Non-resolving pneumonia

Dr. Vipul V Shah

MD

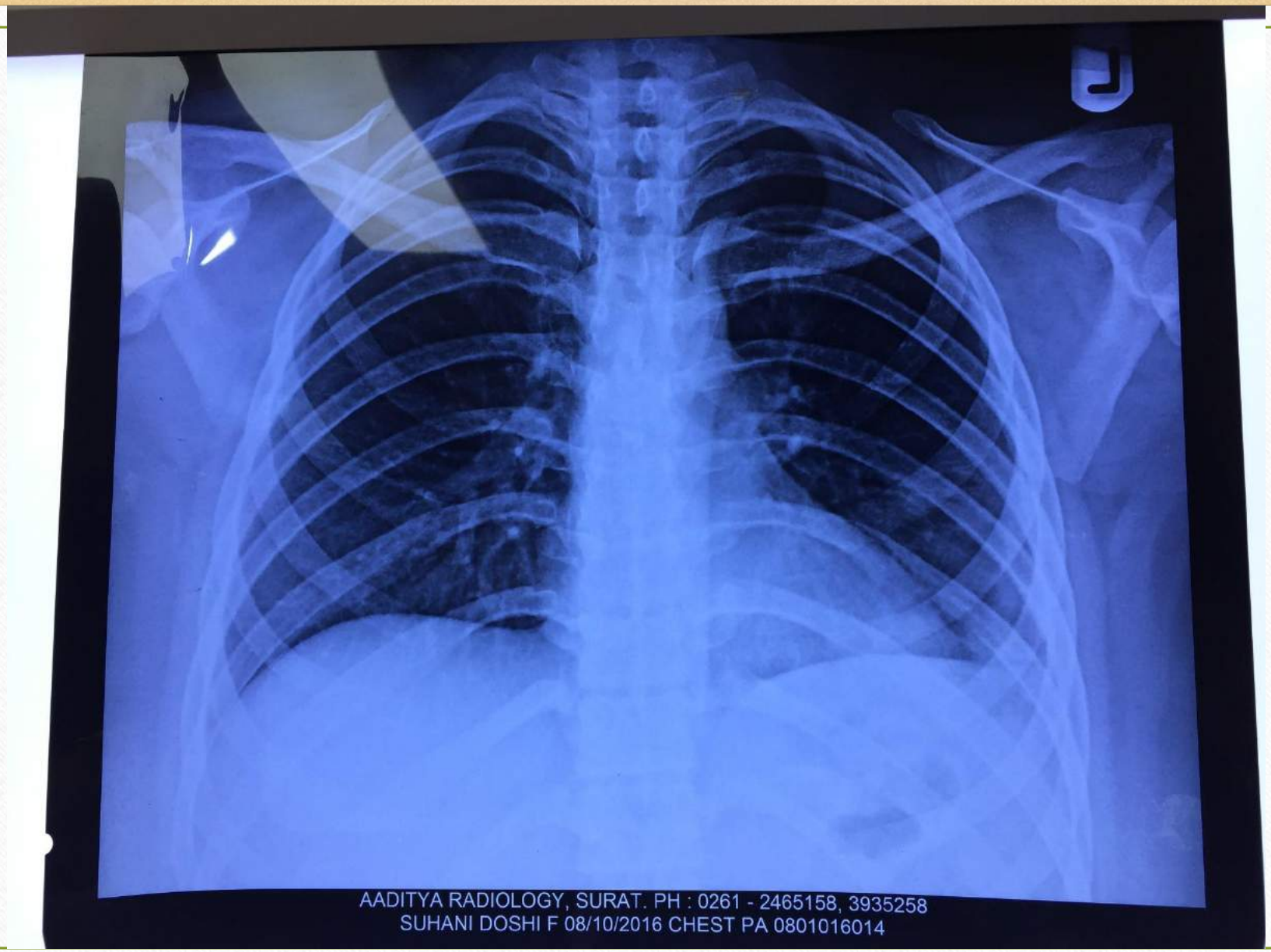
Consultant : Infectious Diseases

Case history (22-10-2016)

- 30 years old married, obese, female from Surat
- Dry cough since 30 days
- Left side chest pain 30 days, more since 5 days
- Low grade fever since 30 days
- Nausea and occasional vomiting since 5 days
- No history of breathlessness, joint pain, throat pain, abdominal pain, diarrhea, oral ulcers, weight loss or loss of appetite

Case history contd….

