

Community- acquired pneumonia: a case report

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INTRODUCTION Community-acquired pneumonia (CAP) is an acute lower respiratory tract infection in a patient who has acquired the infection in the community. Patients typically present with fever, dyspnea, productive cough and pleuritic chest pain. On physical examination tachypnea, auscultatory rales, increased tactile fremitus and purulent sputum are present. Most common pathogens are *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Moraxella catarrhalis*. *Streptococcus pneumoniae* is the causative organism for up to 2/3 of all CAP. With clinical suspicion of pneumonia full blood count, urea, electrolytes and CRP should be tested. Chest x-ray typically shows lobar infiltrates. Sputum can be microbiologically tested to identify the pathogen. Supportive therapy as well as antibiotic therapy according to national guidelines is advised.

CASE PRESENTATION A previously healthy 45-year old male presents to the outpatient department due to fever, cough and malaise for 2 days. On physical examination his vitals are: blood pressure 140/70 mmHg, heart rate 80/min, oxygen saturation 96%, body temperature 38 °C, breathing frequency 24/min. On auscultation rales are heard over the right lower lobe. His laboratory results show leukocytosis with elevated CRP. Chest x-ray is performed and a consolidation is seen in the right lower lobe. He is prescribed amoxicillin 500-1000 mg/8 h per os for 7-10 days.

CONCLUSION CAP is one of the most common infectious diseases and is associated with considerable morbidity and mortality, particularly in elderly patients and those with significant comorbidities. The most common pathogen is *Streptococcus pneumoniae*. Antibiotic therapy is usually started empirically.