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PNEUMOCYSTIS CARINII COLONIZATION IN THE ABSENCE OF IMMUNOSUPPRESSION

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A prospective study was undertaken to evaluate the incidence and the course of *Pneumocystis (P.) carinii* colonization in immunocompetent patients with severe pulmonary diseases. A further perspective was to determine the diagnostic values of different detection methods.

Bronchoalveolar lavage fluid samples from 77 of 838 adult human immunodeficiency virus-antibody negative patients were examined by Diff-Quik stain. Direct immunofluorescence test and polymerase chain reaction. All Diff-Quik stains were negative, but direct immunofluorescence tests and polymerase chain reactions were positive in the samples of 5 patients. The normal number of granulocytes and CD4+ T-lymphocytes (median 810 cells/mm³ blood) and normal values of immunoglobulins proved the relative competence of the immune systems of the 77 patients. Although none of these patients received any agent effective against *P. carinii*, none developed a *P. carinii* pneumonia within a 120.5 day surveillance period. Nosocomial transmission could be excluded.

As the colonization with *P. carinii* did not result in pneumonia in immunocompetent patients, clinically silent carriers have to be assumed. In non AIDS-patients sensitive detection methods have to be used to identify colonized persons.