

# Refractory pneumonia

Dr. Attila Zalatnai

## 68 year old male

### Past medical history:

Father: colonic cancer, died

Mother: breast cancer, died

Pulmonary tbc in childhood

Treated hypertension

Smoker (1.5 pack/day, for 20 years)

2 dl palinka every morning

2 years before: fracture of rib

### Actual complaints:

Every morning coughing, purulent sputum

1 week before right-sided chest pain has started, slightly elevated temperature

Family doctor started antibiotic treatment

Recently the symptoms have become more severe, high fever

4-5 kg weight loss

March 13.

Lab findings:

WE: 45 mm/h

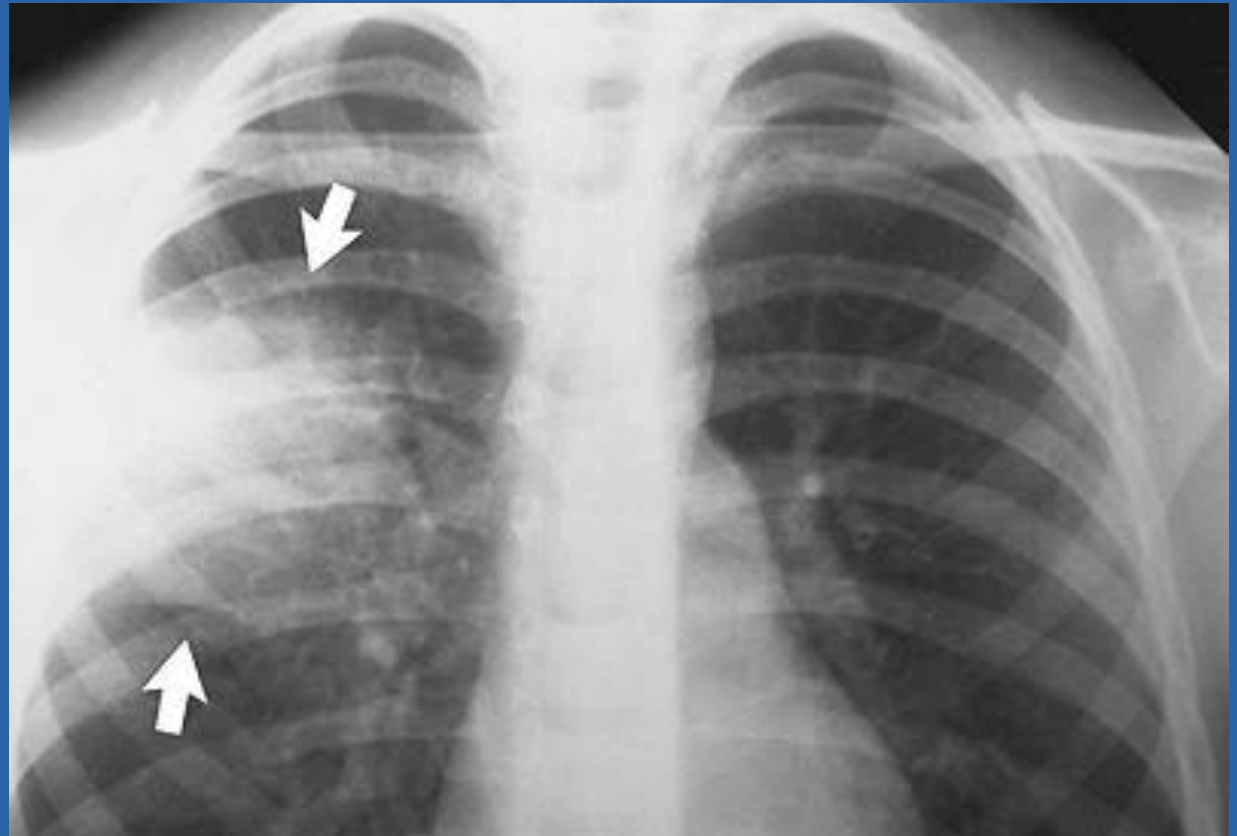
WBC: 12 G/l

RBC: 3,4 T/l

Ht: 35 %

CRP 42

