

A Patient with HIV Infection, Cough, Asthenia, and Fever

(See pages 662–3 for the Answer to the Photo Quiz)

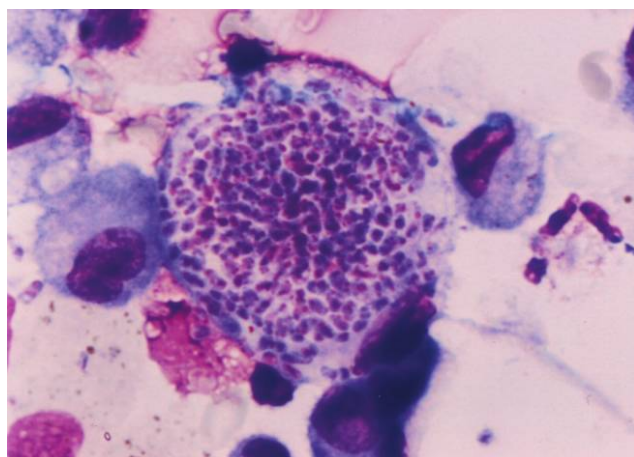


Figure 1. Intracellular microorganisms in bronchoalveolar lavage fluid (Giemsa stain; original magnification, $\times 200$).

A 41-year-old HIV-positive woman living in the Democratic Republic of Congo was referred to our institution because of a worsening clinical condition despite several courses of antibiotics. She presented with asthenia, anorexia, fever, cough with expectoration of yellowish sputum, dyspnea, dysphagia, and

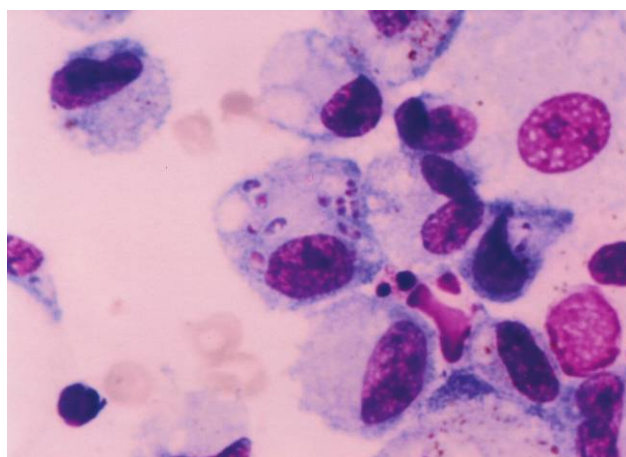


Figure 2. Intracellular microorganisms in bronchoalveolar lavage fluid (Giemsa stain; original magnification, $\times 200$).

abdominal pain and tenderness of 3-months duration. She had a history of a 1-month stay in China ~ 1 year before presentation. A physical examination revealed hypoventilation of lung bases, hepatosplenomegaly, and fever. Elevated hepatic enzymes were seen on blood examination. CT of the chest and abdomen

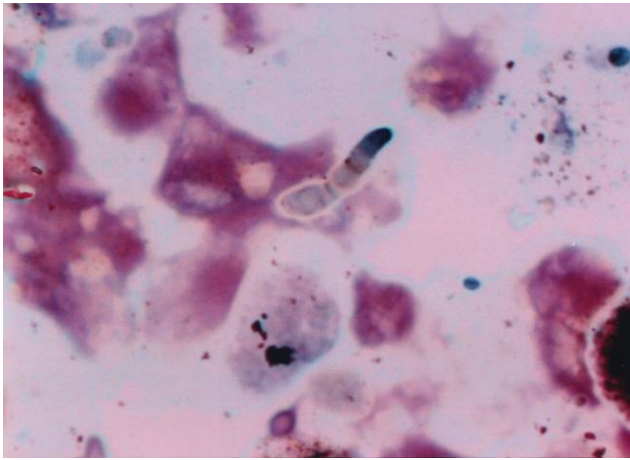


Figure 3. Gomori methenamine silver staining of bronchoalveolar lavage fluid showing septate cells (original magnification, $\times 400$).

showed enlarged mediastinal and mesenteric lymph nodes. Cultures of blood and bronchoalveolar lavage fluid were performed. Direct examination of bronchoalveolar lavage fluid with Giemsa staining showed intracellular microorganisms (figures 1 and 2). Methanamine silver staining of the bronchoal-

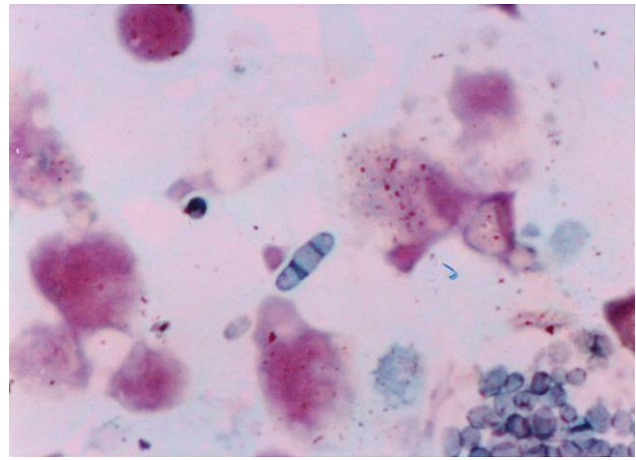


Figure 4. Gomori methenamine silver staining of bronchoalveolar lavage fluid showing septate cells (original magnification, $\times 400$).

veolar lavage fluid (figures 3 and 4) showed septate yeast-like cells. Cultures of blood and bronchoalveolar lavage fluid were positive for a filamentous fungus.

What is your diagnosis?