

Abscessive pneumonia

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It occurs most often during sepsis, especially as a complication of staphylococcal pneumonia.

Staphylococcal pneumonia

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

Pathophysiology

- Inflammation deposits merge, the aureus multiplies rapidly, destroys the surroundings, causes the formation of small abscesses,
- rupture of abscesses deposited subpleurally results in pyopneumothorax,
- partial obstruction of small bronchi can lead to the formation of pneumococci,
- septic thrombi may form in the pulmonary veins.

The clinical picture

- Sudden high fever, shortness of breath,
- may be staphyloiderma at the same time,
- in infants it occurs peracutely as a septic toxicological form,
- **physical finding**: initially a finding typical of pneumonia, in case of empyema or pyopneumothorax then respiratory weakness,
- **laboratory tests**: marked leukocytosis, neutrophilia, shift to the left, anaemia, high sedimentation and CRP, blood culture is often positive,
- **heart + lung x-ray**: initially small bronchopneumonic lesions, rapidly expanding and gradually merging,
 - exudate formation,
 - abscesses - form cavities with a wide rim (after emptying the contents into the bronchus, they are filled with air),
- **complications**: only rare with targeted ATB therapy, in younger infants - staphylococcal pericarditis, meningitis, osteomyelitis, metastatic abscesses, sepsis.sepse.

Diagnosis

- Difficult in the initial stage,
- a history of past staphyloiderma or mastitis of the mother helps us with dif. dg.,
- further: clinical picture, X-ray S + P, cultivation,
- differential diagnosis: pneumonia, which may be complicated by empyema (agents: streptococcus, klebsiella, hemophilus).

Therapy

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

References

Related Articles

- Pneumonia ■ Atypical pneumonia ■ Bacterial pneumonia
- Pneumonia in infants ■ Pneumonia in older children

References

- Wikiskripta. *Abscedující pneumonie* [online]. Wikiskripta, ©2014. The last revision 2020-11-13, [cit. 2014-12-01]. <<https://www.wikiskripta.eu/index.php?curid=6491>>.