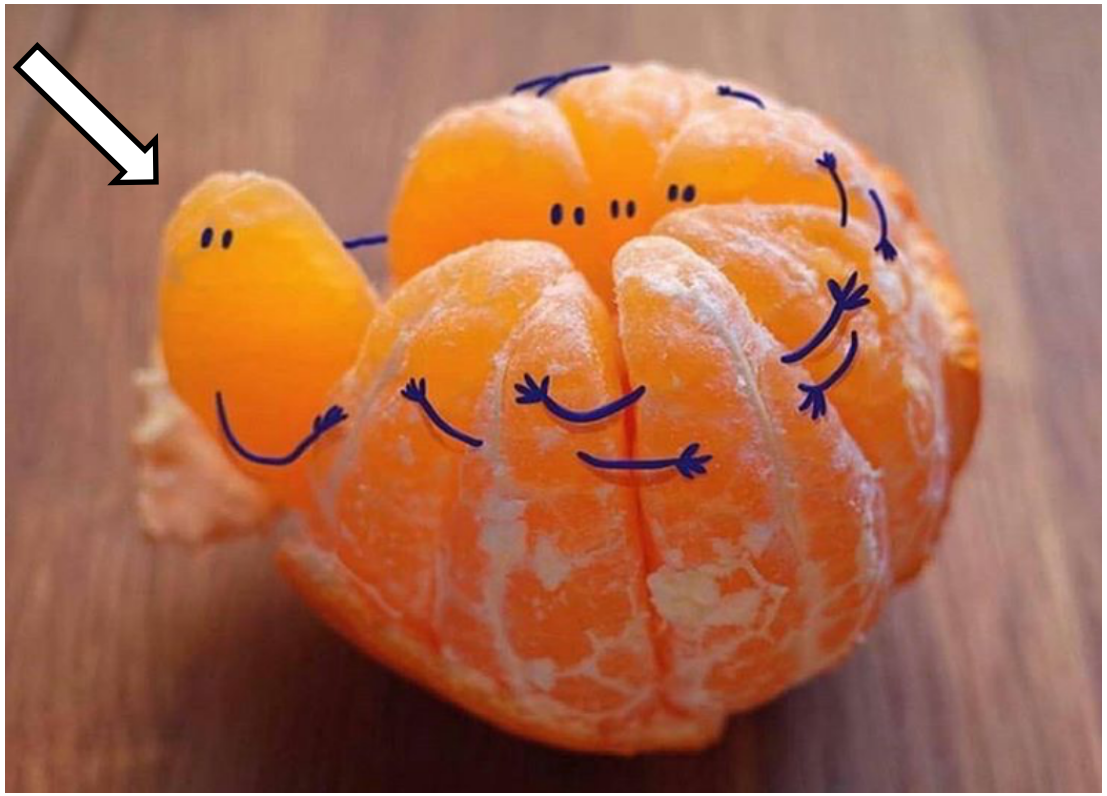
The Cases with Unresolved Pneumonia

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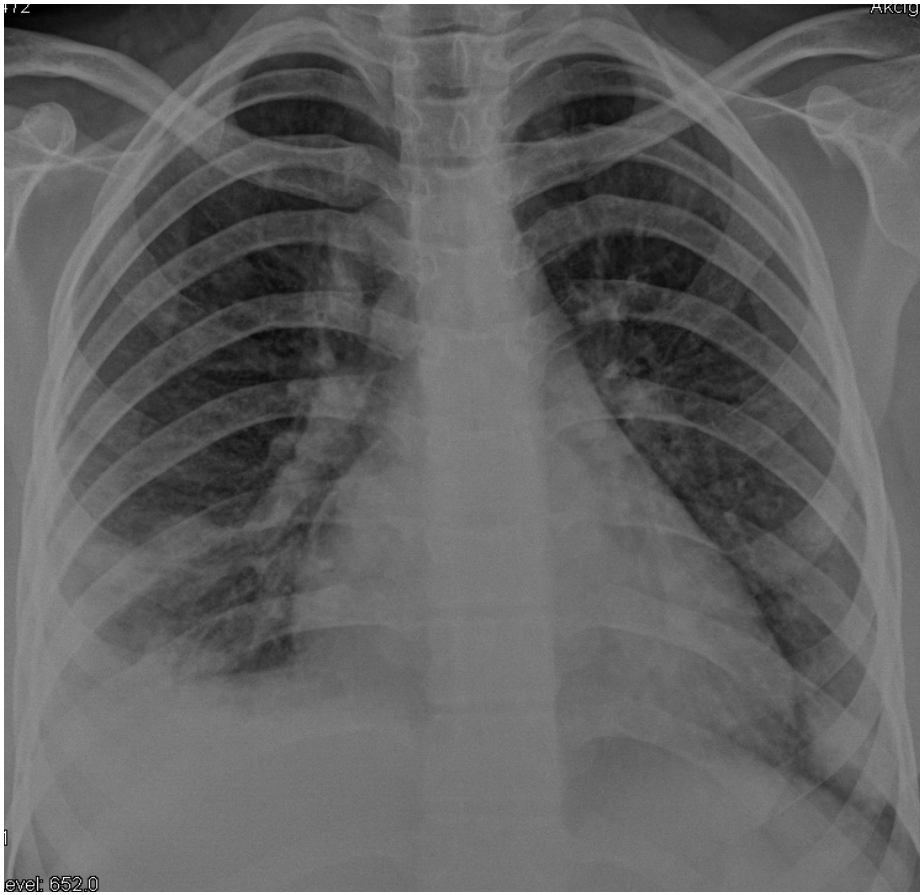
Unresolved Pneumonia

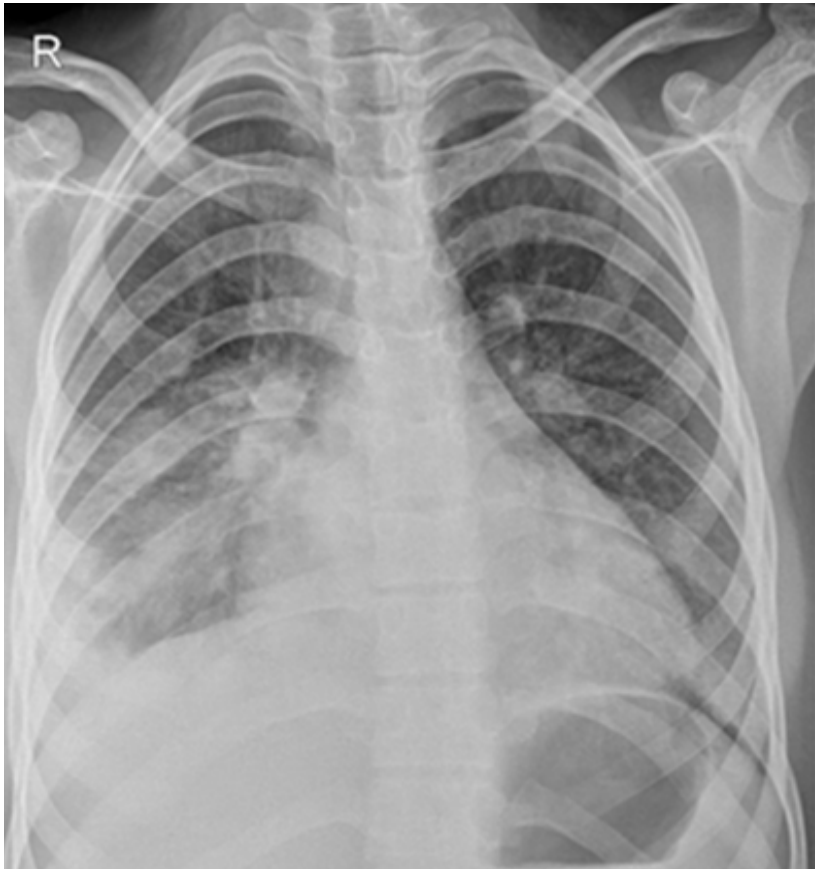


- This presentation was prepared for 3rd Congress of Child Chest Diseases.
- Sep ,28-30/2018.Istanbul/Turkey.
- We have no actual or potential conflict of interest in relation to this presentation.
- You have permission to use my slides in this presentation.

