

Infected Pneumatocele

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A 49-year-old woman with a history of asthma and a pneumatocele secondary to a past pneumonia (Fig. 1, prior baseline chest X-ray) presented with fever, cough, and shortness of breath. This was her third admission for similar symptoms. In the past, these symptoms had resolved with antibiotics and percutaneous drainage of the infected pneumatocele. Her admission chest X-ray revealed a fluid-filled pneumatocele (Fig. 2). Given the recurrent nature of her disease, a right middle lobectomy was performed. Her recovery after surgery was un-

eventful, and she continues to do well 4 months later.

Pneumatoceles are air-filled cysts that occur because of trauma or inflammation in the lung parenchyma. The most common cause is pneumonia and they occur most frequently in children. Complications of pneumatocele include pneumothorax and, as in this patient, secondary infection. In most instances the pneumatocele resolves after treating the underlying pneumonia, but surgical intervention is sometimes required to have a definitive cure.

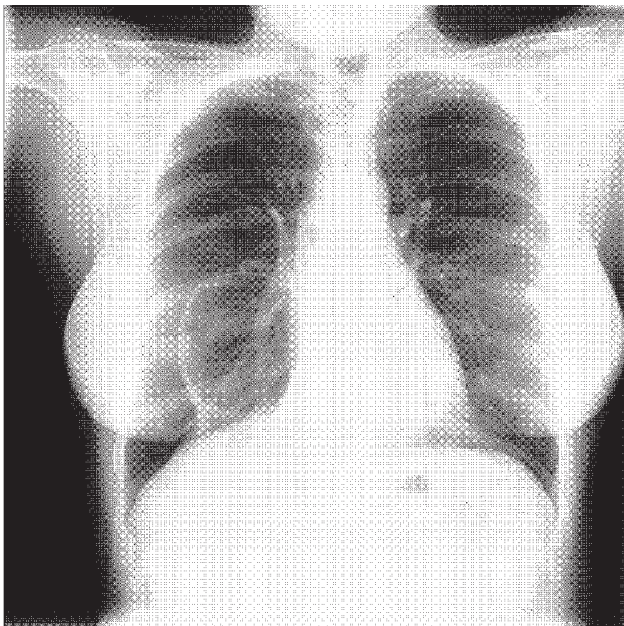


FIGURE 1. Pneumatocele.

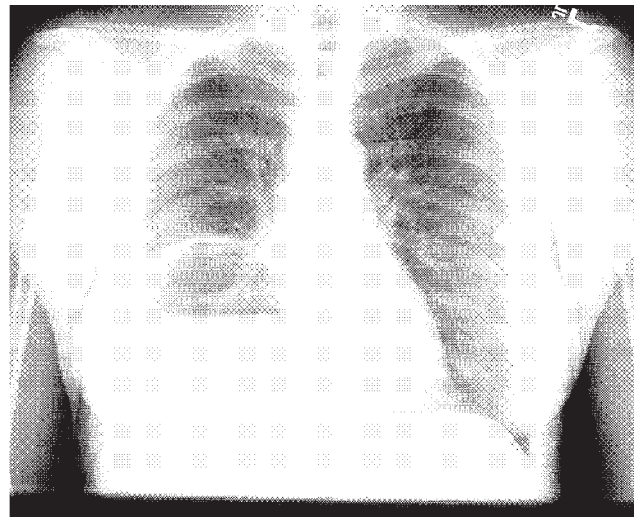


FIGURE 2. Infected pneumatocele.