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

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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