



IMAGES IN INTENSIVE MEDICINE

Diagnosis of cavitated pneumonia by lung ultrasound

Diagnóstico de neumonía cavitada por ecografía pulmonar



A. Gómez Carranza^{a,*}, A. Santos Peral^a, R. Vicho Pereira^b

^a Servicio de Medicina Intensiva, Hospital General Universitario de Ciudad Real, Ciudad Real, Spain

^b Clínica Rotger Quironsalud, Palma de Mallorca, Spain

Available online 6 November 2022

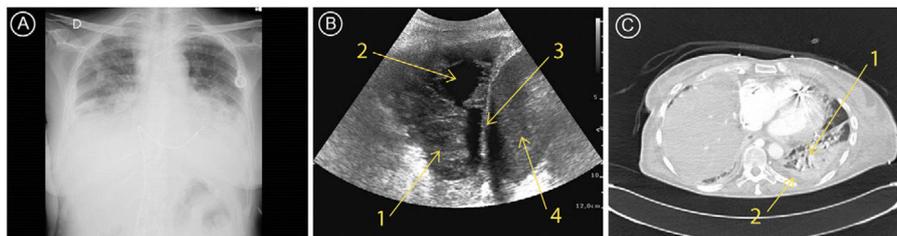


Figure 1

This is the case of a 61-year-old woman with NHL-type bulky mass, superior vena cava syndrome, severe malnutrition, muscular atrophy, dysphagia, and carrier of a femoral pacemaker who is repeatedly admitted to the ICU for drainage of left pleural effusion.

She is admitted to the ICU yet again with severe acute respiratory failure and suspected bronchoaspiration after food intake. The patient had no analytical or clinical data infection without acute phase reactants or microbiological isolation. The thoracic x-ray image (A) obtained shows

increased density on the left base indicative of pleural effusion. The patient is then admitted to the ICU for drainage as on many other occasions before. However, the lung ultrasound reveals the presence of a C pattern of alveolar condensation (B.1.) with cavitation-like hypoechogenicities (B.2.) that are consistent with cavitated pneumonia. Such image shows the left pulmonary base where the B.3 mark corresponds to the diaphragm and the B.4 mark corresponds to the spleen. The computed tomography scan confirms diagnosis, the presence of left basal condensation (C.1.), and a small layer of pleural effusion (C.2.) (Fig. 1).

* Corresponding author.

E-mail address: goca.alejandro@gmail.com

(A. Gómez Carranza).