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Title: A case of lymphoid interstitial pneumonia associated with common variable immunodeficiency

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Body: Introduction: Lymphoid interstitial pneumonia (LIP) represents a rare disease that typically occurs in association with autoimmune diseases and dysproteinemia. We report a case of LIP in a patient with common variable immunodeficiency (CVID). Case Report: In October 2009, a 51 year old woman presented with a 12-months history of recurrent pyrexia and was subsequently diagnosed with CVID. CT scans showed bilateral pulmonary consolidations, while bronchoscopy revealed acute inflammation of the bronchial mucosa and purulent secretion. The patient received antibiotic treatment and immunoglobulin replacement. She remained asymptomatic until January 2012, when she was readmitted with increasing dyspnea and fatigue for 2 weeks prior to admission. CT scans showed progressive opacities mainly in the lower zones. Despite immediate treatment with broad-spectrum antibiotics, the patient developed acute respiratory failure requiring invasive mandatory ventilation and, ultimately, extracorporeal membrane oxygenation. Open lung biopsy was performed 5 days after admission. Histologic workup showed diffuse interstitial infiltration of T lymphocytes, plasma cells and histiocytes, consistent with a diagnosis of LIP. Treatment with prednisone (1mg/kg) resulted in rapid clinical and radiological improvement. The patient was discharged 4 weeks after admission. At present, she remains clinically stable at a steroid dose of 0.25mg/kg. Discussion: The finding of bilateral ground-glass infiltrates in a patient with CVID should raise suspicion of LIP. Open lung biopsy is required to establish the diagnosis. Treatment is primarily based on corticosteroids, which resulted in excellent response in this patient.