

# Absentee pneumonia

It occurs most often in sepsis, mainly as a complication of staphylococcal pneumonia.

## Staphylococcal pneumonia

- Now rare, more common in infants than older children,
- is serious for a progressive course with a tendency to complications - abscessy and pyopneumothorax,
- *Staphylococcus aureus*, has various toxins and enzymes (hemolysin, leukocidin, staphylokinase, plasma coagulase),
- routes of spread of infection are bronchogenic or hematogenous.

## Pathophysiology

- The foci of inflammation merge together, aureus multiplies rapidly, destroys the surroundings, causes the formation of small abscesses,
- pyopneumothorax results from the rupture of abscesses located subpleurally,
- partial obstruction of small bronchi can lead to the formation of pneumatoceles,
- septic thrombi can form in the pulmonary veins.

## Clinical picture

- Sudden high fever, shortness of breath,
- can be simultaneously staphyloiderma,
- in infants, it occurs peracutely as a septicotoxic form,
- **physical finding**: initially a finding typical of pneumonia, when empyema or pyopneumothorax then weakens breathing,
- **laboratory examination**: marked leukocytosis, neutrophilia, left shift, anemia, high sedimentation and CRP, often a positive blood culture ,
- '*heart+lung x-ray*': initially small bronchopneumonic foci, they quickly expand and gradually merge,
  - formation of effusion,
  - abscesses – they form cavities with a wide rim (they are filled with air after emptying the contents into the bronchus),
- **complications**: only rare with targeted ATB therapy, in younger infants – staphylococcal pericarditis, meningitis, osteomyelitis, metastatic abscesses, sepsis.

## Diagnostics

- In the initial stage, heavy,
- in the anamnesis, information about the mother's history of staphyloiderma or mastitis helps us,
- further: clinical picture, x-ray S+P, culture,
- differential diagnosis: pneumonia, which can be complicated by empyema (causing agents: streptococcus, klebsiella, hemophilus).

## Therapy

- Antistaphylococcal ATB – **oxacillin'**, **vancomycin'** (3-4 weeks),
- i.v. helps to cope application of Ig or antistaphylococcal serum,
- empyema – cavity drainage (max. 7 days),
- prognosis – serious, high mortality – is influenced by the patient's premorbid condition and complications.

## Links

## Related Articles

Pneumonia

pleural diseases

## References

BENEŠ, Jiří. Study Material [online]. ©2007. [cit. 2009]. <<http://jirben.wz.cz>>.