Case 6

History
55-year-old immunocompromised female with hemoptysis and fever.

PA chest radiograph shows bilateral upper lobe nodules with multiple thin-walled cavities and upper lobe volume loss.

Diagnosis?

Diagnosis
MAI Cavitary Pneumonia.

Findings
The radiographic pattern of pulmonary disease caused by atypical mycobacteria cannot be accurately differentiated from that caused by Mycobacterium Tuberculosis.

Cavitation tends to be a more prominent feature of atypical mycobacterial disease such as MAI rather than infection with M. Tuberculosis.

There is a predilection for apical and posterior segments of the upper lobes and apical region of the lower lobes. The cavities tend to be of thin to moderate thickness with smooth inner lining. The cavities may be multiple.

Prior to the recognition of AIDS, MAI was primarily a pulmonary disease of elderly patients with pre-existing lung disease such as chronic obstructive pulmonary disease, bronchectasis, silicosis, or prior TB. MAI organisms are the most common mycobacteria isolated in patients with AIDS and are among the most frequent opportunistic infections reported in these patients.