PHOTO QUIZ

# An unexpected infectious disease in wintertime

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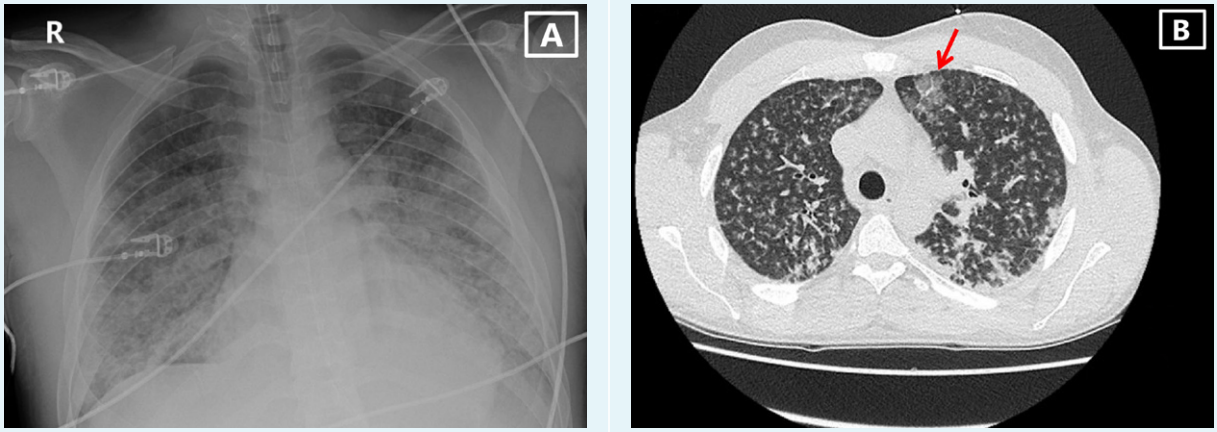
**Figure 1.** *An X-ray and CT scan of the chest*
**A.** *Chest X-ray shows fine reticulonodular opacities*
**B.** *CT scan demonstrating ground-glass attenuation, alveolar haemorrhage (arrow) and small nodular hyperattenuating areas.*




## CASE REPORT

A 31-year-old patient, with known alcohol and drug abuse, was admitted on January 2nd, 2020 to our emergency room presenting with fever, stomach ache, vomiting, diarrhoea, myalgia, coughing, and headache for one week. The patient reported that he had cycled into a ditch after drinking too much alcohol, a week prior to admission. Initial laboratory examinations showed the following: C-reactive protein 464 mg/l, leucocytes 14.9 x $10^9$/l, thrombocytes 32 x $10^9$/l, creatinine 416 µmol/l, alanine aminotransferase 164 u/l, aspartate aminotransferase 281 u/l, gamma-glutamyl-transferase 121 u/l, alkaline phosphatase 159 u/l, and bilirubin 123 µmol/l. A few hours after admission, the patient became respiratory insufficient, was admitted to the intensive care unit (ICU), and underwent endotracheal intubation. The chest X-rays and CT scan of the thorax predominantly showed diffuse infiltrative lung disease (figure 1). An ultrasound of the liver demonstrated no liver or bile duct pathology. In the following days, the patient's vital parameters deteriorated and he developed an acute kidney injury, for which he received continuous renal replacement therapy. He was transferred to the ICU of the nearest academic hospital on day three. The patient's transaminases were only modestly increased, in contrast to total bilirubin, which peaked at 413 µmol/l (direct 309 µmol/l) at day seven.

## WHAT IS YOUR DIAGNOSIS?

See page 306 for the answer to this photo quiz.