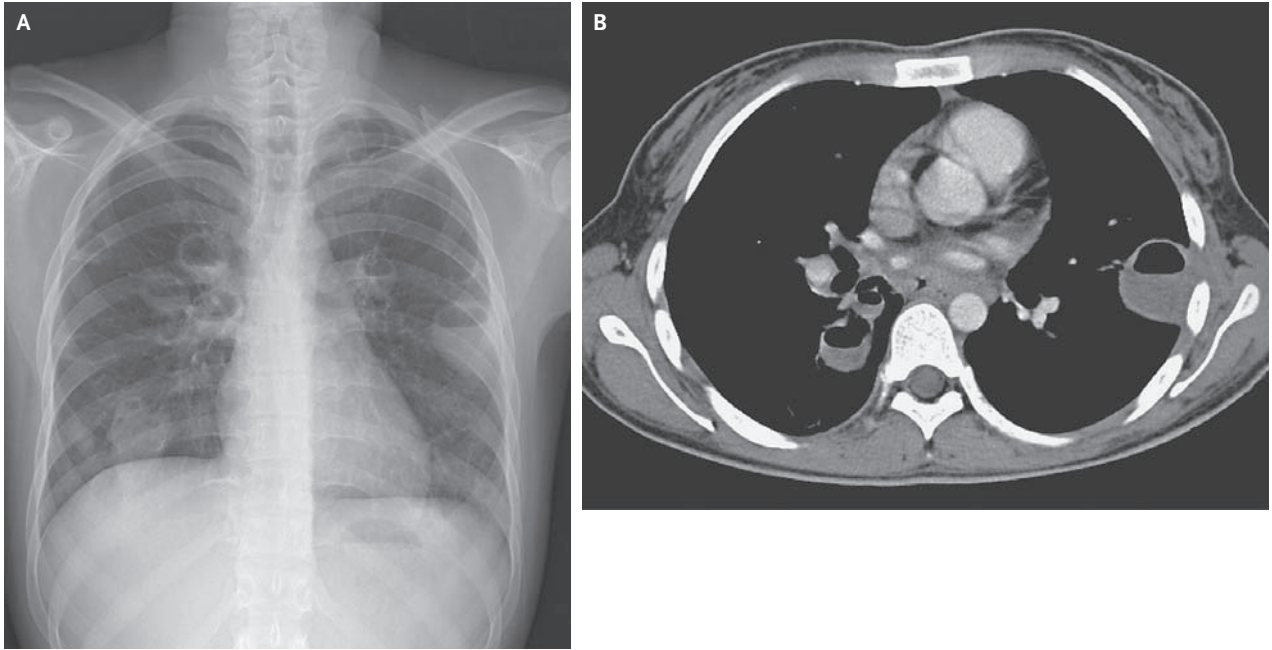


IMAGES IN CLINICAL MEDICINE

Multiple Pulmonary Bacterial Abscesses



A 21-YEAR-OLD WOMAN WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION and a CD4 count of 400 cells per cubic millimeter who was not receiving antiretroviral therapy presented with a 1-week history of fever, chest pain, and hemoptysis. She reported having used illicit intravenous drugs in the past. Physical examination revealed a 3/6 pansystolic murmur over the cardiac apex and the left lower sternal border and coarse rhonchi in bilateral lung fields. A chest radiograph revealed bilateral multiple cavitary lesions with air-liquid levels (Panel A). Computed tomography confirmed the presence of several rounded, radiolucent lesions with air-liquid levels and well-defined margins — findings that were consistent with the presence of multiple pulmonary abscesses (Panel B). Echocardiography showed a fluttering vegetation, 0.8 by 2.2 cm, on the tricuspid valve, with moderate tricuspid regurgitation. Blood cultures yielded methicillin-susceptible *Staphylococcus aureus*. Septic thrombophlebitis and right-sided endocarditis are important causes of multiple pulmonary bacterial abscesses. The patient was treated with intravenous oxacillin for 6 weeks. At the 3-month follow-up visit, she was doing well, and chest radiography showed that the lung abscesses had resolved.

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