



## A CASE REPORT OF RARE RSV SUPERINFECTION IN DIAGNOSED CASE OF PULMONARY TUBERCULOSIS WITH LUNG CARCINOMA ON CHEMOTHERAPY

### Pulmonary Medicine

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### ABSTRACT

Pulmonary malignancy is one of the most frequent and fatal cancer in older patients especially when complicated with other pathogenic infections . It becomes even more serious when complicated with pulmonary tuberculosis and superinfection. Here the aim is to highlight the specific RSV (respiratory syncytial virus ) superinfection.

### KEYWORDS

RSV Superinfection , Lung Carcinoma, Chemotherapy , Pulmonary Tuberculosis , COPD

### INTRODUCTION

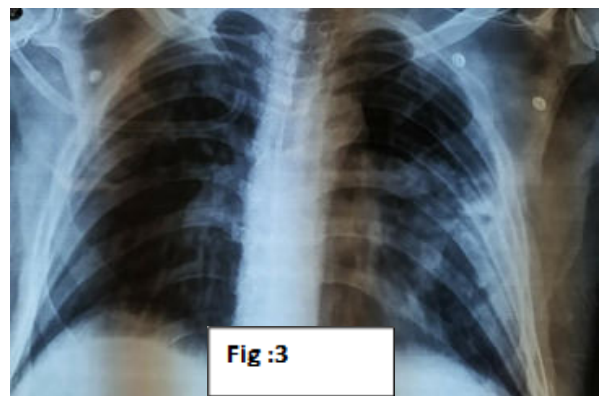
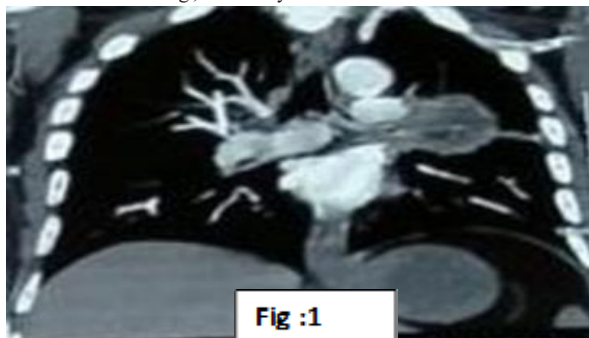
A 58 year old ,male patient, chronic smoker, farmer by occupation known case of chronic obstructive pulmonary disease (COPD) since 2 months and hypertensive since 2 years with metastatic squamous cell carcinoma of the lung on chemotherapy with RSV superinfection referred from private hospital to our department with complaints of breathlessness , dry cough and bilateral chest pain since 4-5 days .Patient was admitted to private hospital for complaints of chronic back pain where MRI of lumbosacral spine with whole spine screening revealed osteolytic lesions involving L3/L4 facet joint from which CT guided biopsy was done which showed metastatic squamous cell carcinoma . CECT THORAX (fig:1) showed left hilar lesion with mediastinal extension after which 6 cycles of RT and 4cycles of CT taken . Following the last cycle of chemotherapy patient had complaints of dry cough, breathlessness and bilateral chest pain.

> CXR-PA was done which showed left mid & lower zone patchy areas(Fig:2).

Amid respiratory complaints , despite vigorous treatment with all sensitive antibiotics and nebulisation , complaints of coughing and breathlessness did not resolve also patient did not show any improvement clinically and on auscultation wheezing was persistent. Thus , respiratory pathogen detection by THROAT SWAB RTPCR was done which detected HUMAN RESPIRATORY SYNCYTIAL VIRUS A & B , blood culture sensitivity showed PSEUDOMONAS AERUGINOSA . Sputum AFB showed 3 bacilli positive for MTB and sputum for CBNAAT showed MTB detected with rifampicin sensitive.

### RESULT

A diagnosis of RSV superinfection in carcinoma lung with sputum positive pulmonary tuberculosis was made and patient was treated with sensitive antibiotics, antiviral-antiviral-TAB. RIBAVIRIN(200) BD for 14 days, sensitive for RSV & anti tubercular drugs . Patient improved clinically and radiologically (Fig.3) after antiviral treatment. Although there is a 3% prevalence of pulmonary tuberculosis and lung carcinoma co existing , secondary infection with RSV is rare.



### CONCLUSION

Aggressive management is necessary for patients with lung cancer on chemotherapy as multiple pathogen infections are associated with less onotherapeutic possibilities and poses a significant risk for survival.

### REFERENCES

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