- Past history :History of appendectomy before 7 years. No history of TB/DM/HTN/IHD/BT/Jaundice or any major surgery
- Family history was not significant except parents having DM
- Obstetric history: On oral contraceptive pills
- Patient was admitted at Surat once and diagnosed to have left sided pneumonia (on X-Ray Chest) with leukocytosis and treated with various oral and injectable antibiotics including meropenem without any improvement in clinical, lab or radiology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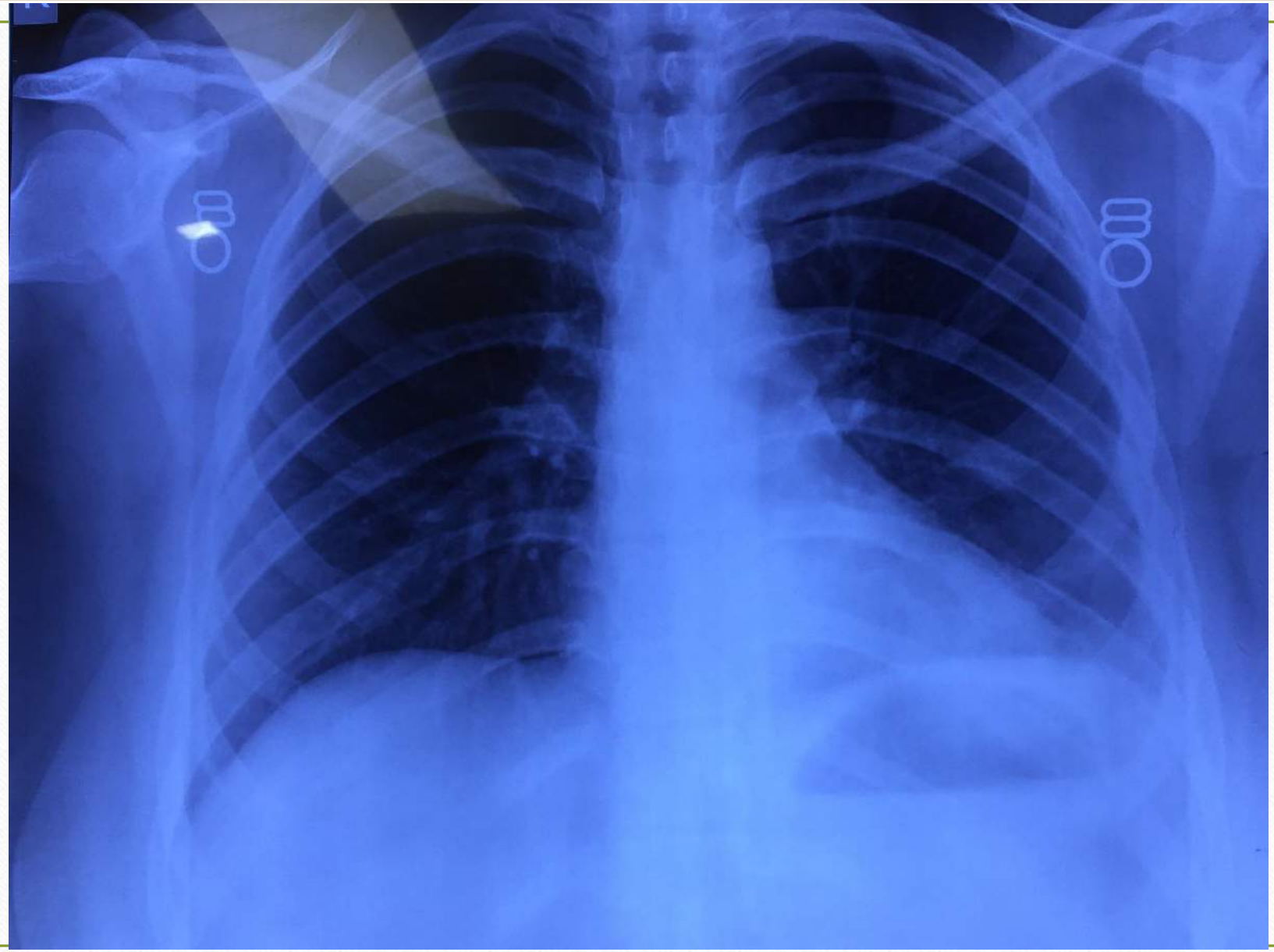
SUHANI DOSHI F 08/10/2016 CHEST PA 0801016014