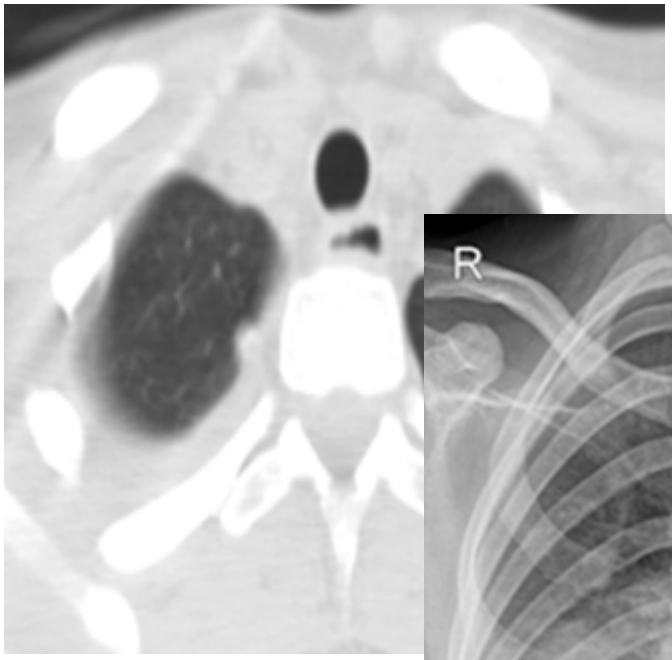
1st Case

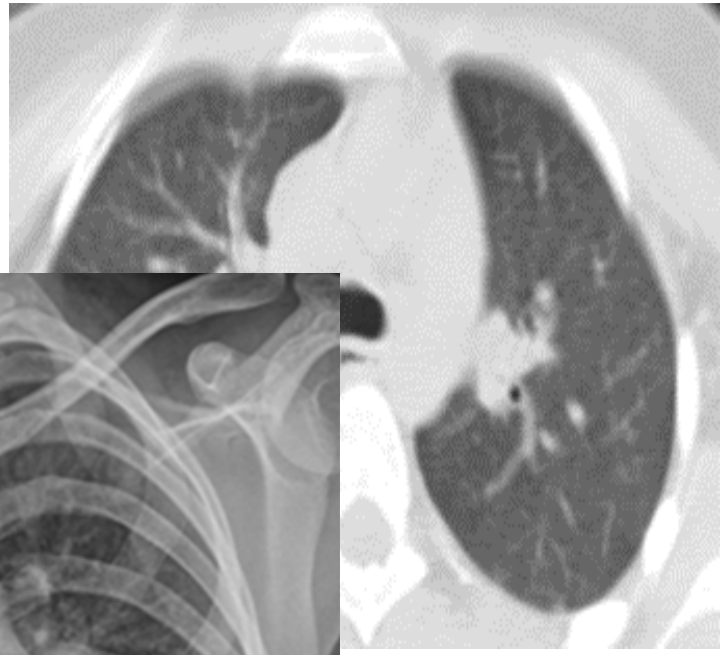
- A 15 years-old girl was referred to the our hospital for complaints of fever,dyspnea and cough.She was hospitalized for pneumonia. Chest radiograph showed bilateral and basilar alveolar consolidations with pleural effusion on right hemithorax(Figure 1). There was no response to intravenous cefuroxime and macrolide treatment in the hospital(Figure 1B) and respiratory failure was developed.

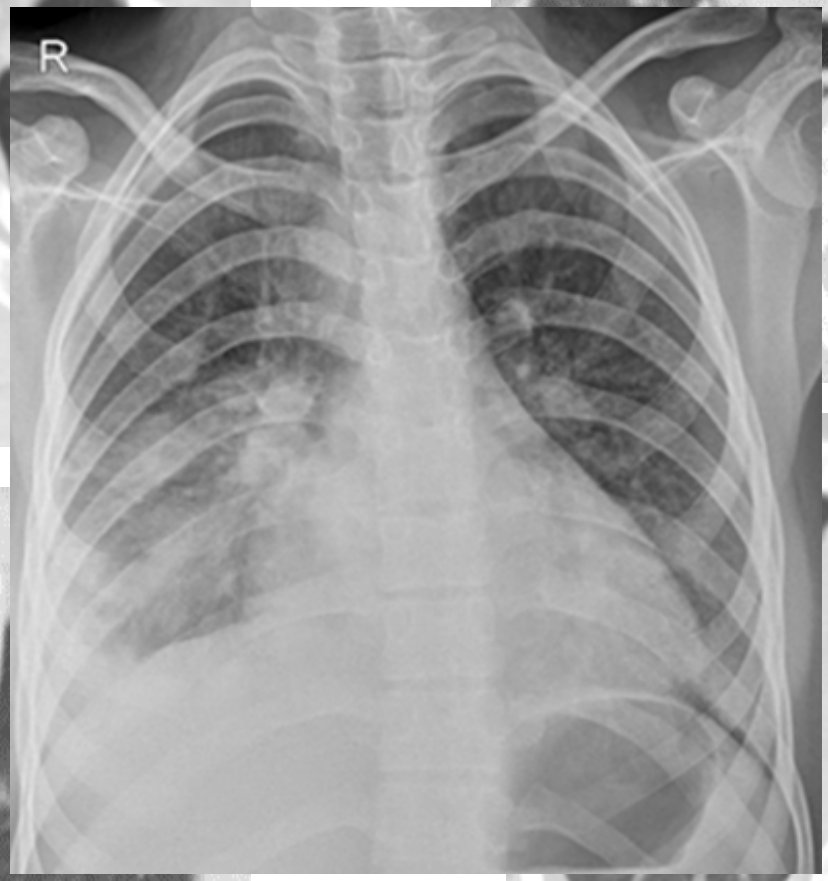


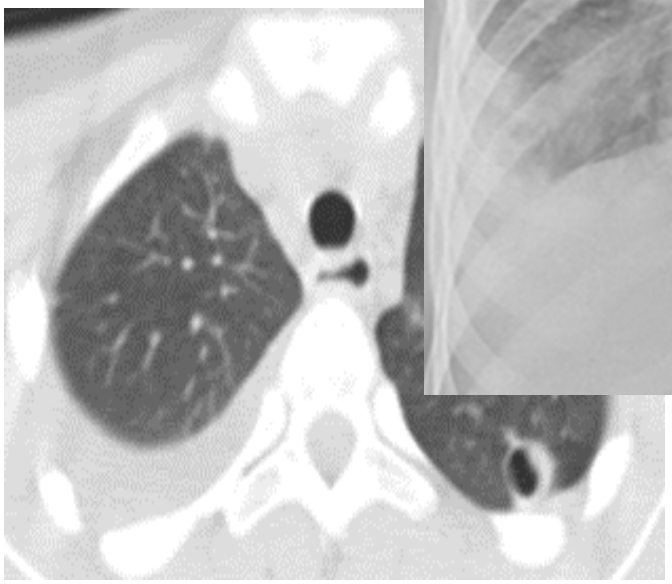

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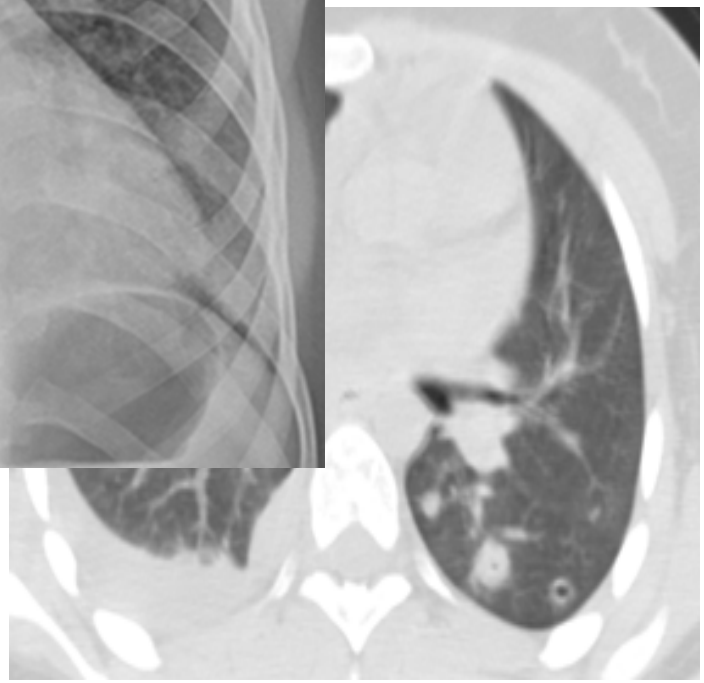
- She was referred to the our intensive care unit(ICU) at 7th day of hospitalization for suspicion of tuberculosis. Thoracic CT performed for to evaluation of “non-responding pneumonia”. Thoracic CT scan images revealed the bilaterally multiple cavitary nodules with ***“feeding vessels sign”***(arrows on Figure 2) with alveolar consolidations and pleural effusion(Figure 2).



