

**CLINICAL FEATURES, AETIOLOGY AND SHORT-TERM
OUTCOME OF INTERSTITIAL PNEUMONITIS
IN HIV/AIDS PATIENTS AT BAMRASNARADURA HOSPITAL**

ARIANE DORIS KNAUER

**A THEMATIC PAPER SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF CLINICAL TROPICAL MEDICINE
FACULTY OF GRADUATE STUDIES,
MAHIDOL UNIVERSITY
2003**

**ISBN 974-04-2901-7
COPYRIGHT OF MAHIDOL UNIVERSITY**

CLINICAL FEATURES, AETIOLOGY AND SHORT-TERM OUTCOME OF INTERSTITIAL PNEUMONITIS IN HIV/AIDS PATIENTS AT BAMRASNARADURA HOSPITAL

ARIANE DORIS KNAUER 4538015 TMCT/M

M.C.T.M.

THEMATIC PAPER ADVISORS : PUNNEE PITISUTTITHUM M.D., WICHAI SUPANARANOND, M.D., SOMSIT TANSUPHASAWADIKUL M.D., JARANIT KAEWKUNGAL Ph.D.

ABSTRACT

This prospective study was conducted at Bamrasnaradura hospital from November 11, 2002 until January 5, 2003 in order to describe the clinical manifestations and determine the aetiologies as well as to assess the short term outcome of interstitial pneumonitis in HIV/AIDS patients. 59 patients with interstitial infiltrates on chest radiographs were included in the study.

Tuberculosis was the most common diagnosis (44%), followed by *Pneumocystis carinii* pneumonia (25.4%), bacterial pneumonia (20.3%) and fungal pneumonia (10.2%).

In tuberculosis compared to other diagnoses, a mild cough ($p=0.031$), pallor ($p=0.021$), lymphadenopathy ($p<0.001$), an absence of skin lesions ($p=0.003$), a higher mean body temperature ($p=0.004$) and an absence of dyspnoea on exertion ($p=0.042$) were significant findings. In multivariate analysis, however, only an absence of skin lesions ($p=0.023$) remained a statistically significant predictor of TB.

In *Pneumocystis carinii* pneumonia compared to other diagnoses, dyspnoea on exertion ($p=0.014$), non-purulent sputum production ($p=0.047$), a higher mean respiratory rate ($p<0.001$), an absence of lymphadenopathy ($p<0.001$) and a lack of purulent sputum ($p=0.030$) showed to be the significant factors. By multivariate analysis only an absence of lymphadenopathy showed to be independently and statistically significant associated ($p=0.040$).

In bacterial pneumonia compared to other diagnoses, production of purulent sputum ($p=0.014$), haemoptysis ($p=0.006$), pallor ($p=0$), skin lesions ($p=0.002$) and a severe cough ($p=0.020$) were significantly associated factors. In multivariate analysis none of these factors showed to be statistically significant.

In fungal pneumonia compared to other diagnoses, headache and papulonecrotic skin lesions were common findings, but no factor showed a significant association.

After four weeks, 59.3% patients were alive, 13.6% died and 27.1% were lost to follow up. Among the alive 88.6% had clinically improved. In multivariate analysis no factor showed to be a statistically significant predictor of death. The cumulative survival after 28 days was highest among PCP patients, followed by bacterial pneumonia, tuberculosis and fungal pneumonia, but this difference was not statistically significant ($p=0.453$).

KEY WORDS: HIV, AIDS, INTERSTITIAL PNEUMONITIS, TB, CLINICAL FEATURES