

**PP009 THE HONEYCOMB LUNG:
LUNG ULTRASOUND PATTERN
OF A *PNEUMOCYSTIC CARINII*
PNEUMONIA COMPLICATED
WITH MULTIPLE ORGANISMS**

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INTRODUCTION

We describe an ultrasound of our patient with AIDS presenting with PCP complicated with multiple organisms.

CASE DESCRIPTION

A 34 years old Malay presented with fever and cough for 1 month associated with loss of appetite and weight. He had a background history of IVDU and HIV with CD4 count of 9. On presentation patient had type 1 respiratory failure and intubated. He was then admitted to the medical ward and treated with intravenous meropenem. He was put on co-trimoxazole and ganciclovir in view of HIV and pneumocystis pneumonia group (PCP) infection. The acid-fast bacilli test was negative for three times. The CXR showed bilateral haziness and obliterated costophrenic angle. A chest tube was inserted and functional. Patient was subsequently transferred to the ICU for closer monitoring. Lung ultrasound showed septated lesion mimicking a 'honeycomb' on both lungs. The CT Thorax showed patchy consolidations on bilateral lungs as well as patchy ground-glass densities over anterior segment of right upper lobe, right lower lobe and left upper lobe. The cytomegalovirus genome was positive and subsequently, the tracheal aspirate grew ESBL Klebsiella and meropenem-resistant organism acinetobacter. Patient could not sustain extubation and

tracheostomy was done. Unfortunately, patient had bleeding from the tracheostomy site subsequently and developed asystole which could not be revived.

DISCUSSION AND CONCLUSION

This ultrasound pattern has not been described for pneumonitis. Classically, pneumonia is described as having consolidation pattern consisting of air bronchogram, B-lines (in early phase) and shred sign. Past description of the lung ultrasound of *Pneumocystis jiroveci* was 'high degree symmetric and diffuse B-lines without pleural effusions. This 'honeycomb pattern' ultrasound image is found in patient with *Pneumocystis carinii* complicated with multiple organisms in a patient with AIDS. Such a pattern could indicate PCP with multiple organism infection.