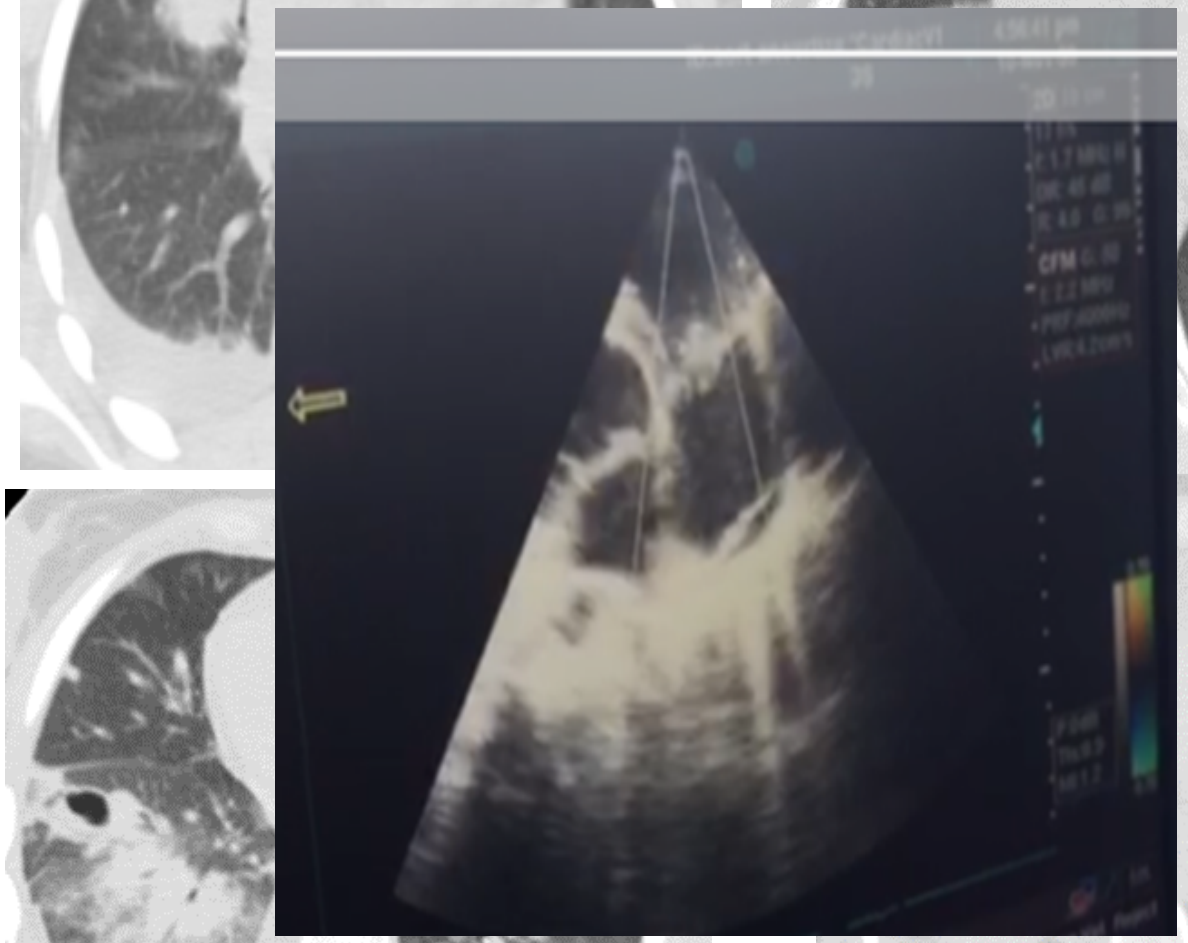



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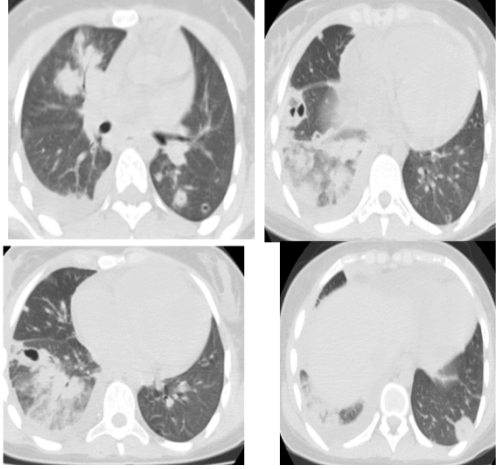




- The ***"feeding vessels sign"*** is consistent with ***"Septic Pulmonary Embolism"*** and *transthoracic echocardiography demonstrated* a *vegetation* on her *tricuspid valve* with atrial septal defect(ASD)(Figure 3).

