

# European Respiratory Society Annual Congress 2013

**Abstract Number:** 3816  
**Publication Number:** P4373

**Abstract Group:** 10.1. Respiratory Infections

**Keyword 1:** Immunosuppression **Keyword 2:** Infections **Keyword 3:** Bronchoalveolar lavage

**Title:** Pulmonary nocardiosis-always an opportunist infection?

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**Body:** Introduction: Pulmonary nocardiosis is a rare and usually opportunist infection. Due to its clinical and radiological polymorphism the diagnosis is often delayed. Material and method: We report 8 cases (5 males) of pulmonary nocardiosis diagnosed between 2007-2011. The mean age of the group was 65 yo. The predisposing factors were: vasculitis (3), pleurisy (1), bronchiectasis (3), interstitial lung disease (1). All patients were evaluated with sputum exam, chest X-ray, CT-scan, bronchoscopy. Results: Symptoms at admission were: dyspnea and fatigue (8), cough (5), fever (1), hemoptysis (1). All patients had negative exams for My tuberculosis and HIV. In all cases the CT-scan revealed newly developed infiltrates and nodules.

In 3 cases Nocardia was identified on smears and grew on culture from sputum, in 3 from cultures from pleural liquid, in 2 at necropsy. Five patients received treatment with trimethoprim-sulfamethoxazole with favorable outcome. Only one developed severe digestive adverse effects and he was changed on Linezolid and Imipenem. Conclusions: Up to one third of Nocardiosis infections appear in immunocompetent hosts. To avoid the delayed of the diagnosis routinely specific stains and cultures for Nocardia spp are needed in patients with newly developed infiltrates or nodules on chest X-ray with no apparent reason. Fig I: CT-scan reveals recent developed infiltrates.