

33-year-old male presenting with shortness of breath

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CT chest with IV contrast



CT chest with IV contrast



CT chest with IV contrast



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

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Pulmonary Abscess

CT chest with IV contrast

Thick-walled
cavitation

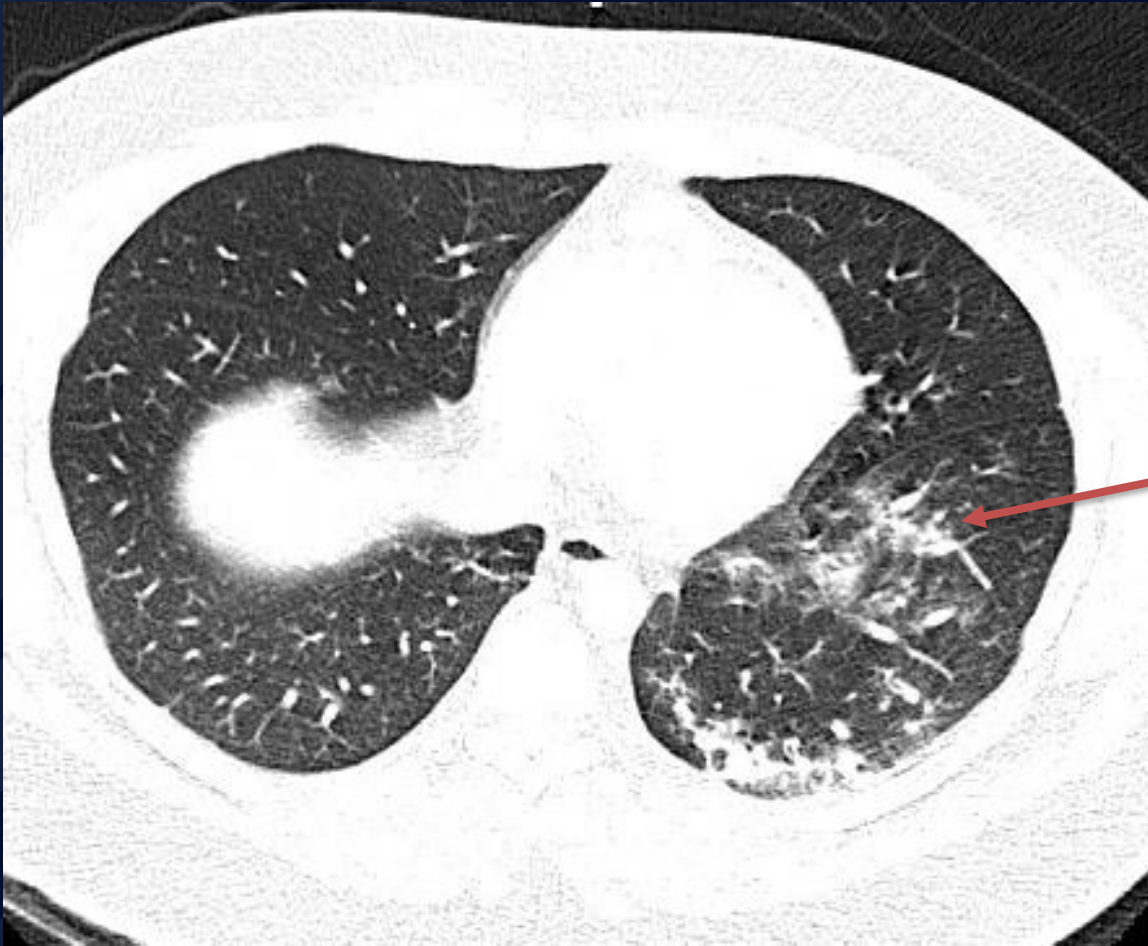


CT chest with IV contrast

Thick-walled cavitory lesion with surrounding consolidation.



CT chest with IV contrast



Patchy
contralateral left lower
lobe consolidation,
consistent with
pneumonia

Pulmonary Abscess

Clinical Presentation

- Subacute, fever with productive cough and foul-smelling sputum, dyspnea, chest pain with pleural involvement
- Can also have chronic systemic symptoms like night sweats, weight loss, and fatigue

Microbiology

- Polymicrobial if due to aspiration (odontogenic anaerobes)
- Monomicrobial due to pyogenic bacteria (Staph aureus, Klebsiella, gram negative bacilli)
- Immunocompromised more likely fungal (Aspergillus) or mycobacterial

Differential Diagnosis

- Empyema
- Primary or metastatic cancer
- Tuberculosis
- Non-infectious granulomatous disease
- Chronic Pulmonary Aspergillosis

Imaging Findings

Radiographs

- Cavitory lesion, air-fluid level
- Round, similar appearance on frontal and lateral views
- In the setting of aspiration, often located in posterior aspect of upper lobe or superior aspect of lower lobe

CT with IV contrast

- Cavitory lesion, often with surrounding consolidation
- Thickened cavitory walls often become thinner over time

References

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