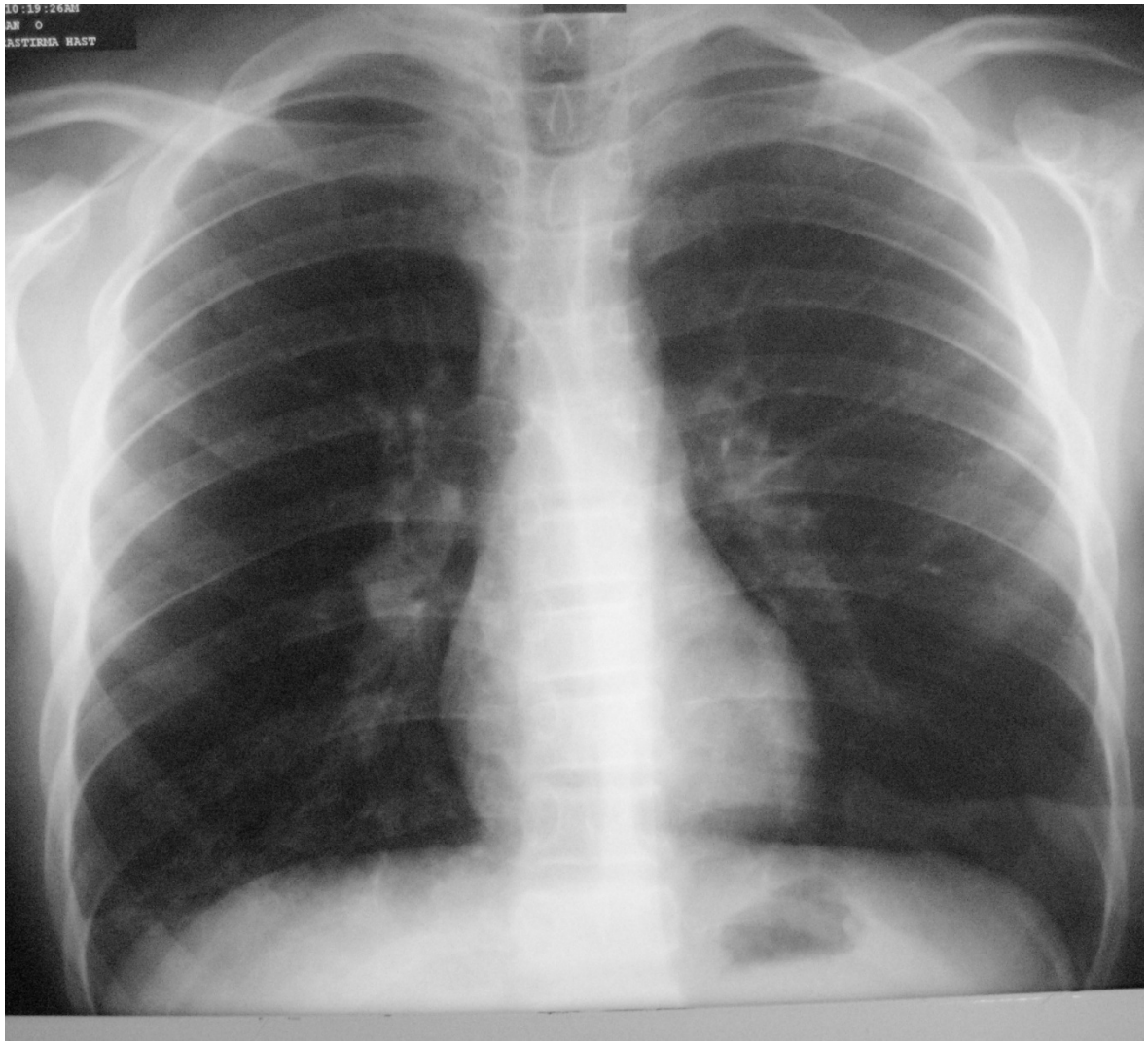


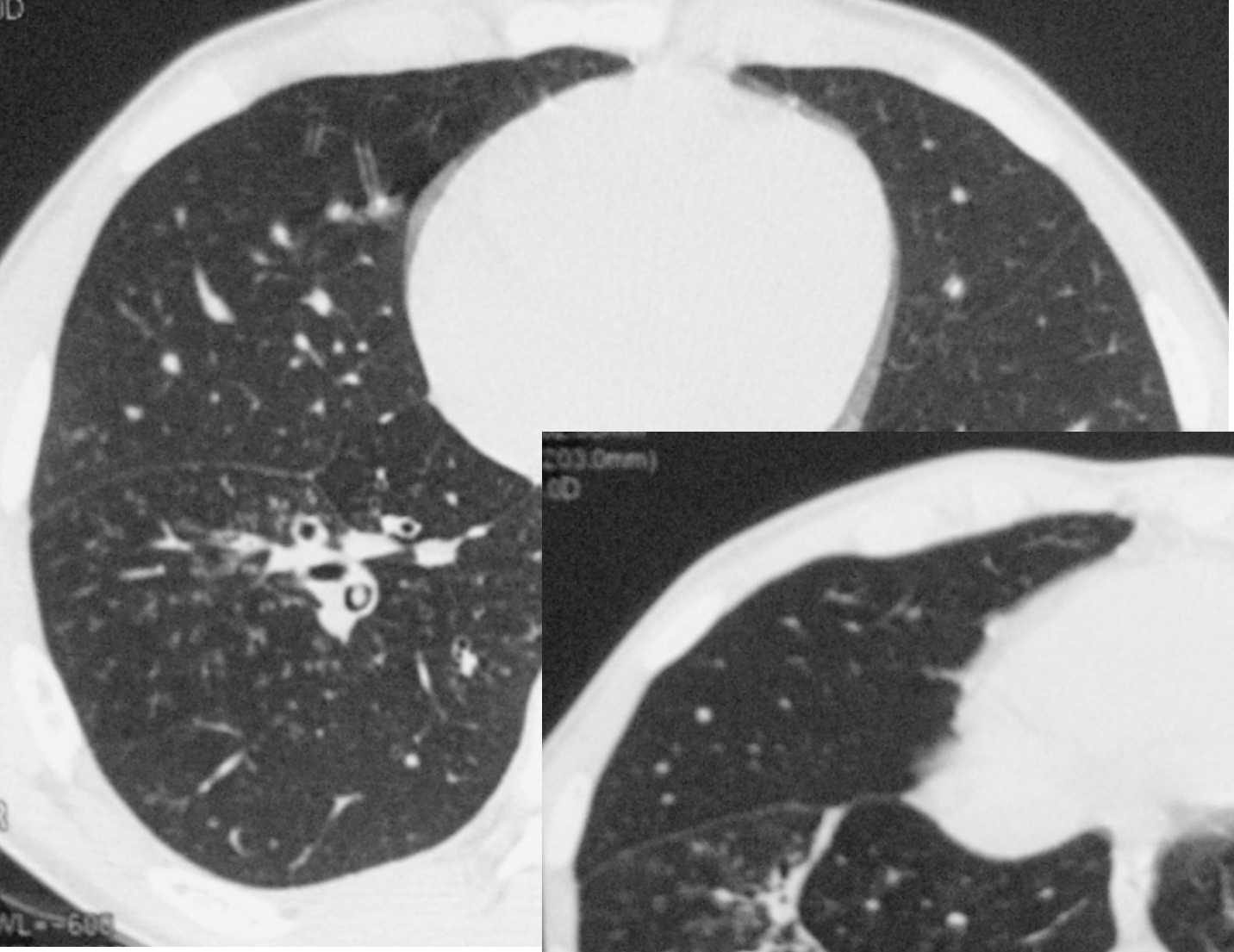
- The levofloxacin, ampicillin/sulbactam, meropenem treatments were started due to ***"Septic Pulmonary Embolism"*** and respiratory failure. The fever and respiratory failure were rapidly recorvered within 3 days of treatment. She was transferred to the cardiac surgery for to valves replacement and ASD repair. The bilaterally multiple cavitary nodules with ***"feeding vessels sign"*** with alveolar consolidations and pleural effusion were completely resolved, after the cardiac surgery(Figure 4).

