Pleural Effusion in a Patient with AIDS
(See page 1926–7 for the Answer to the Photo Quiz)

A 51-year-old black man with AIDS (CD4+ cell count, 12 cells/μL) developed a dry cough, pleuritic chest pain, fevers, chills, and night sweats 2 weeks in duration. He denied weight loss, hemoptysis, tobacco use, and illicit drug use. He had not been imprisoned or homeless, had not traveled, and had no ill contacts. On physical examination, he was febrile (temperature, 39.4°C) and in mild respiratory distress, with a respiratory rate of 20 breaths per min. He was cachectic, with decreased breath sounds and dullness to percussion over the left lung base. He had mobile, nontender, enlarged lymph nodes in the cervical and inguinal areas. The patient’s skin and neurological examination findings were unremarkable. Significant laboratory
results included a WBC count of 3800 cells/μL with 51% segmented neutrophils and a lactate dehydrogenase level of 209 U/L. A tuberculin skin test had negative results, and no acid fast bacilli were identified in the patient’s sputum. A chest radiograph revealed a large, left-sided pleural effusion (figure 1). CT images showed multiple nodules in his right lung, and his left lung had pleural thickening with a large effusion. A diagnostic thoracentesis found exudative pleural fluid with a pH of 7.46 and a lymphocytic predominance. A pleural biopsy was performed (figure 2). What is your diagnosis?