

Cytomegalovirus(CMV) Pneumonia Mimicking Miliary Tuberculosis in systemic lupus erythematosus(SLE)

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Introduction: Miliary nodules in the lung are a subset of randomly distributed nodules, which can be the manifestation of multiple diseases and the differential diagnosis such as tuberculosis, fungal infections, and metastatic disease. We report a fatal cytomegalovirus (CMV) pneumonia occurred in lupus nephritis presented as miliary nodules in chest. **Case:** A 37-year-old woman, suffering from lupus nephritis, was planned to received second cycle of cyclophosphamide with one month interval. At admission, her blood pressure was 130/70 mmHg, 108 beats per minute of pulse rate, 20 per minute of respiration rate and body temperature was 36.5°C. The newly developed both lung infiltration presented on simple chest x-ray at admission, the computed tomography of chest revealed diffuse miliary nodules, randomly distributed. The patient underwent a bronchoscopy with bronchoalveolar lavage and transbronchial lung biopsy. Subsequently the oxygen requirement was increased and she was intubated and was also put on mechanical ventilator. Additionally, she was treated antibiotics, anti-tuberculosis and ganciclovir until diagnosed CMV pneumonia with inclusion body. After 10 days of mechanical ventilator care, she was discharged home on 60th hospital day without any complication. **Discussion:** In SLE patients, infections are the second cause of death (25%), immediately after complications related to disease activity (26%). Regardless of lacks in guidelines on CMV infections in SLE patients, the CMV infections also could be severe disease course. In general, it is not uncommon to diagnose tuberculosis in South Korea, differential diagnosis of miliary nodules should be considered with variable methods. Clinical data and other associated findings including bronchoscopy or transbronchial lung biopsies could be essential role in CMV pneumonia.