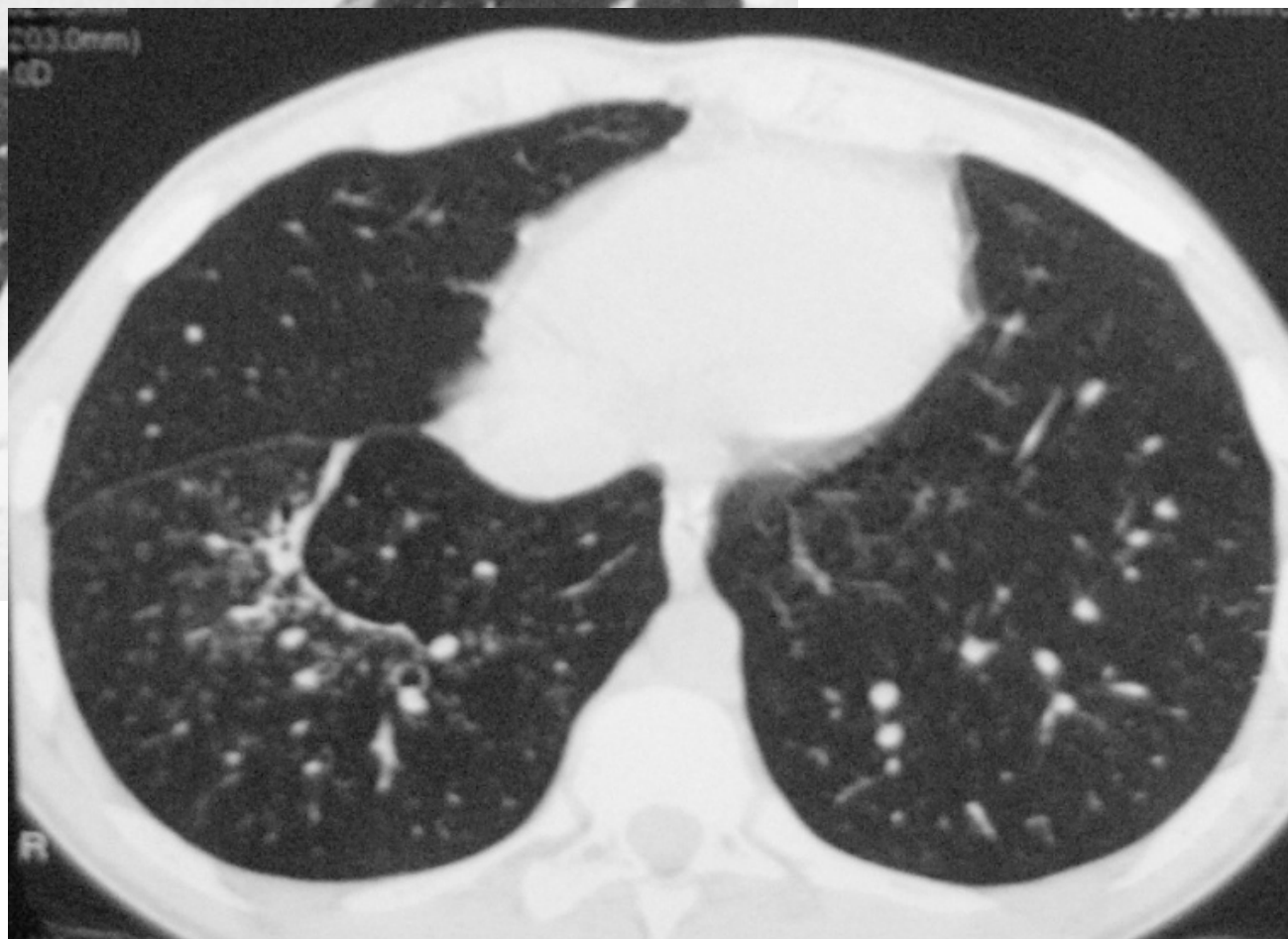


2nd Case

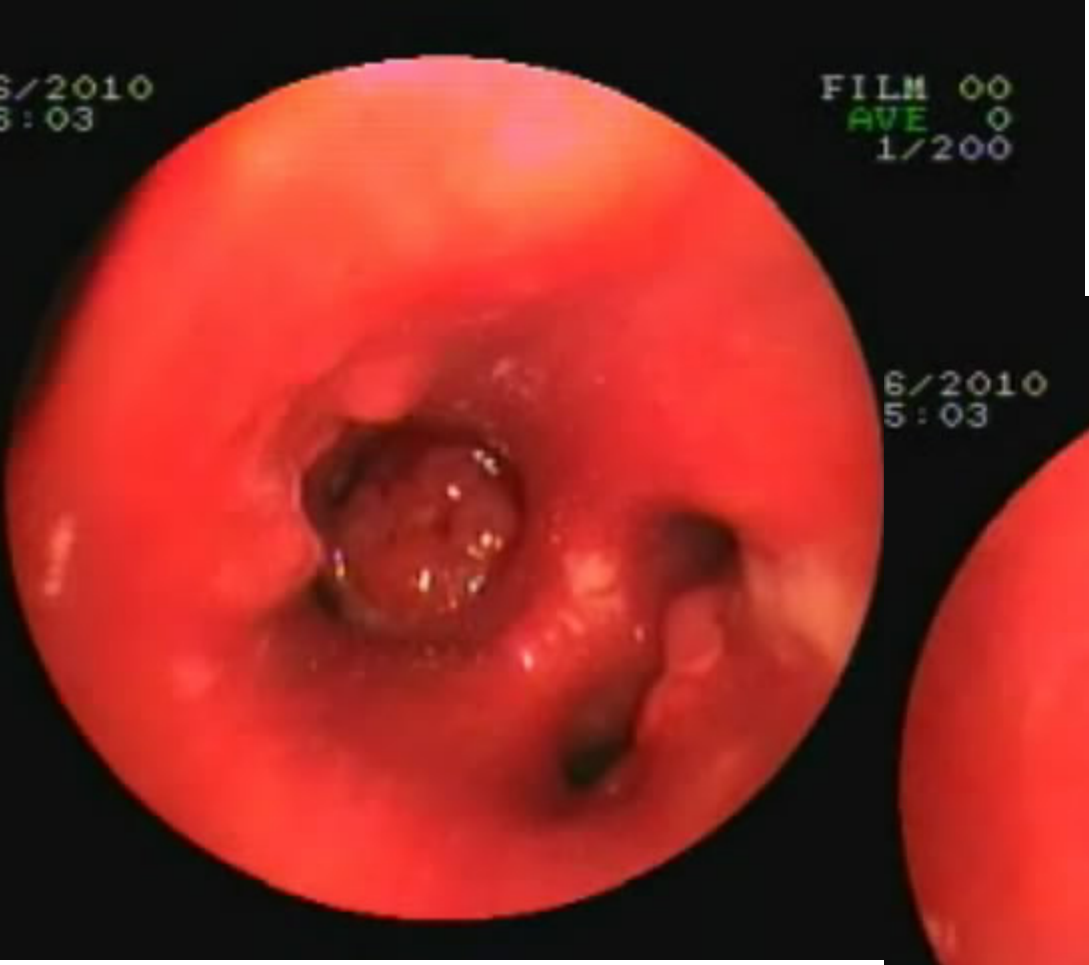
- A 15 year-old, non-smooker male was admitted to the hospital for complaints of chronic productive cough and dyspnea. He had treated with antibiotics for recurrent pneumonia during 3 months. Chest x-ray showed the micronodular infiltration on the costodiafragmatic area of right lung(Figure 1). Thoracic CT demonstrated the micronodular infiltration and endobronchial opacity in the right lower lobe (Figure 2A)

