Pneumocystis Jeroveci Pneumonia

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40 year old male presented with fever, productive cough and shortness of breath for 2 months. Chest x-ray showed bilateral opacification with doubtful mass lesion in right upper lobe. Right upper lobectomy was done and the specimen sent for histopathological examination. Cut section of specimen showed gray white to gray brown areas without a mass lesion.

Microscopically, the alveoli were filled by foamy, pale eosinophilic exudates. The parasite was unstained in haemotoxylin and eosin preparations but with Grocott’s methenamine silver stain the alveoli were seen to contain numerous round cysts that measure about 5 µm across. Crescent -shaped forms represent collapsed cysts and a dot seen on the edge of the cyst, represented a focal thickening of cyst wall.

Pneumocystis Carinii was discovered early in this century in Brazil by Chagas and soon after by carini. It was first identified as a human disease in 1942, in Belgium. [1, 5]

Pneumocystis pneumonia was subsequently recognized as a complication of immunodeficiency states. P. carinii was originally mistaken for a trypanosome, whilst in the past its affinity for silver stains led to it being regarded as a fungus. More recently it has generally been considered to be a protozoan largely founded on its ultrastructure and renamed as Pneumocystis jiroveci. [2,3,4]

Figure 1 : Photomicrograph showing alveoli filled with foamy, pale eosinophilic exudate.

Figure 2 : High power view showing alveolar foamy exudate.
CONFLICT OF INTEREST
The authors declare no conflict of interest.

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REFERENCES


