

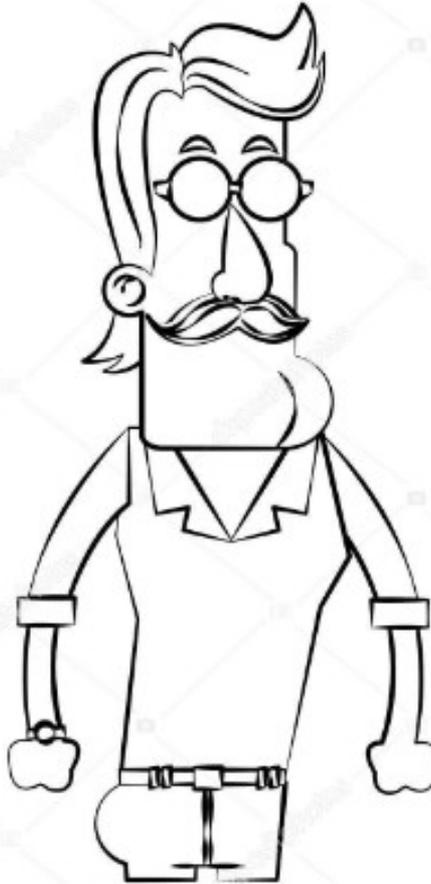
Case report III

A fever

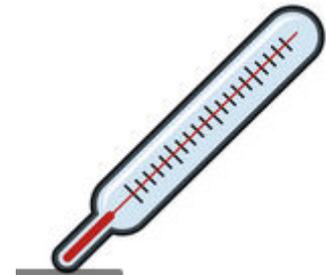
Monika Bratova

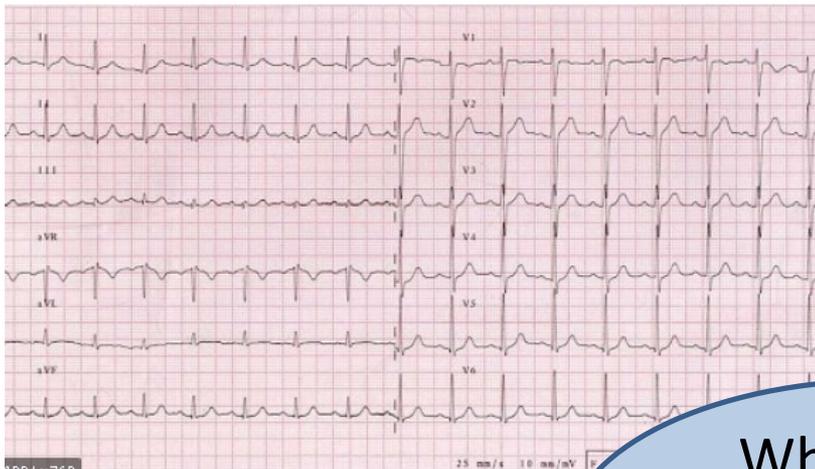
Man, 55-year old, non-smoker, hypertension and GERD in patient's history, working as a construction manager, living with his wife

Hypersthenic habitus, without neurological problems, a regular heart beat, without a heart murmur, breathing - silent breathing above the base and crackles in the middle part of the left lung, abdomen without any resistance, tappotment negative, down extremities without edema



Symptoms:
Suffering from fevers around 38°C more than 4 days. He has a chest pain on the left side of thorax, dyspnea and purulent sputum. Without dysuria. He took penicilin antibiotics without any clinical effect.