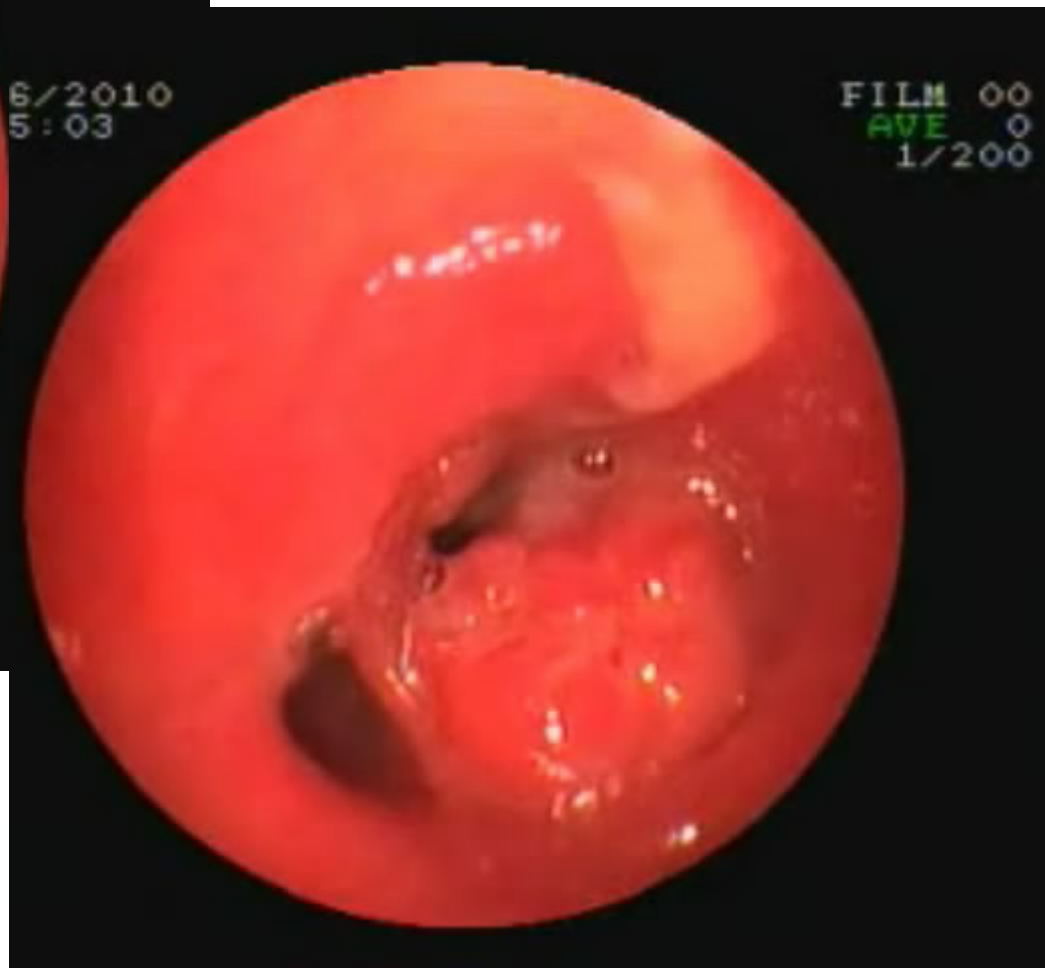

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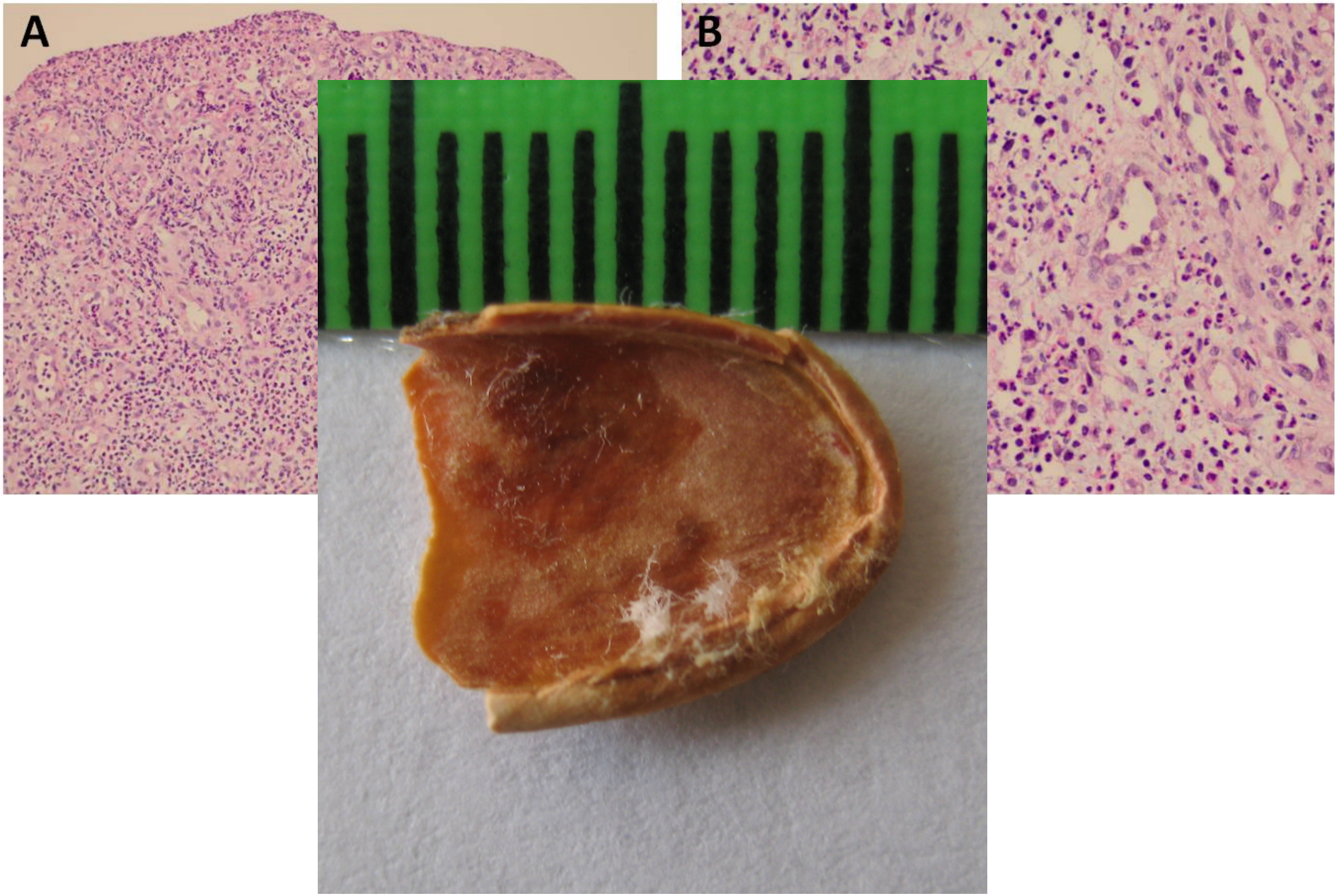


- Flexible bronchoscopy(FB) performed for to definite diagnosis of ***"recurrent pneumonia"***. Endobronchial infiltrations were noted in intermediate bronchial mucosa and superior segment bronchial mucosa of the right lower lobe. The beginning of the right basal segments bronch was totally obstructed with endobronchial mass lesion(Figure 3A). After the several biopsies were taken from endobronchial mass, the total obstruction was partially opened. A foreign body out from behind the endobronchial mass. A pumkin seed was expectorated from mouth with cough (Figure 4).

