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**Case Report**

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**A CASE OF AIRWAY CONSTRICTION BY AGGRAVATED CERVICAL AND MEDIASTINAL TUBERCULOUS LYMPHADENITIS DUE TO IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME CAUSED BY HIV TREATMENT**

Naoya IWANAMI, Taisuke ARAKI, and Yoshitaka YAMAZAKI

**Abstract** A 26-year-old Filipino woman underwent detailed examination at a hospital for complaints of malaise and swollen cervical lymph nodes; she had been diagnosed with HIV infection one and half years before admission to our hospital. After returning to her home country, she was diagnosed with tuberculosis, and anti-retroviral therapy (ART) and anti-tuberculosis therapy were started. She came to Japan and visited another hospital. Then, a blood test showed HIV-RNA  $\geq 100000$  copies/ml and CD4 lymphocyte count  $< 10/\mu\text{l}$ , her medication was changed to the other anti-HIV medicine. Computed tomography of the chest revealed nodular shadow and cavitation in the upper lobes of both lungs and lymph node enlargement in the left neck and mediastinum. Sputum smear was positive for mycobacteria in Gaffky scale, and *Mycobacterium tuberculosis* was identified by the LAMP method. The patient was transferred to our hospital because of active pulmonary tuberculosis and started anti-tuberculosis therapy. ART was changed to other anti-HIV medicines. After ART initiation, the mediastinal lymph nodes enlarged, airway

compressed, and shortness of breath was observed upon exertion. We punctured the anterior cervical lymph node and drained pus. The size eventually decreased, without perforation of the trachea, and the patient was discharged after 3 months of treatment. We, hereby, report a case in which aggressive puncture and pus drainage were helpful in airway stenosis, caused by enlarged lymph nodes due to tuberculosis associated with uncontrolled HIV infection.

**Key words:** Tuberculosis, Tuberculous lymphadenitis, HIV, AIDS, Immune reconstitution inflammatory syndrome

Department of Pulmonary Medicine and Infectious Disease, Nagano Prefectural Shinshu Medical Center

Correspondence to: Naoya Iwanami, Department of Pulmonary Medicine and Infectious Disease, Nagano Prefectural Shinshu Medical Center, 1332, Suzaka, Suzaka-shi, Nagano 382-0091 Japan. (E-mail: m09014ni@gmail.com)