



IMAGES IN INTENSIVE MEDICINE

Dynamic air bronchogram in pneumococcal community acquired pneumonia



Broncograma aéreo dinámico en neumonía neumocócica adquirida en la comunidad

Abdo Taché Sala, Sara Foradada Ubach, Meritxell Lladó Vilar *

Hospital Universitari de Girona Doctor Josep Trueta, Intensive Care Unit, Avinguda de França s/n, 17001, Girona, Spain

A 44-year-old male, with history of smoking and alcohol abuse, was admitted to the Intensive Care Unit due to septic shock and sepsis related cardiac dysfunction secondary a pneumococcal community acquired pneumonia.

The patient presented multiple organ dysfunction syndrome, requiring mechanical ventilation, vasopressors, continuous renal replacement therapy and antibiogram-direct antibiotic therapy.

An anteroposterior chest radiography showed an area of lung consolidation in lower right lobe, indicating pneumonia (see Fig. 1). The lung ultrasound showed lobar consolidation, air bronchogram, pleural effusion and fibrin (see Fig. 2), as well as hyperechoic opacities that move centrifugally with respiration (dynamic air bronchogram) (see suppl. material 1). The patient was discharged alive after 2 months.

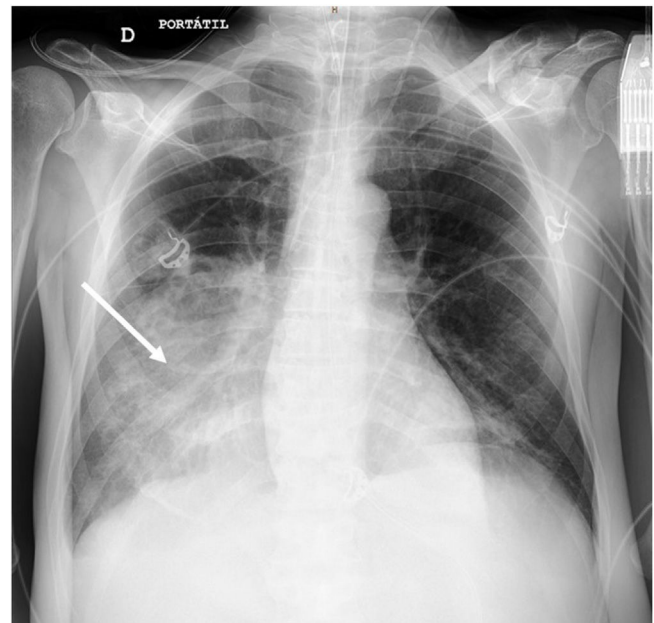


Figure 1 Anteroposterior chest X ray view showing a right lower lobe consolidation (white arrow).

* Corresponding author.

E-mail address: mlldov.girona.ics@gencat.cat (M. Lladó Vilar).

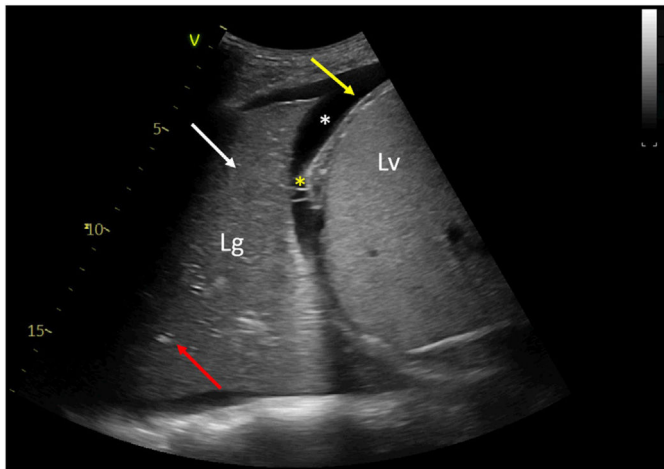


Figure 2 Lung ultrasound showing the diaphragm (yellow arrow), as well as lobar consolidation (white arrow), air bronchogram (red arrow), pleural effusion (white asterisk) and fibrin (yellow asterisk).

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.medin.2024.05.015>.