

Editorial Article

Neglected entity of viral pneumonia in pneumonia topic of different prestigious textbook as well as reference books of Medicine.

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Viruses are a generally neglected cause of community-acquired pneumonia (CAP) for several understandable reasons. They are included in investigational and epidemiologic studies but are not routinely sought in clinical practice because they are difficult to diagnose, primarily because the methods used for this purpose (culture, immunofluorescence for viral antigens, and serology) are expensive and often unavailable, and the results do not become known promptly. Viral pneumonia is extremely important in two situations –community-acquired and in the immunocompromised. Hospital-acquired infections are extremely rare. Community-acquired viral pneumonia is under-diagnosed and under-treated. The incidence of viral CAP varies. But in patients hospitalized with CAP, about 30% have a viral etiology, and half of these patients have both bacterial and viral pneumonia. The usual aetiological agents are influenza (A/B), Respiratory Syncytial Virus (RSV), rhinovirus, parainfluenza, adenovirus, coronavirus [including Severe Acute Respiratory Syndrome (SARS)] and metapneumovirus.

Influenza remains the predominant viral cause of CAP in adults viral pneumonia more likely if Insidious onset lower temperature Coryzal illness(nasal discharge, nasal obstruction, sneezing, sore throat, cough, hoarseness of voice, loss of taste and smell, mild burning sensation of the eyes and a feeling of



pressure in the ears or sinuses, due to obstruction and/or mucosal swelling), has severe muscle pain (myalgia), has severe fatigues. Tachycardia or tachypnea out of proportion to the temperature. Having breathless but has no pleuritic pain Viral infection like measles or chickenpox with pneumonia suggests the diagnosis strongly.

Normal or low white cell count makes viral pneumonia more likely but Chlamydial or Mycoplasma pneumonia and bacterial pneumonia in the elderly may not show leukocytosis. Real-time PCR and fluorescent antibody tests are the most promising tests for diagnosis. Viral cultures are done only in specialized centers. Serology is useful in epidemiological studies but is of no use in the clinical management of patients.

Plain chest radiology is not sensitive enough to differentiate between bacterial and viral pneumonia. However, a 'pure' (i.e. without any bacterial superinfection) viral pneumonia usually does not present with unilateral lobar consolidation. The predominant radiological findings on chest CT shows bilateral multifocal ground-glass opacities.

Treatment of viral pneumonia focuses on the treatment of influenza. Oseltamivir/zanamivir is recommended in any patient with influenza-like illness and risk factors for poor outcome pending reports. Treatment should be started on suspicion as the benefit of antiviral treatment is almost entirely in the early phase. The benefits of treatment for any other community-acquired viral infections are unproven.

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