# Infection

Case 1

A 34-year-old male was admitted to the hospital with severe shortness of breath. He had a 9-month history of unintentional weight loss, night sweats, and diarrhea. The patient had no history of any medical condition that would cause immunodeficiency.

An Elisa test and confirmatory Western Blot test for human immunodeficiency virus (HIV) were positive. T-lymphocyte tests indicated a low T helper -suppressor ratio. A lung biopsy was positive for pneumocystis carinii pneumonia (PCP), indicating a diagnosis of acquired immunodeficiency syndrome (AIDS).

The patient’s pneumonia responded to pentamidine therapy, and the patient was discharged. The patient had two additional admissions for PCP. Seventeen months after the patient was first discovered to be HIV positive, he again developed PCP but did not respond to therapy. He died 2 weeks later.

Case 2

On February 1st 2004, a 58 year old man presented at a clinic complaining of long duration "haemoptysis" and loss of weight. On examination he was found actually anaemic and therefore admitted in hospital.

The diagnosis was advanced pulmonary TB, reactivation type with cavitation, perhaps of 8 year duration. The patient also suffered from generalised arteriosclerosis, probably of long duration. He also had moderate varicose veins of the lower extremity.

On admission, the patient and acute and massive pulmonary haemorrhage he died that evening.