On examination at our clinic

- Temp: Normal; P:84/min; BP:120/80 mm of Hg; RR: 22/min
- His general examination was normal except obesity and anemia
- Respiratory system exam shown fine creps in Left inframammory region
- Rest of her systemic examination was normal
- SpO2 : 98% at Room air
- Chest X-Ray P(A): left lower zone pneumonia with blunting of left CP angle
- She was admitted for further evaluation on 22-10-2016



Working diagnosis

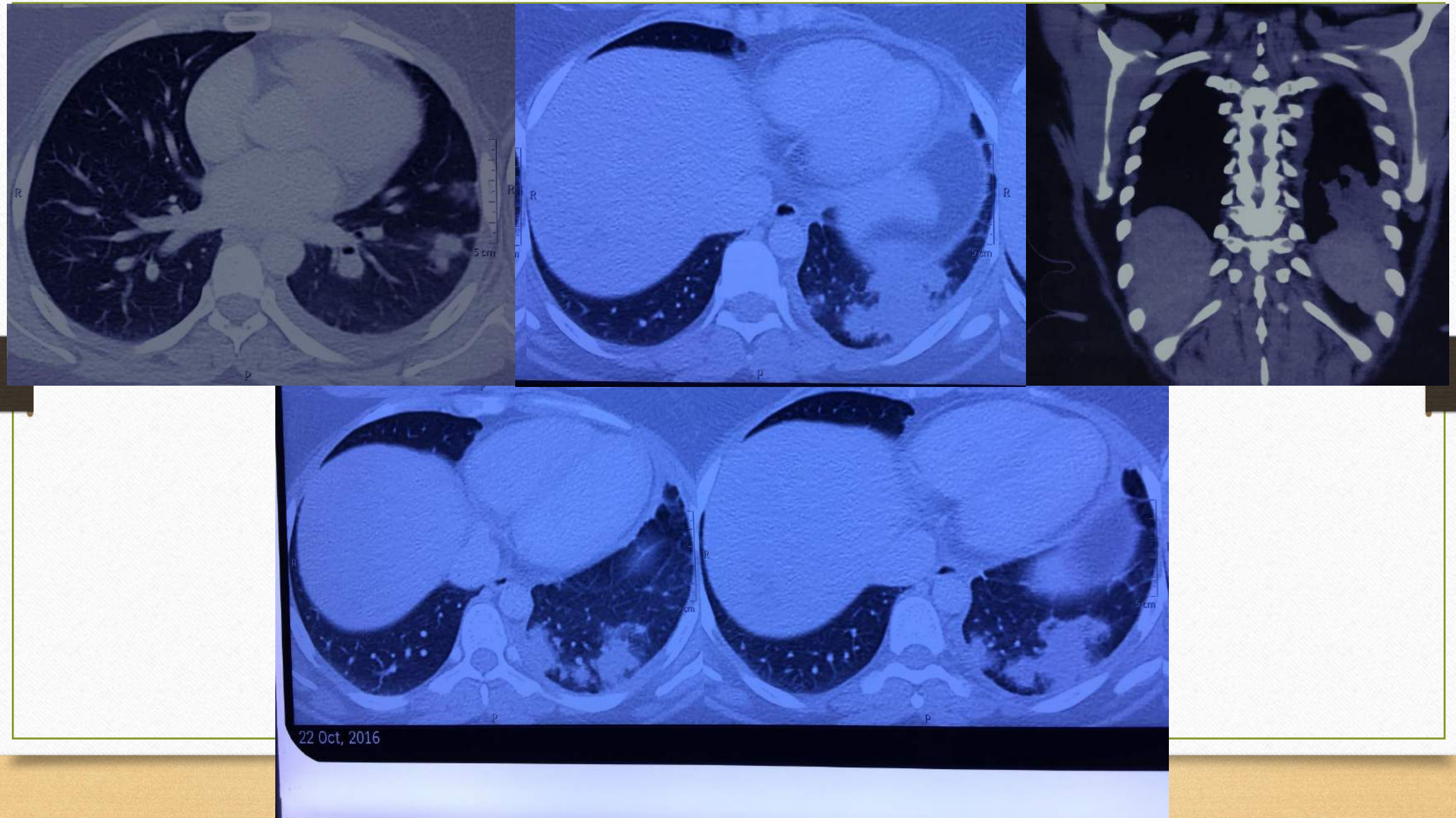
- Left lower lobe non-resolving pneumonia
- D/D
  - Infective etiology
    - Fungal or tuberculous
  - Malignancy
  - Autoimmune disease
  - Other cause

