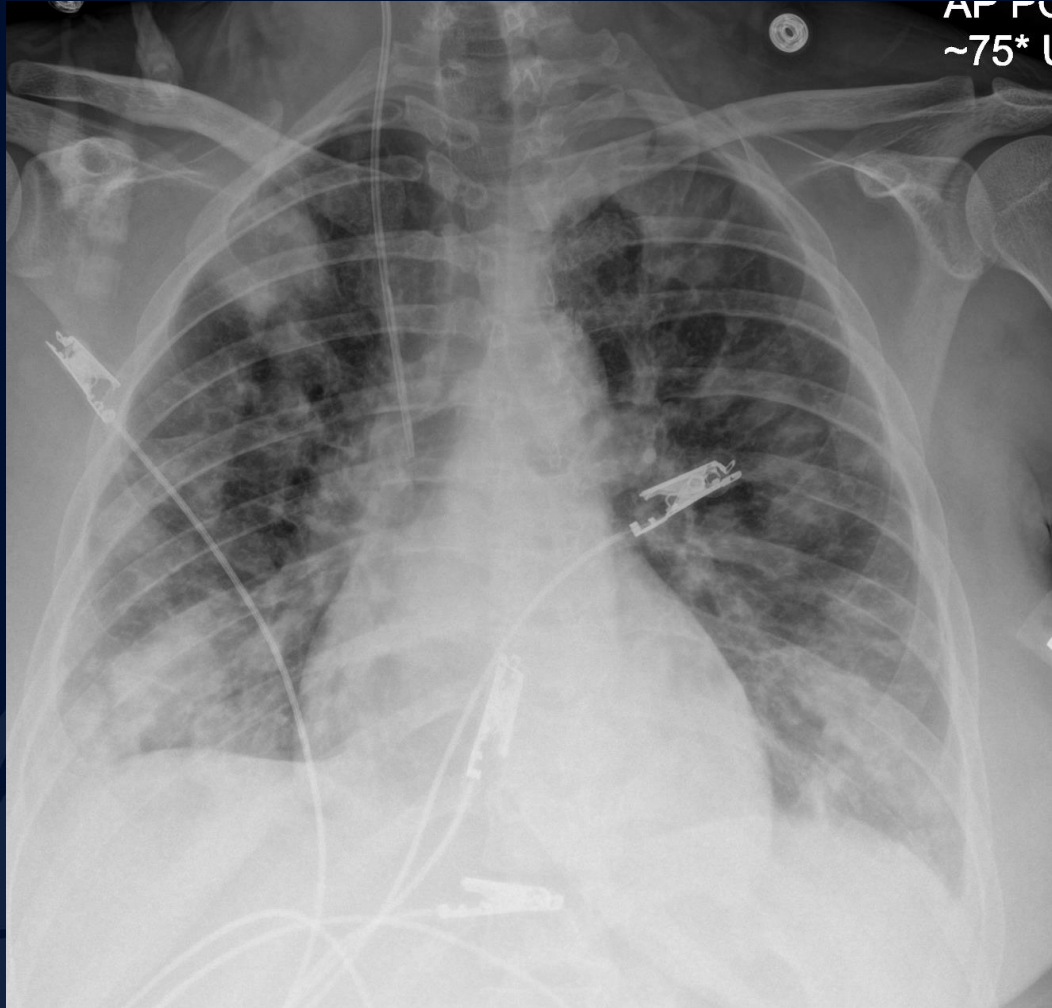
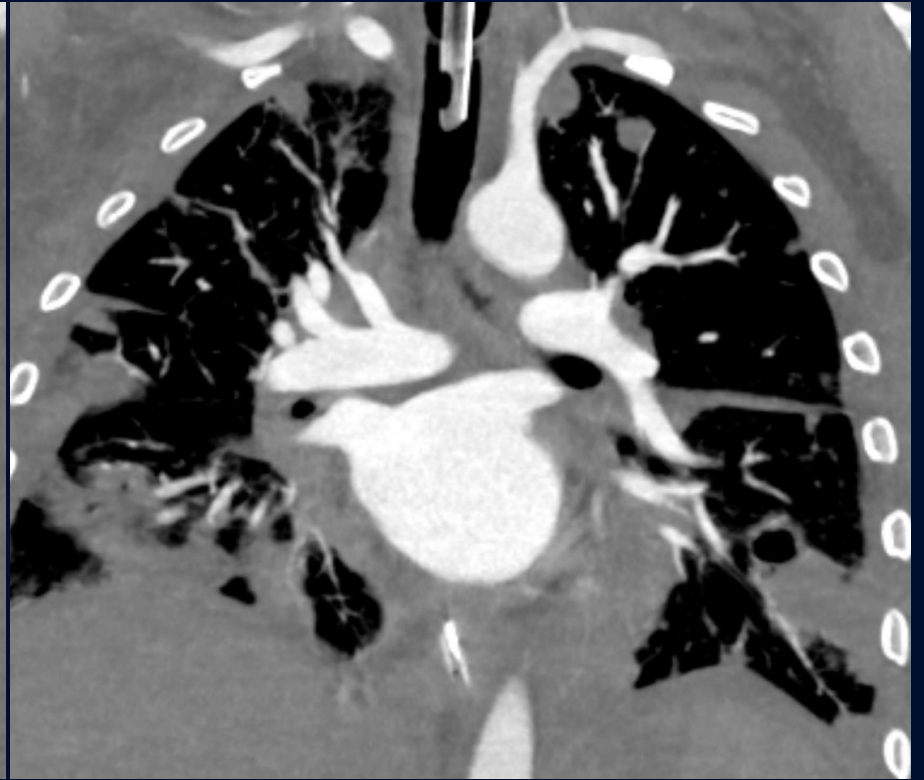