Glucose 5,2 mmol/l



Th: Augmentin

March 18. permanent fever, change in antibiotic medication

March 19. pleural fluid

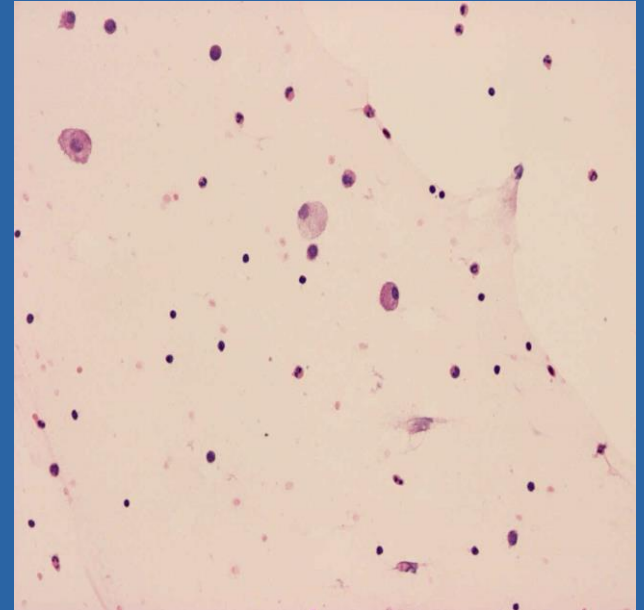


March 20. dyspnoea, hemoptoe

chest X-ray is unchanged

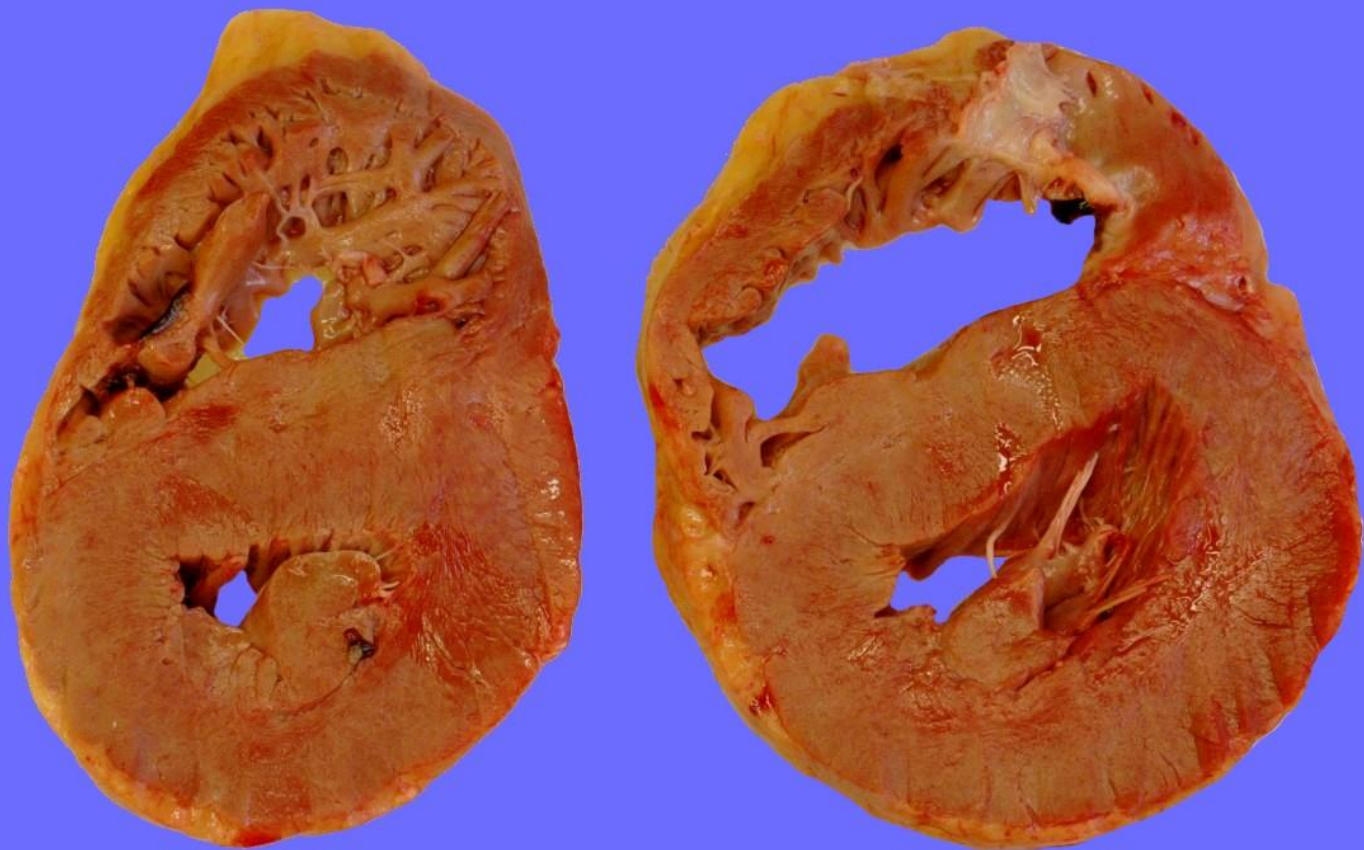