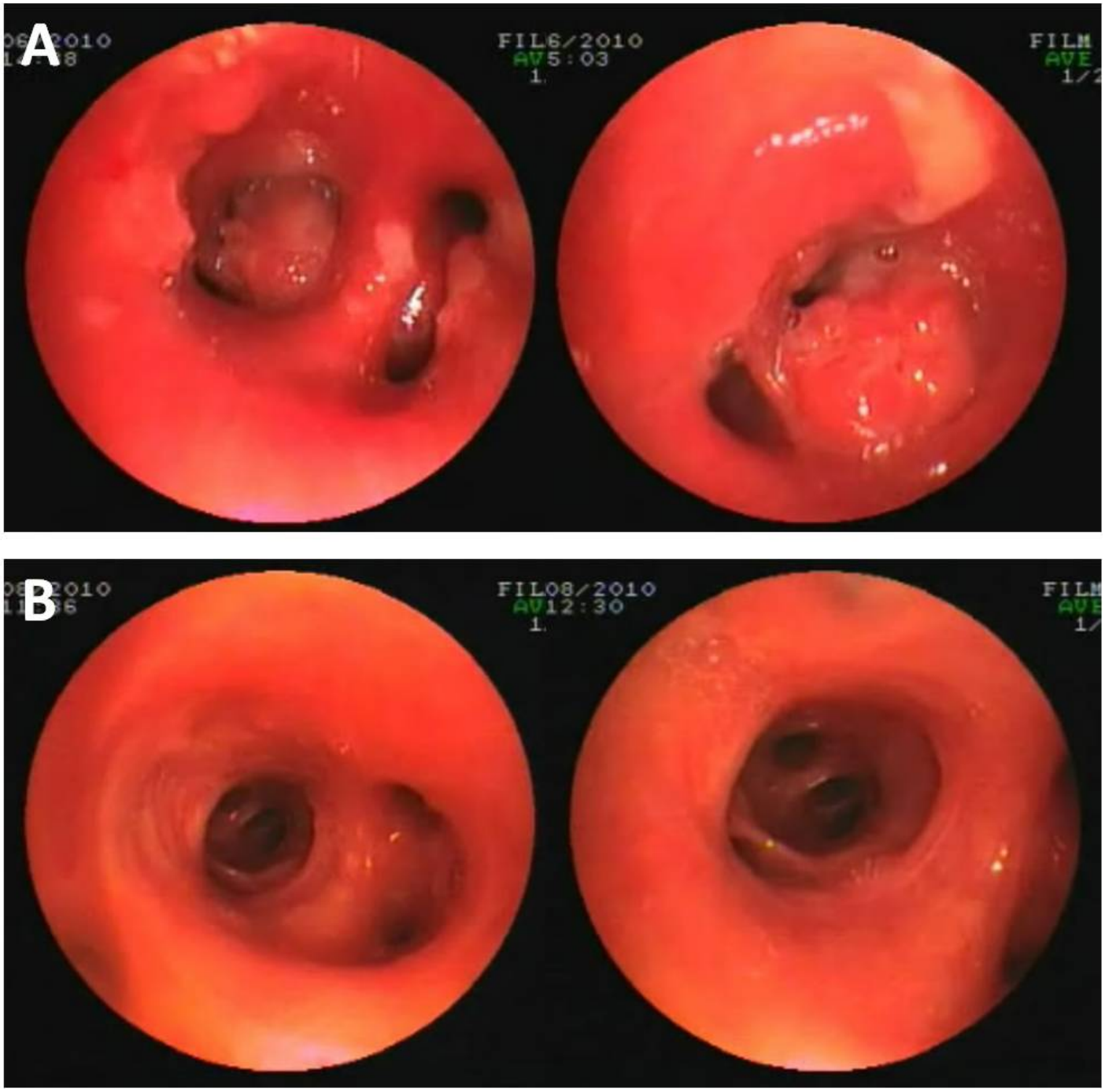

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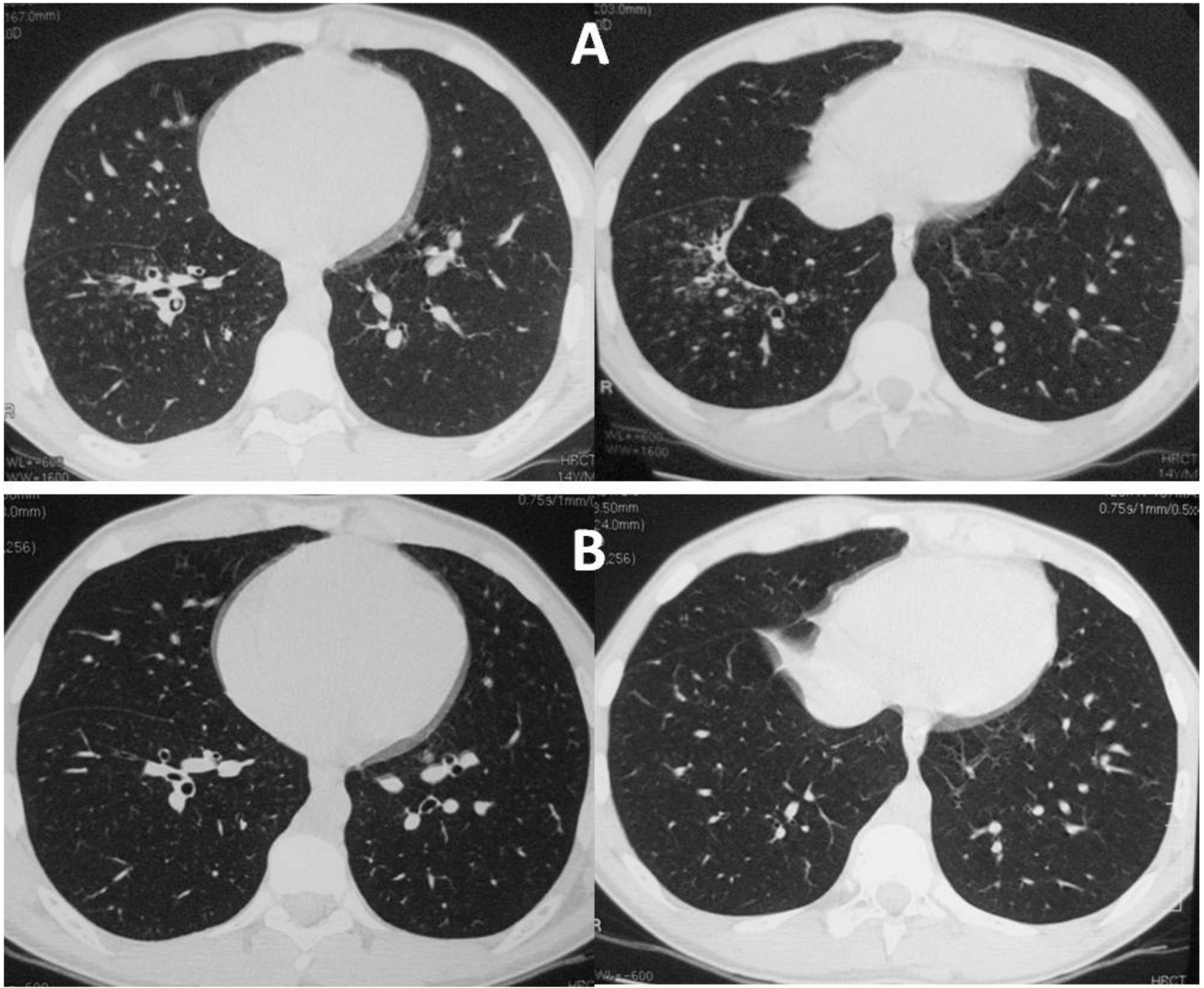

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- The history of a pumkin seed aspiration was learned at four months ago and he did not tell to his parents. Microscopic histopathologic examination of biopsies showed the active granulation tissuse under the surface epithelium with proliferating vessels and inflammatory cells. Acid-fast bacilli was negative with microscopic evaluation in bronhial lavage fluids.


A
B

- . We started the 10 mg of daily oral prednisolone. After the four weeks of treatment, radiologic improvement was observed(Figure 2B).The control bronchoscopy demonstrated the mucosal and mass lesions were fully recovered(Figure 3B). He did not suffer from reccurent infections any more.


A
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A
B

3rd Case

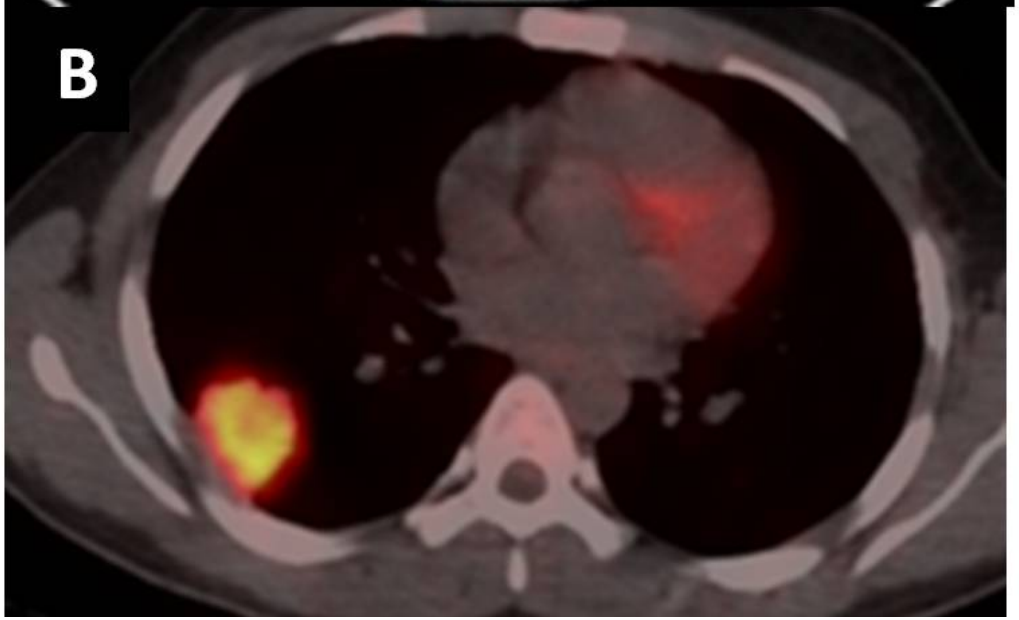
- 16 years-old non-smoker student boy referred to the oue outpatient clinic because of ***"unresolved pneumonia"*** despite to antibiotic treatment for 12 weeks. Chest roentgenography showed the peripheral mass lesion on right middle zone(Figure 1).

3rd Case



- Thorax CT was performed for to definite diagnosis of “unresolved pneumonia” and a subpleural solid mass lesion was observed (Figure 2A). *18F-FDG PET/CT* was planned for malignancy evaluation and malignant 18F-FDG uptake was noted in the mass lesion (Figure 2B).

