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

Allan Zhang DO
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 $\rightarrow$ peripheral, poorly demarcated, nodular or wedge-shaped opacities; usually basilar predominance
- CECT $\rightarrow$ multiple discrete nodules (0.5-3.5cm) in various stages of cavitation; subpleural wedge-shaped consolidations
- Echo $\rightarrow$ 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