Laboratory investigations

- Hb: 11.9 gm%; TC : 12500/cmm; DC: P68 L22 E2 M8 B0; PC: 461000; ESR:11
- Urine exam normal
- FBS: 102
- SGPT: 22.5; Creatinine: 0.9
- CRP: 41.2 (Normal : 0-5)
- PT/ApTT : Normal
- Ferritin : 146 (Normal)
- D-dimer : 268 (Normal : 0-50)

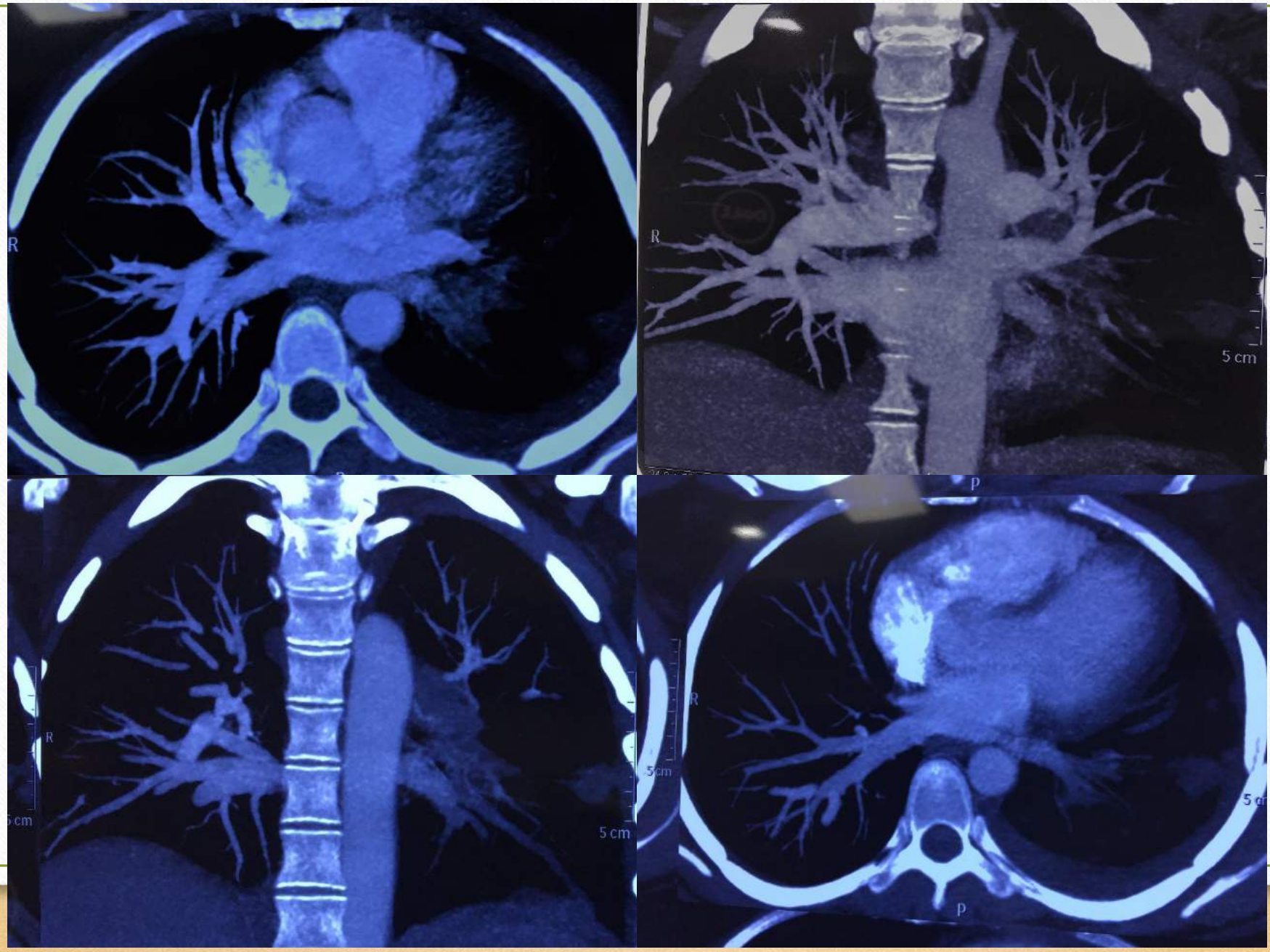
CT thorax

- Peripheral based parenchymal opacities involving left lower lobe and along posterior aspect of left oblique fissure with ground glass haziness suggest possibility of pulmonary infarct most likely
- Mild pleural effusion on left side
- A hemangioma in right lobe of liver


22 Oct, 2016

CT pulmonary angiography

- Complete thrombo-embolism in left lobar pulmonary artery and its segmental branches
- Partial thrombus in ascending subsegmental branch of left upper lobar pulmonary artery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Diagnosis

- Left lower pulmonary artery thrombosis leading to pulmonary infarct
- ?? Cause of thrombosis

Work up for thrombosis

- Lipid profile : Chol 161; TGL156; HDL43; LDL 86
- ANA by IF : negative; ANCA negative
- Protein C, S And antithrombin III : not deficient
- Anticardiolipin IgM and IgG antibody : Normal
- Lupus anticoagulant : Absent
- Homocystin : 37 (Normal : 1-15.39)
- CEA and CA19.9: normal; CA 125: 82 (normal 0-30.2)