Physiologic ECG

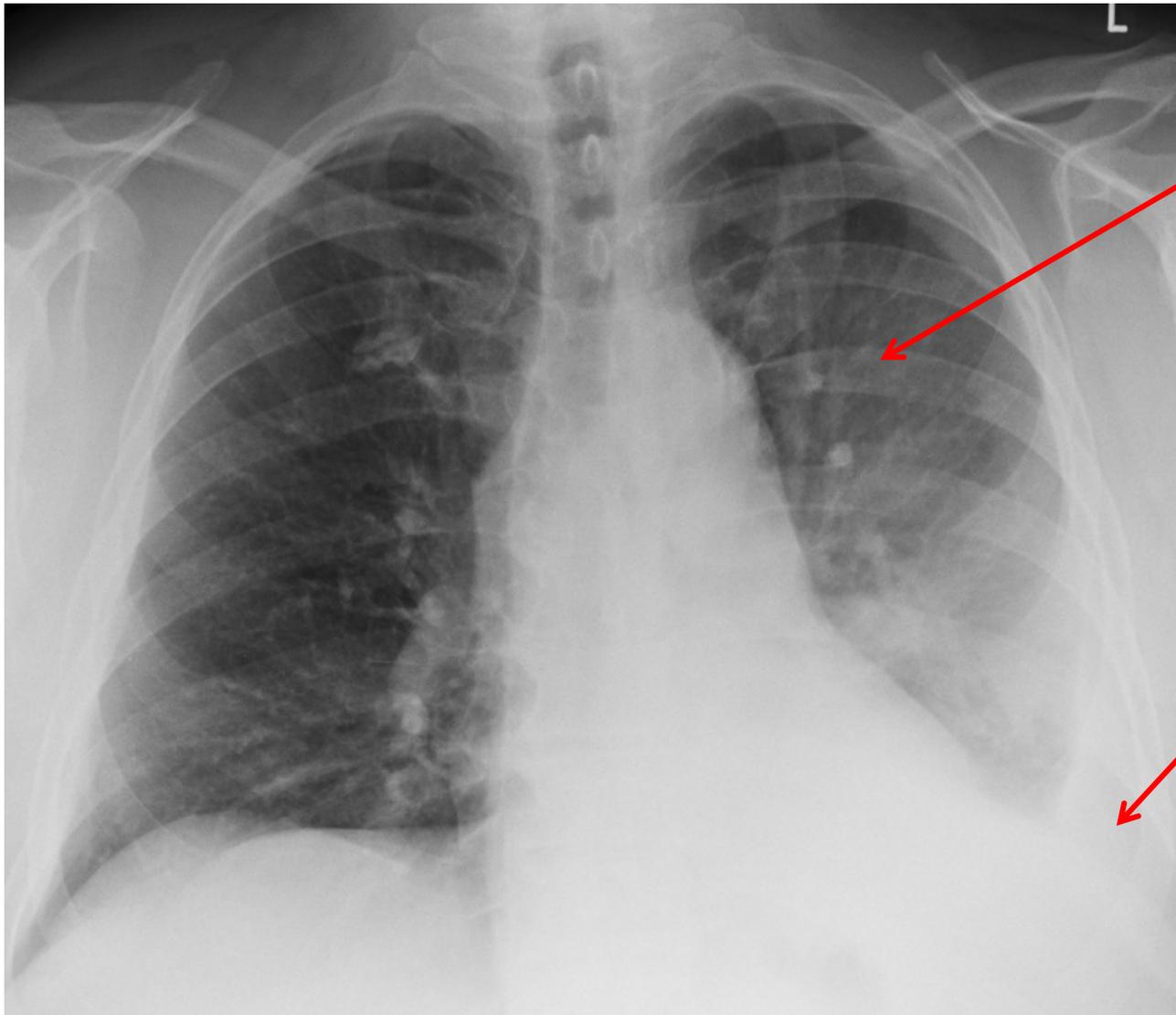
Saturation

O2 98%

Which basic examination should be done?



Blood account	Biochemistry
Leucocytes 13,7	Urea 5,0
Erythrocytes 4,0	Kreatinine 81
Hemoglobin 125	Kalium 3,8
Trombocytes 300	CRP 140



The infiltration of the left lung, mainly in the middle and down lobe, left-sided fluidothorax, no enlargement of the heart

A pneumonia with a pleural effusion:

PLUS – a fever, high inflammatory markers, the X-ray finding, the typical auscultation finding

CONTRA – without effect of antibiotics

What is a possible cause of the X-ray finding?

Lung cancer:

PLUS – the X-ray finding, persisting despite antibiotics

CONTRA – non-smoker, acute symptoms, without a weight lost

A heart failure:

PLUS – a presence of a fluidothorax, a dyspnoea

CONTRA – without a heart failure in the patient's history, an unilateral X-ray finding, without an enlargement of the heart or edema of lower extremities, do not explain a fever

A pyelonephritis:

PLUS – a localization of the pain, a fever, high inflammatory markers

CONTRA – do not explain the X-ray finding, no dysuria, a negative tapotment



An abdomen ultrasonography without pathology

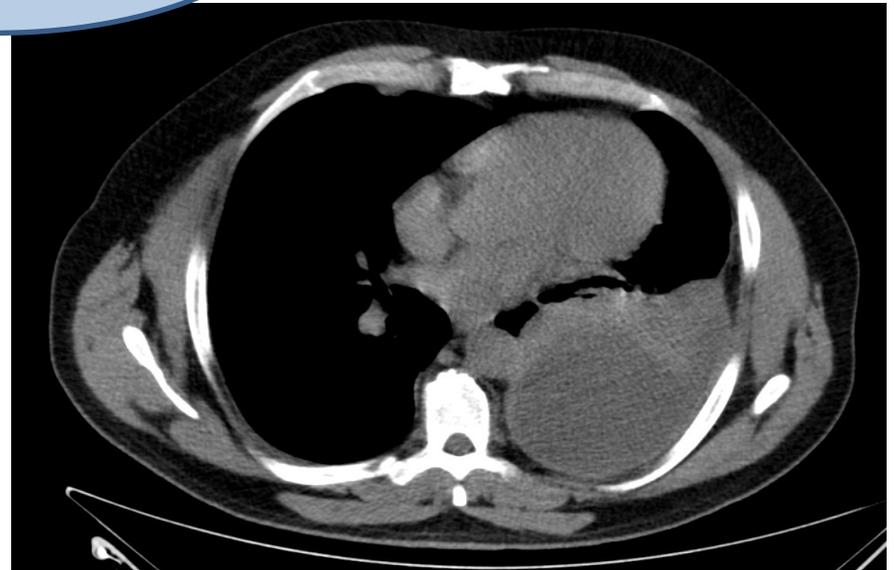
Biochemistry urine examination without evidence of the infection

Which further examination should be done?

CT scan: The infiltration of the left lung typical for pneumonia, a massive left-sided fluidothorax, without lymphadenopathy



A sputum positive from *Haemophilus influenzae* in the concentration 10^{-7}



Conclusion

- Diagnosis of pneumonia with a pleural effusion
- A chest drainage with an evacuation of the empyema was managed, flushed by Betadine
- The double combination of antibiotics were administered until 3 weeks
- We observed a slow regression of the lung infiltration