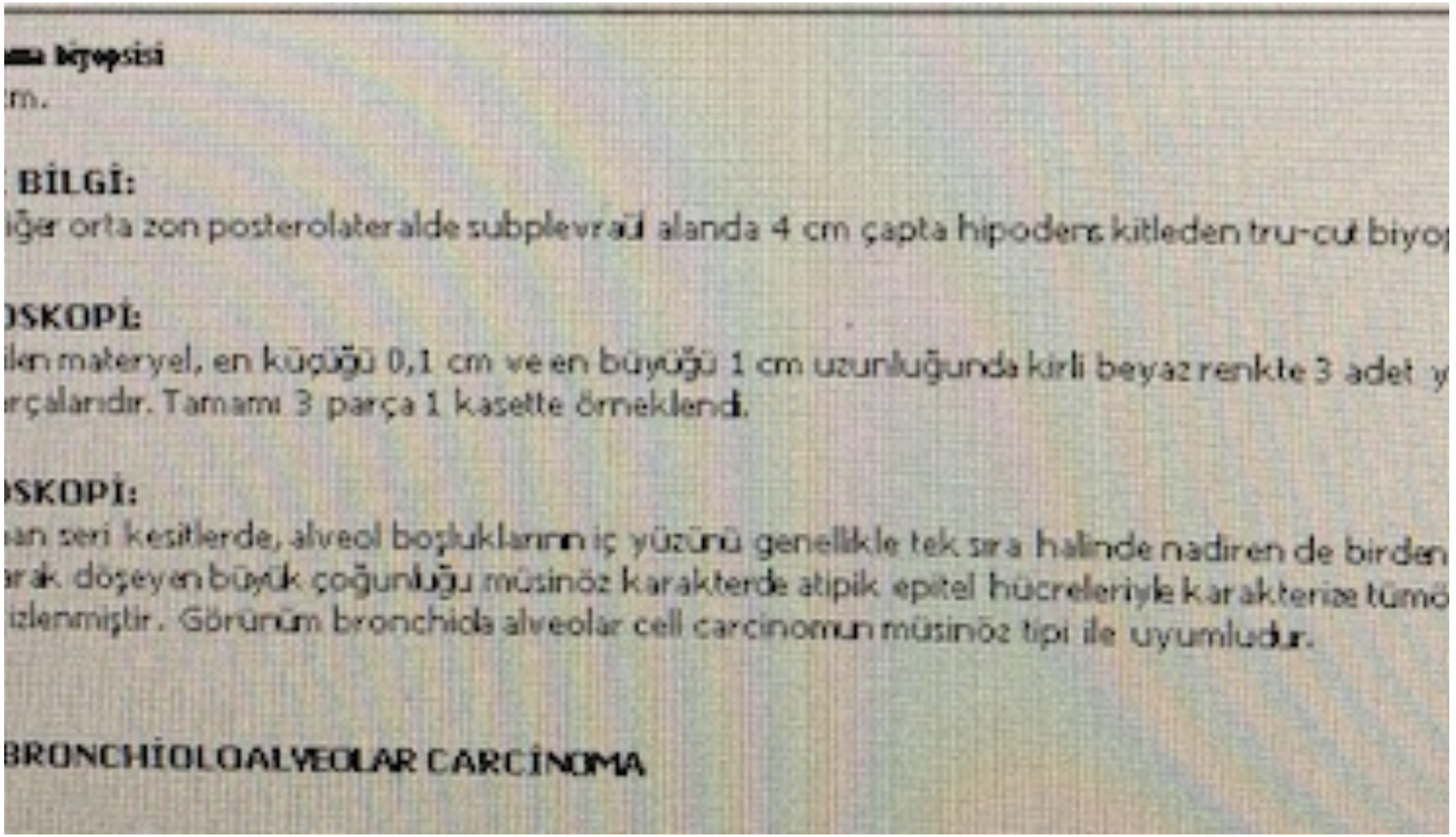

A


B


I 20
B

- Transthoracic needle aspiration biopsy was performed and adenocarcinoma of lung was diagnosed with histopathologic evaluation. The diagnosis was confirmed after the totally surgical resection.

Youngest Patient With Adenocarsinoma of Lung



...a biyopsisi

...m.

BİLGİ:

...iğer orta zon posterolateralde subplevral alanda 4 cm çapta hipodens kitleden tru-cut biyo...

...OSKOPİ:

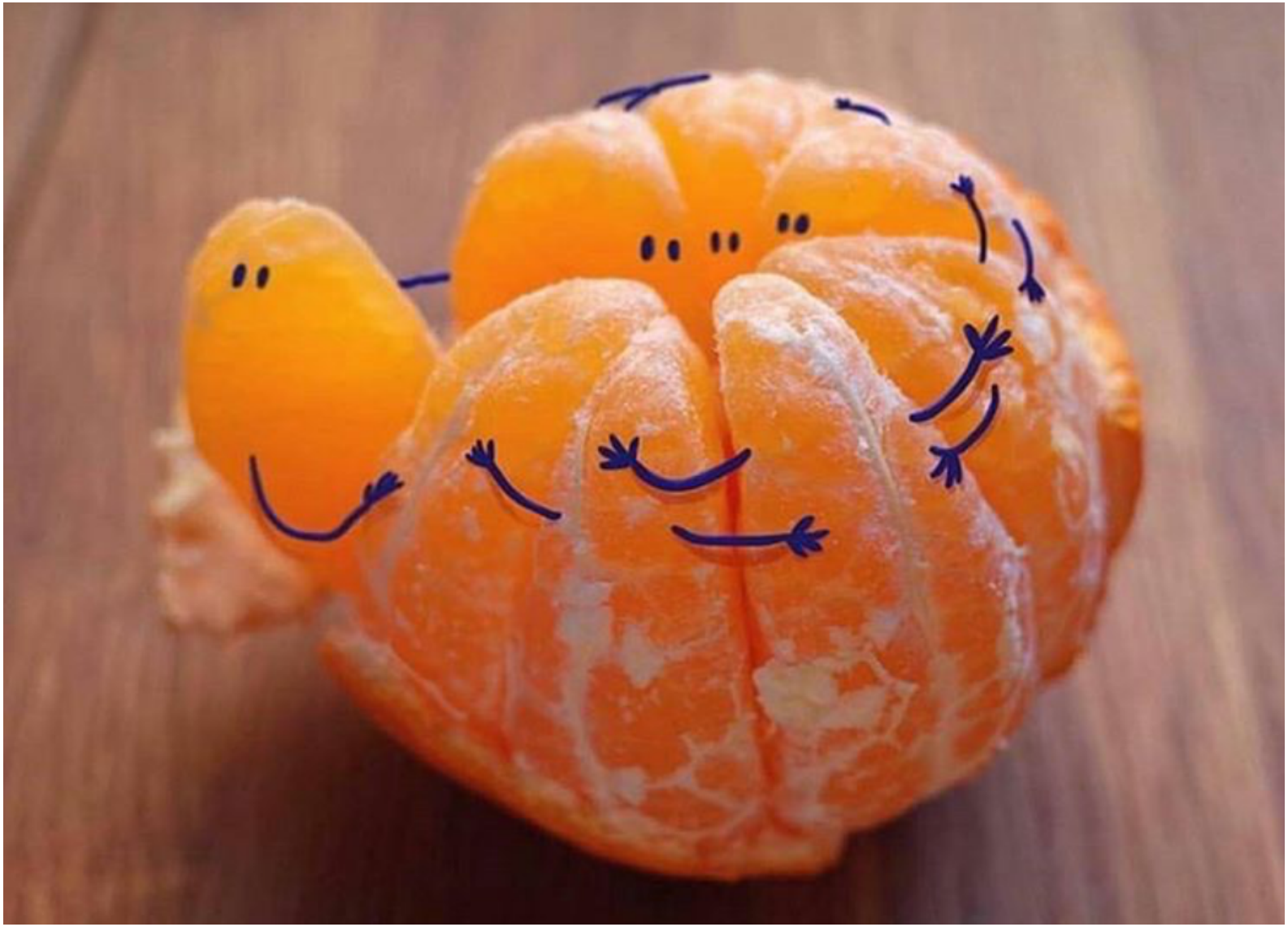
...ilen materyel, en küçüğü 0,1 cm ve en büyüğü 1 cm uzunluğunda kirli beyaz renkte 3 adet y...
...rçalarıdır. Tamamı 3 parça 1 kasette örneklendi.

...SKOPİ:

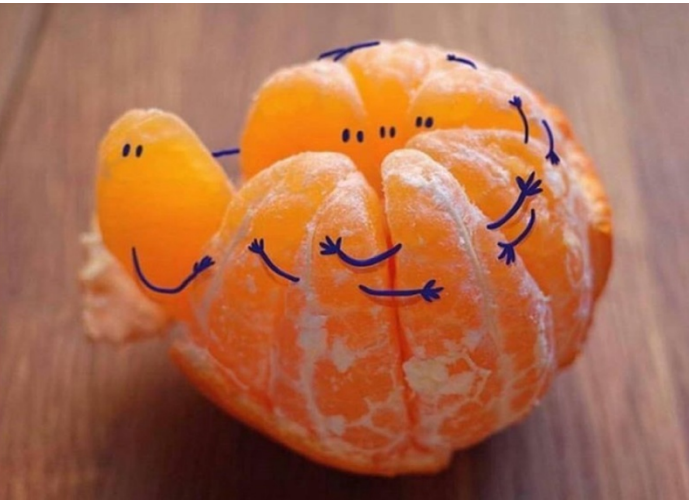
...an seri kesitlerde, alveol boşluklarının iç yüzünü genellikle tek sıra halinde nadiren de birden ...
...rak, döşeyen büyük çoğunluğu müsinöz karakterde atipik epitel hücreleriyle karakterize tümö...
...izlenmiştir. Görünüm bronchida alveolar cell carcinomun müsinöz tipi ile uyumludur.

...BRONCHİOLOALVEOLAR CARCİNOMA

Take home messages



Take home messages



Not every place you fit in is where you belong.



Thanks for your tolarence.