

# A Case of Viral Pneumonia (H1N1)-An Unusual Presentation

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## 1. Introduction

H1N1 Influenza virus infection has many complications leading to significant mortality and morbidity

## 2. Case Report

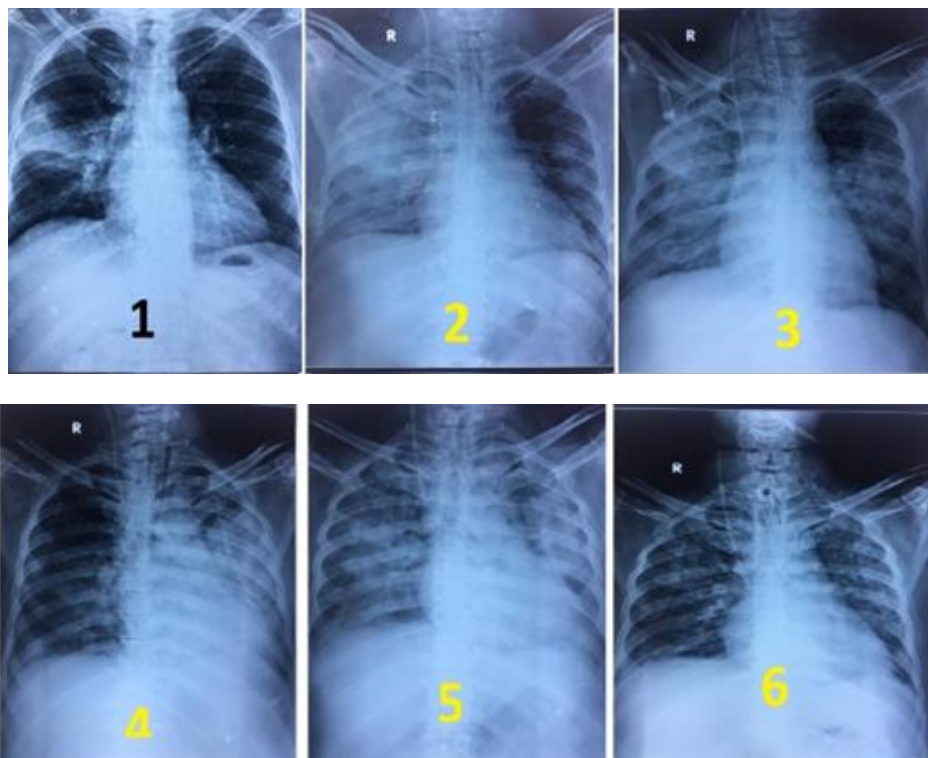
A 60year old male, a known hypertensive and type II Diabetic and with post PTCA presented with bilateral hearing loss followed by respiratory distress

## 3. History of Present Illness

He initially presented with bilateral sudden hearing loss to ENT opd and treated as sensorineural hearing loss of viral etiology. Later he developed reeling sensation and respiratory distress and was admitted in ICU.

## 4. Management

He is conscious coherent pale and dyspneic. HR-90/min BP-140/90mmHg RR-44/min, using accessory respiratory muscles. SpO2 85% @ room air, 92% with 8ltrs oxygen. On auscultation bilateral crepts were heard in inframammary and infraclavicular area. ABG showed ph-7.35, pO2-40.8, Pco2- 35.8, HCO3-20.7. He is intubated with 8mm cuffed ET tube and fixed at 20cms lip length after confirming bilateral air entry. And connected to mechanical ventilator. His right IJV was cannulated with 7F catheter. Nasogastric tube was kept insitu. Xray showed Rt lung middle lobe opacities which in 1day covered entire Rt lung. He is ventilated in SIMV mode. His repeat xray after 2days showed resolved opacities on Rt side and entire Lt lung. Ventilation mode was changed from SIMV to PRESSURE CONTROL mode



## 5. Treatment

- Inj Meropenem 1gm BD
- Inj Teicoplanin 400mg BD for 1day f/b OD for next 6days
- Tab Oseltamivir 75mg BD
- Tab Azithromycin 500mg BD
- Tab Cotrimoxazole 800mg BDand
- Nebulisation with salbutamol and budesonide.

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His anemia was corrected with 1unit whole blood transfusion. RT feeds with high protein diet was given 2<sup>nd</sup> hourly. Tracheostomy was done on day8 of ventilation

After 6days of ventilation in P-SIMV his xray picture improved and PO2 in ABG improved.

	Day 1	Day 2	Day 4	Day 6	Day 8	Day 10
Hb	9.9	9.3	7.3	8.2	8.9	9
S. creat	2.1	2.1	1.8	1.6	1.56	1.4
PO2	56	47	60	140	65.4	110
PCO2	48	46	34.7	36	35	38

## 6. Discussion

H1N1 infection may result in pneumonia causing acute respiratory failure, multiple organ dysfunction, and alveolar hemorrhage. Histology shows alveolitis, bronchiolitis, acute alveolar edema, and diffuse alveolar damage due to the neutrophil infiltration of the alveolar wall. Damage to alveolar septa, as a result of extensive bleeding, alveolar hemorrhage

causes dyspnea, hemoptysis, anemia, and clinical and radiological findings of bilateral alveolar consolidations.

## References

- [1] Gilbert CR, Vipul K, Baram M. Novel H1N1 influenza A viral infection complicated by alveolar hemorrhage. Respir Care 2010; 55:623–5.