Pneumocystis jiroveci (PJP) lung infection on the ground of achalasia of esophagus

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A 57 year-old woman, never smoker, with known achalasia of esophagus accompanied by gastroesophageal reflux (GER) was admitted to our hospital due to fever, chronic non productive cough, shortness of breath and weight loss, for at least 6 months. The Chest CT scan revealed ground glass opacities, consolidations and mild bronchiectasis, predominantly in left lower lobe. From the sputum cultures and the PCR, Pneumocystis jiroveci (PJP) was isolated.

Achalasia is a rare motor disorder of the esophagus, characterised by the absence of peristalsis and impaired swallow-induced relaxation, which result in stasis of ingested food in the esophagus and repeated microaspirations, leading to structural abnormalities of the lungs such as bronchiectasis(1).

Lung infection due to PJP is the most common opportunistic infection among persons with HIV infection or severe immunosuppression, however this diagnosis should be included in the differential diagnosis also for immunocompetent patients with structural abnormalities of the lung parenchyma due to swallowing disorders.

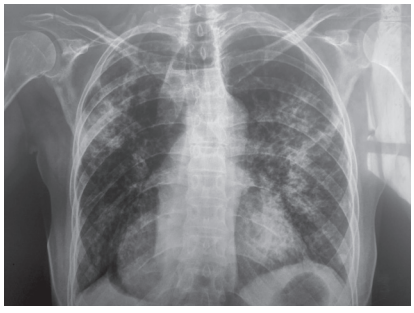

FIGURE 1. Distended esophagus with gas/fluid level above the carina, diffuse opacities and bronchial wall thickening bilaterally.

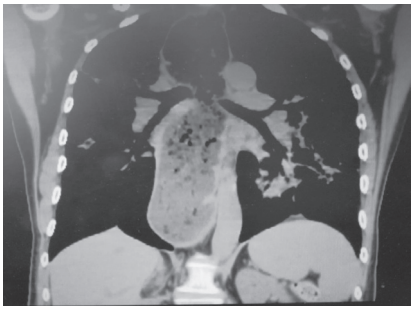

FIGURE 2 Chest CT- The esophagus is dilated with food residue from the cervical esophagus.

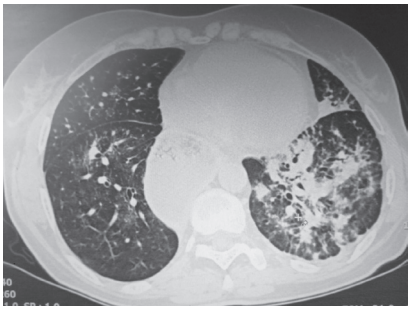

FIGURE 3. Diffuse opacities predominantly at the left side accompanied with wall thickening and bronchiectasis.

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