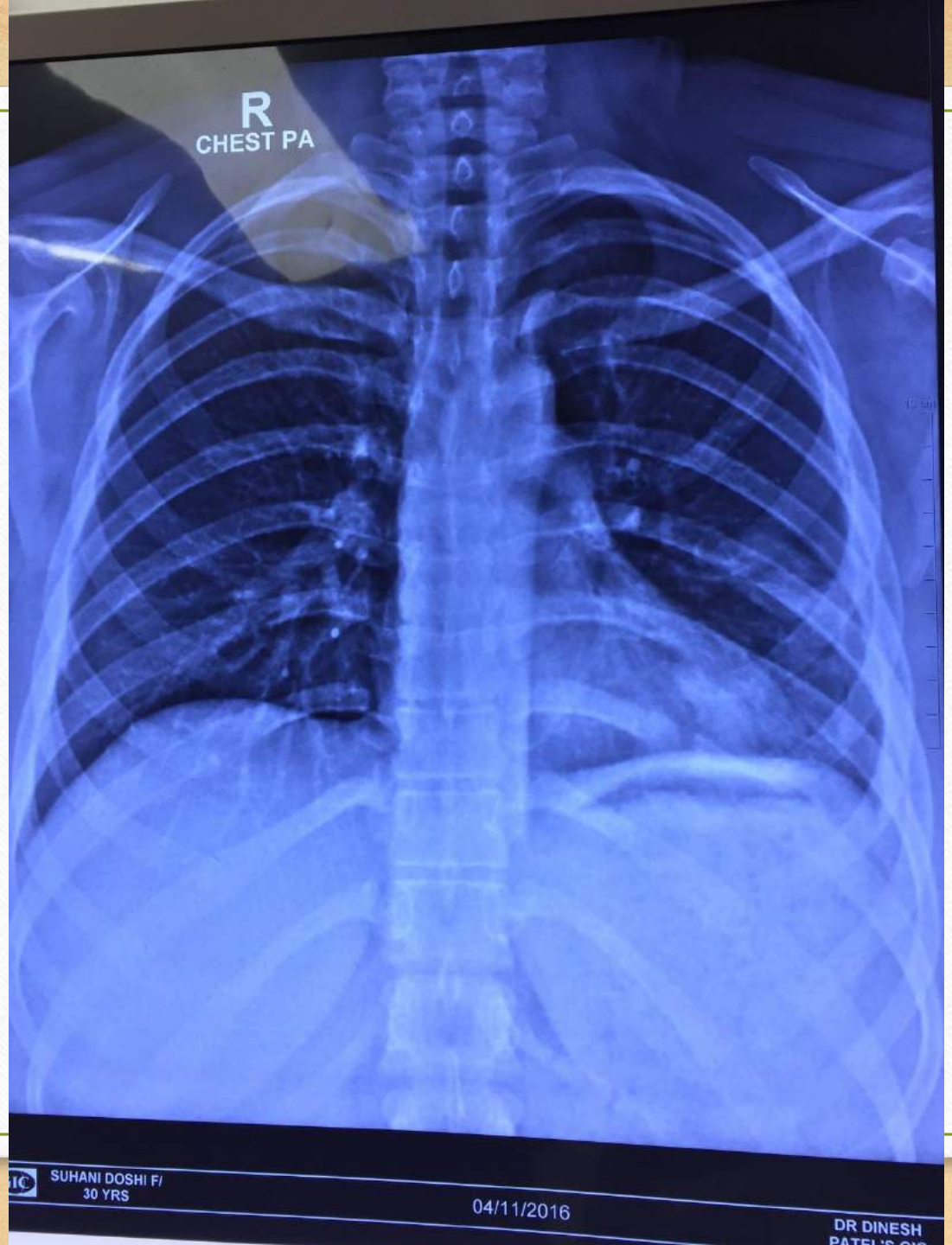
- 2D Echo : normal
- Bilateral lower limb venous Doppler : No signs of Deep vein thrombosis
- CT abdomen to rule out any malignancy : Within normal limit except liver hemangioma
- USG neck and axilla was unremarkable

Final diagnosis

- Left lower lobe pulmonary infarct
- Left lower pulmonary artery thrombosis
- Cause for thrombosis
  - OC pills
  - Hyperhomocystinemia

Treatment

- Injection enoxaparin started
- Switched to Revaroxaban
- Discharged on 10th day with improvement in symptoms and normalized WBC count and CRP
- Patient shifted to Surat under care of his physician
- Patient stopped treatment her own in March 2017 end
- Came to meet me in April 2017 in healthy condition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CHEST PA
SUHANI DOSHI F/
30 YRS
04/11/2016
DR DINESH

Cause of non-resolving pneumonia

- Infections : Nocardia, Tuberculosis, Atypical mycobacteria, fungal infections
- Malignancy : bronchoalveolar Ca, lymphoma, lymphangitic Ca, Ca lung, carcinoid, metastasis
- Inflammatory disorders : Vasculitis, Wegner's disease, BOOP, eosinophilic pneumonia, sarcoidosis, pulmonary alveolar proteinosis,
- Drug induced : nitrofurantoin, Methotrexate, amiodarone, bleomycin, mitomycin, paclitaxel, cyclophosphamadie
- Pulmonary thromboembolism