

CONTINUING MEDICAL EDUCATION

Clinical microbiological case: a patient with vascular risk factors, chest pain and fever

J. S. García-Morillo¹, E. Pamies Andreu¹, A. Fernández de Simón Almela² and A. De Alarcón González³

¹Internal Medicine Department, ²Critical Care Department and ³Infectious Diseases Department, Hospitales Universitarios Virgen del Rocío, Sevilla, Spain

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CASE REPORT

A 67-year-old man came to the emergency department with fever lasting for 7 days, bilateral pleuritic chest pain, and intense weakness. He was a heavy smoker and drinker, and 3 years earlier he had suffered a stroke. Two weeks before admission, he had self-limited gastroenteritis with fever, vomiting, and diarrhea, but antimicrobial treatment was not administered. On examination, he had fever (39 °C), and the chest X-ray was unremarkable but for the presence of an aneurism of the descending aorta. He was discharged for ambulatory work-up.

The patient was readmitted 24 h later, severely ill with continuous pleuritic chest pain, hypothermia

with hypotension, tachycardia, and tachypnea; he died a few hours after readmission. A chest X-ray taken on readmission revealed a small left-sided pleural effusion, and thoracocentesis yielded serohemorrhagic pleural fluid with 2120 cells (all polymorphonuclears), a protein level of 5.73 g/dL, and a pH of 7.24. A CT scan of the thorax performed 2 h later is shown in Figure 1.

Treatment with amoxicillin plus clavulanic acid (2 g every 8 h) was started after blood had been collected for culture.

A few hours later, the patient worsened hemodynamically, with extreme bradycardia and hypotension, and the hemoglobin level was now 5.8 g/dL. A new chest radiograph showed a massive left-sided pleural effusion. A computed



Figure 1 Saccular aneurysm of the descending aorta with perianeurysmatic hematoma and haemorrhagic massive effusion with different density areas in the pleural cavity.

Corresponding author and reprint requests: José Salvador García Morillo, Servicio de Medicina Interna, Secretaría de Medicina Interna-Planta Baja, Hospitales Universitarios Virgen del Rocío, Avda. Manuel Siurot s/n, Sevilla-41013, Spain

Tel: +34 955012164

Fax: +34 955012374

E-mail: salvaymar@navegalia.com

tomography (CT) scan of the thorax was performed (Figure 1).

The white blood cell (WBC) count on readmission was 26 000/mm, with 90% neutrophils, the hemoglobin level was 12.3 g/dL, and coagulation times were normal. A new hemoglobin level determined before death was 5.8 g/dL.

QUESTIONS

1. What is your presumptive diagnosis at this time?
2. What are the diagnostic clues and clinical characteristics?
3. What is the preferred treatment and the prognosis?