

## June 2013 Arizona Thoracic Society Notes

A dinner meeting was held on Wednesday, 6/26/2013 at Scottsdale Shea beginning at 6:30 PM. There were 16 in attendance representing the pulmonary, critical care, sleep, and radiology communities.

Rick Robbins, editor of the Southwest Journal of Pulmonary and Critical Care, announced that the journal had begun using digital object identifiers (DOI) through the CrossRef service. In addition, the content of the journal will be stored in the CLOCKSS Archive.

The Mayo Clinic in Rochester has asked to partner with the Southwest Journal of Pulmonary and Critical Care. The Arizona Thoracic Society endorsed this association.

Rick Robbins is stepping down as the Arizona representative to the Council of Chapter (CCR) Representatives. Dr. George Parides was unanimously elected CCR representative.

Dr. Lewis Wesselius presented the case of an 80 year old Asian man with a history of the recent onset of cough, weight loss, headache and an abnormal chest x-ray. He was a nonsmoker. Physical exam revealed a thin man but was otherwise unremarkable. Laboratory showed only an elevated erythrocyte sedimentation rate. CBC was normal. Chest x-ray showed increased right perihilar densities and a small right pleural effusion. CT scan showed areas of dense consolidation in the right upper and middle lobes. Bronchoscopy was performed. No bronchial abnormality was noted. However, the cultures grew *Cryptococcus*. Lumbar puncture showed elevated protein, slightly low glucose and slightly increased lymphocytes. A CD4 count was performed and was low at 150 cells/mm<sup>3</sup>. HIV was negative.

It was felt he had idiopathic CD4 lymphocytopenia which is a severe CD4 T-cell depletion resulting in a predisposition to opportunistic infections (1). The epidemiologic data do not suggest that the condition is caused by a transmissible agent. Unlike HIV infection, the decrease in the CD4 cell counts is often slow. The clinical spectrum ranges from an asymptomatic laboratory abnormality to life-threatening opportunistic infections. Their cause is unknown and there is no proven treatment.

There being no further business the meeting was adjourned at about 8 PM. The next meeting is scheduled for Wednesday, July 24, 6:30 PM in Tucson at the Kiewit Auditorium on the University of Arizona campus.

Richard A. Robbins, M.D.

## **Reference**

1. Luo L, Li T. Idiopathic CD4 lymphocytopenia and opportunistic infection--an update. FEMS Immunol Med Microbiol. 2008;54(3):283-9. [\[CrossRef\]](#)  
[\[PubMed\]](#)