

**Eri Ž., Stanić J., Zvezdin B., Klem I., Vučković D., Kosijerina Z., Stanetić M.:  
Pathologic features of the lungs in the immunocompromised host. 11<sup>th</sup> Annual  
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Immunodeficient patients develop pulmonary infiltrations due to a variety of causes; their differentiation represents a rather complex procedure. Materials and methods Lung changes of 109 immunocompromised patients are described, The samples for a histologic analysis were obtained either by a catheter (90 patients) or transbronchial biopsy (19 patients). In 85/109 patients immunodeficiency was due to a malignant process (most frequently a bronchogenic carcinoma - malignant lymphoma); another group included 24/109 patients with an obstructive pulmonary disorder, who were submitted to a long-term corticosteroid therapy. The most common histologic changes of the lungs were those of organizing pneumonia (71/109) caused by pyogenic staphylococcus, pseudomonas, Haemophilus influenzae (isolated in the sputum). Interstitial pneumonia was registered in 16/109 patients. In only 5 patients pneumonia was due to a cytostatic treatment. After irradiation 5 patients developed diffuse interstitial fibrosis and 2 patients were presented by interstitial pneumonia with a foamy exudate. Granulomas without necrosis (sarcoid-like) were found in 8 patients and diffuse carcinomatous lung lymphangiosis in 4 patients. Infarct-like pneumonia was registered in 3 patients. Pathologic lung lesions in the examined series of patients are numerous, diverse and often etiologically nonspecific