31 year old female presents with chest pain and fever; hx of IVDU

Allan Zhang DO



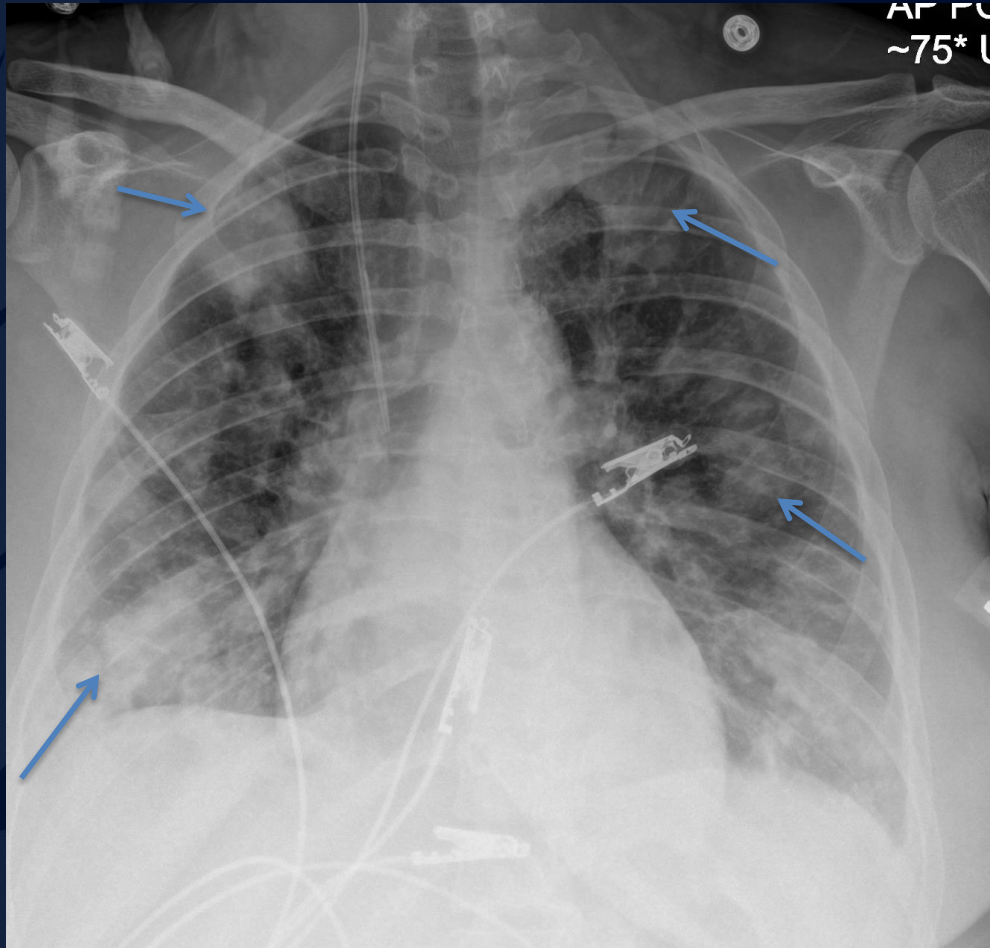




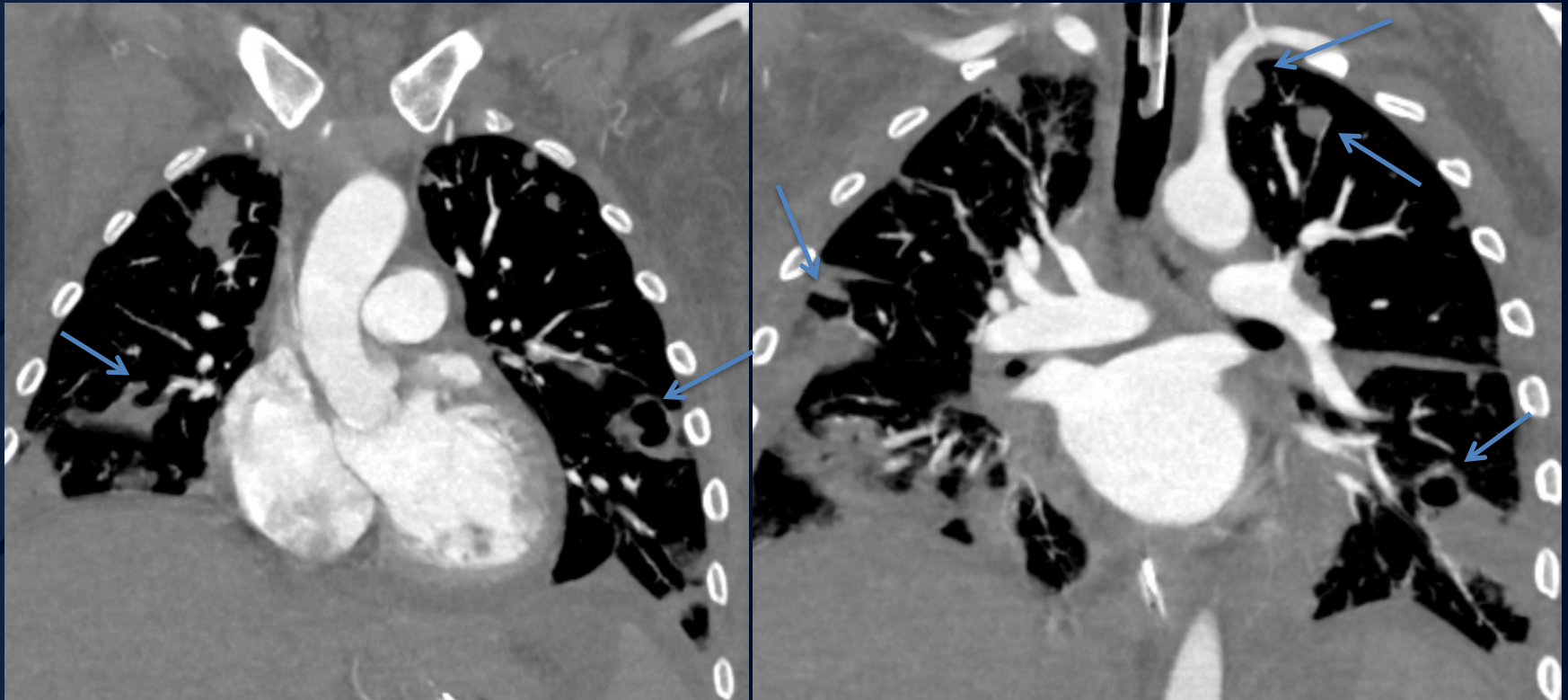
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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background is a solid dark blue.

Septic emboli



- Bilateral nodular opacities
- Interstitial prominence



- Multiple nodular opacities with varying degrees of central cavitation in this patient with hx of IVDU
- bilateral lower consolidations
- TEE: numerous tricuspid vegetations

Septic emboli

Clinical Presentation:

- fever, chest pain, dyspnea
- risk factors: IVDU, central catheters, immunocompromised, burns

Imaging:

- CXR → peripheral, poorly demarcated, nodular or wedge-shaped opacities; usually basilar predominance
- CECT → multiple discrete nodules (0.5-3.5cm) in various stages of cavitation; subpleural wedge-shaped consolidations
- Echo → vegetations as a source of septic emboli

Treatment

- broad spectrum abx 6-8wks
- endocarditis with heart failure→surgery with valve replacement

References

1. Pulmonary septic emboli: diagnosis with CT--*radiology*