right lower lung consolidation with pleural effusion three days later. Right sided empyema was suspected and he underwent an invasive thoracoscopic decortication. The pathology report was consistent with empyema. An immunocompromised status was suspected. HIV antibody testing was performed and the patient tested positive report. The source was traced to an unprotected heterosexual encountered six months prior. Pus Gram's stain revealed gram positive coccus but bacterial culture was negative. The patient received treatment with antimicrobial agents along with a chest tube insertion for 50 days. His HIV viral load test was 48500 copies/ml during testing.

Conclusion: An immunocompromised status should be considered in a young patient with difficult-to-treat pneumonia complicated with empyema. HIV infection should be suspected and diagnosed early.