

## Picture quiz 2



Image 1 : PA chest radiograph.

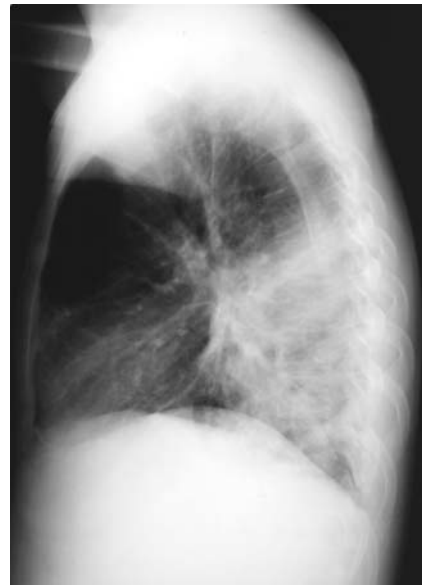


Image 2: Right lateral chest radiograph.

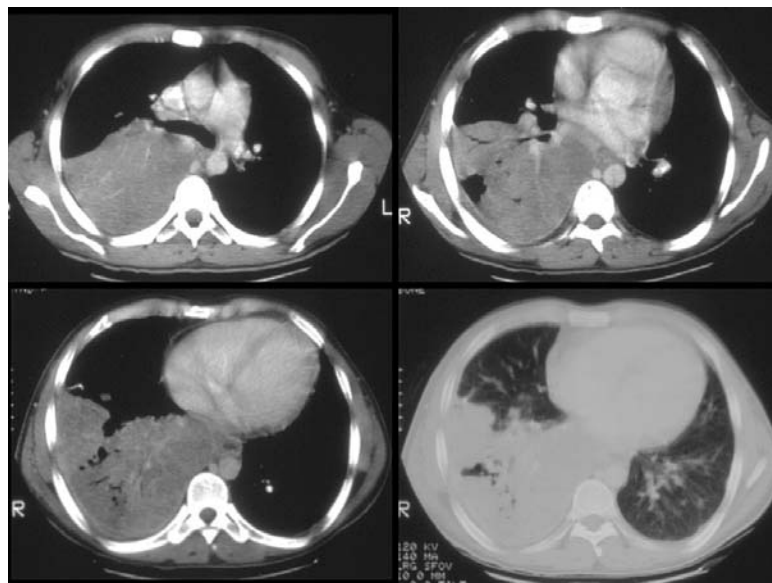


Image 3 : Post-contrast CT chest — slices 1, 2, 3 in mediastinal window and slice 4 in lung window setting.

### Question

A 29-year old man admitted to the hospital after failed therapy for outpatient pneumonia. What are your observations? What is your diagnosis ?

### Answer

*Diagnosis:* Right lower lobe, lobar pneumonia : *Pseudomonas cepacia*.

**Description:** Image 1 and Image 2. PA and lateral chest radiographs demonstrate extensive right lower lobe airspace consolidation. The homogeneity and lack of volume loss are consistent with the “lobar” pattern of pneumonia.

Image 3. Contrast enhanced chest CT (mediastinal and lung window) demonstrates uniform airspace consolidation of the right lower lobe with patent central bronchi (slice 2). Focal early cavitation is seen peripherally (slices 2, 3 and 4).

**Differential diagnosis:** *Other lobar pneumonias, drowned lung, bronchioloalveolar cell carcinoma, lymphoma.*

**Discussion:** Lobar consolidation produces homogeneous parenchymal opacity. Although initially non-segmental, advanced disease affects entire segments or lobes, accounting for the term “lobar” pneumonia. Lung volume is maintained or even expanded because of the extensive inflammatory response and alveolar exudates associated with lobar pneumonias.

Five percent of lobar pneumonias are caused by organisms other than *Streptococcus pneumoniae* and *Klebsiella pneumoniae*. The Presence of cavitation in this case suggests aetiologies other than *S. pneumoniae*.

## Reference

Hansell DM, Dee P. Infections of the lungs and pleura. In: Armstrong Peter, Wilson Alan G, Dee Paul, Hansell David M, eds. *Imaging of Diseases of the Chest*. 3rd ed. London: Harcourt Publishers Limited, 2000:163–253.

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