

FATAL ADENOVIRAL INFECTION IN A CF PATIENT

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Introduction: In CF both the chronic bacterial infection and the exaggerated immune response result in structural damage of the airways and lung parenchima. Viral infections usually cause deterioration of chronic lung disease. **Case report:** A 16 year old girl was diagnosed with CF at 8 month of age (sweat chloride concentration 79 mmol/l, DF508/DF508). At the age of 3 she was chronically infected with *Pseudomonas aer.* and intensively treated. She had severe lung disease, cor pulmonale, GER, mild liver disease, pancreatic insufficiency, glucose intolerance and severe osteoporosis. She has no *Aspergillus* or mycobacteria and allergology tests were negative, but two strains of *Pseudomonas aer.* with good sensitivity. Modified Shwachman-Kulczycki score was 38/100 (X-ray score was 6/20, FEV1 27%). Family and patient refused PEG and they were still thinking about the possibility of lung transplantation. She came to hospital for the third time during the last year because of progressive respiratory insufficiency, sputum production, fever and elevated inflammation parameters and was intensively treated with antibiotics i.v. and other necessary therapy. Her condition improved. Despite all prophylactic measures in hospital she acquired adenoviral infection on the ward (DFA+++ in nasopharyngeal aspirate). She got fever up to 40°C for 4 days with severe deterioration and respiratory insufficiency. Intubation and bronchial lavage were indicated and followed by mechanical ventilation. Fatal outcome happened after 10 days. **Conclusion:** Adenoviral infection in a severe CF patient may cause deterioration of chronic lung disease and lethal outcome, unfortunately without possibility of vaccination or specific treatment.

