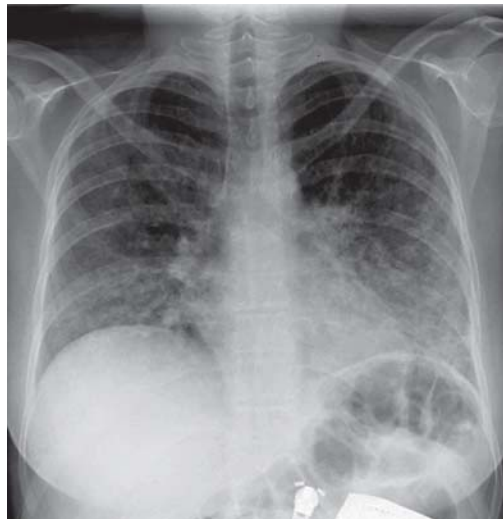


 **CLINICAL SNAPSHOT**

Interstitial Pneumonia During Pregnancy

A previously healthy 28-year-old female presented in gestational week (GW) 25 + 0 with dyspnea, cough, and subfebrile temperatures. Radiography revealed bilateral interstitial infiltrates (*Figure*). Initial empirical antibiotic therapy failed to achieve an improvement. Oral candidiasis that was additionally noticed in combination with the radiological infiltrates was suggestive of immune suppression. The further diagnostic work-up yielded evidence of *Pneumocystis jirovecii* in the bronchoalveolar lavage, as well as a positive HIV test (CD4 cells 31/μL). The patient received intravenous co-trimoxazole and oral fluconazole. Antiretroviral treatment with emtricitabine/tenofovir and raltegravir was promptly initiated. In GW 31 + 2, premature rupture of membranes and cervical contractions occurred, necessitating emergency cesarean section. The infant subsequently received post-exposure prophylaxis and is currently HIV-negative. Pneumocystis pneumonia is one of the most frequent opportunistic infections in the setting of HIV in Germany. In order to prevent HIV-related complications and avoid vertical transmission to the infant, free HIV testing should be offered during pregnancy, in line with the maternity guidelines.



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