HIV transbronchial needle biopsy showed acid fast bacilli, identified on culture as M. tuberculosis. A subsequent test for HIV gave a positive result, though he was not in any high risk group.

In both cases a drop of needle aspirate was used to prepare smears for Ziehl-Nielsen staining and histological examination. The aspirate was inoculated directly on to Lowenstein-Jensen medium and the syringe and needle were flushed out with Kirschner’s medium.

Lymph node aspiration is less invasive for the patient than open lung biopsy and safer for the surgeon. It is a simple and quick investigation which may provide a rapid diagnosis of infection with acid fast bacilli in HIV patients with lymphadenopathy.

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Transcarinal needle aspiration in the diagnosis of mediastinal adenitis in a patient infected with the human immunodeficiency virus

Dr G J Serda and colleagues report that transcarinal needle aspiration is useful in the diagnosis of tuberculosis in a patient with HIV infection (May 1989;45:414-5). Needle aspiration of cervical lymph nodes has also been found to be useful in the diagnosis of tuberculosis in populations with a high incidence of tuberculosis, with or without HIV infection. It has been suggested that cervical lymph nodes may be useful in the diagnosis of tuberculosis in patients with HIV infection.

A 43 year old man presented with a three month history of fever and weight loss. There was extensive cervical, axillary, and paraaortic lymphadenopathy. A clinical diagnosis of lymphoma was considered. A cervical lymph node biopsy and aspiration were performed. Smears of the needle aspirate showed acid fast bacilli, identified on culture as M. tuberculosis.

A subsequent test for HIV gave a positive result, though he was not in any high risk group.

In both cases a drop of needle aspirate was used to prepare smears for Ziehl-Nielsen staining and histological examination. The aspirate was inoculated directly on to Lowenstein-Jensen medium and the syringe and needle were flushed out with Kirschner’s medium.

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