March 21. CRP 85

March 22. sudden unconsciousness, exitus

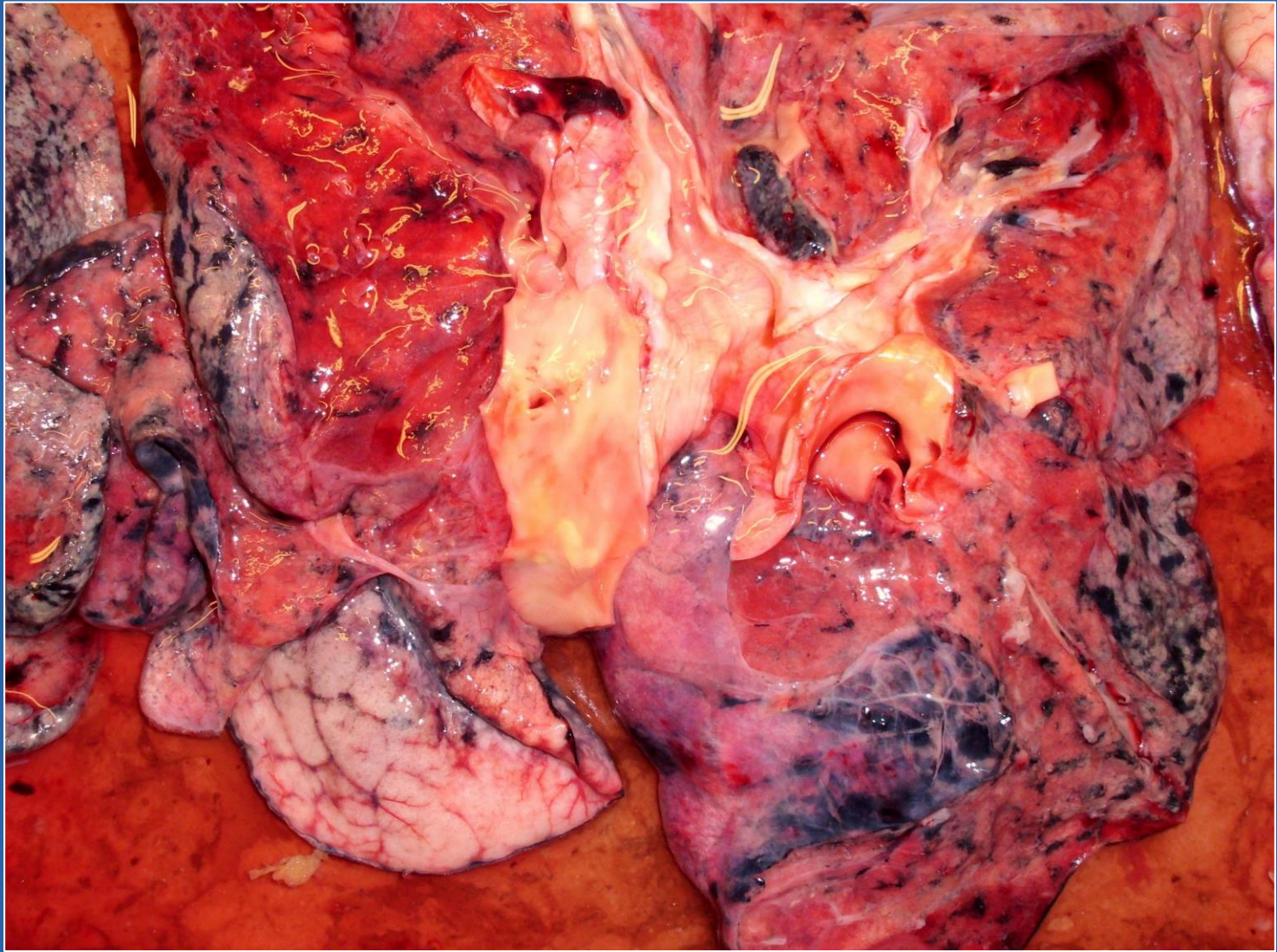


## Macroscopical findings

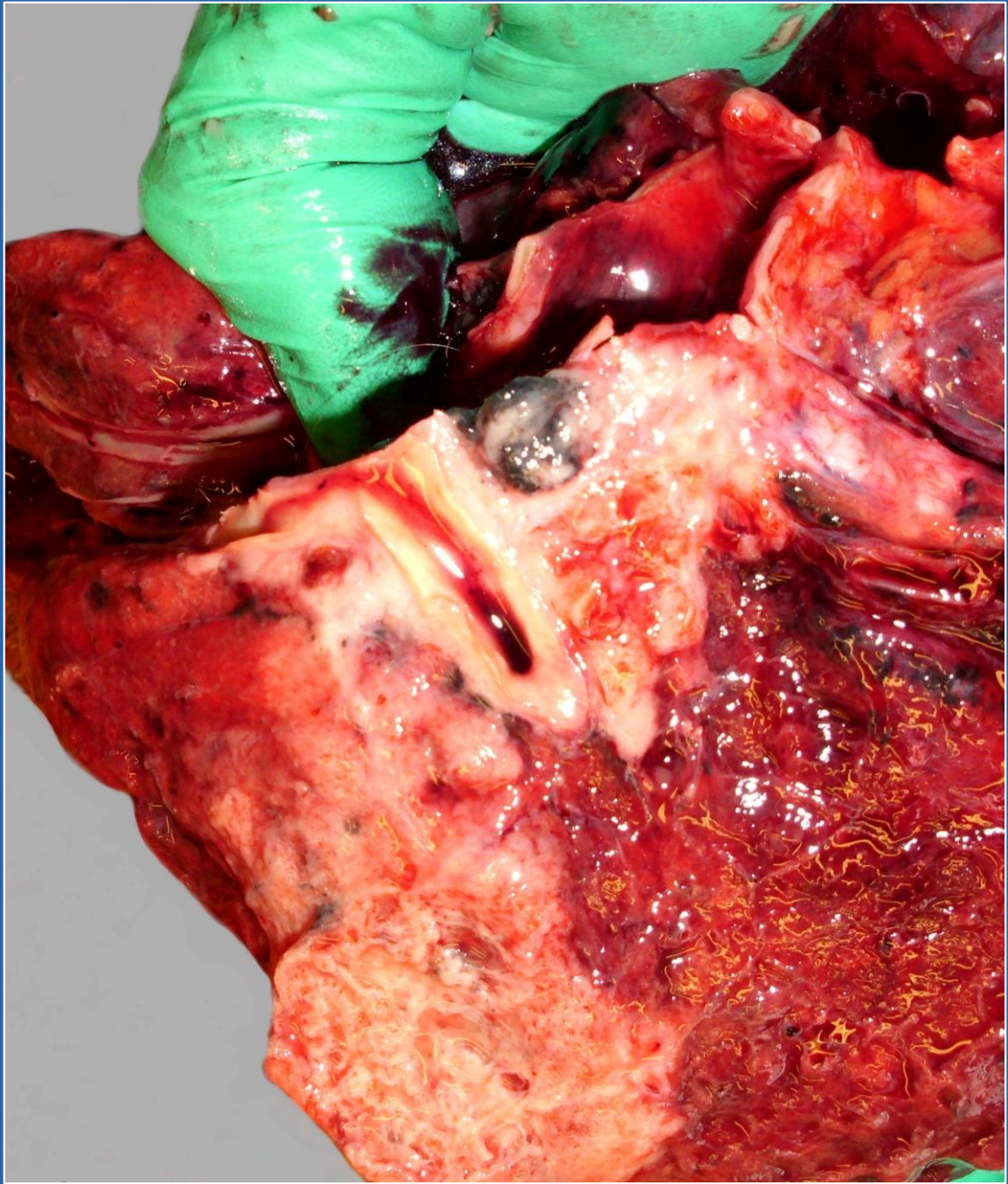




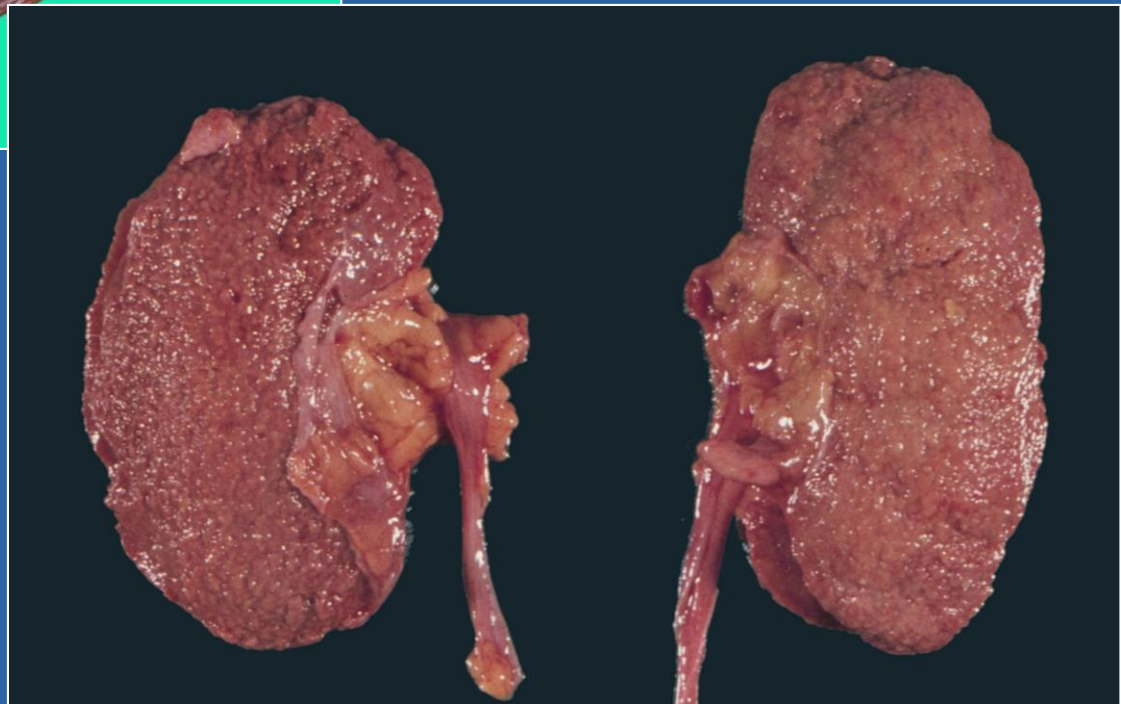
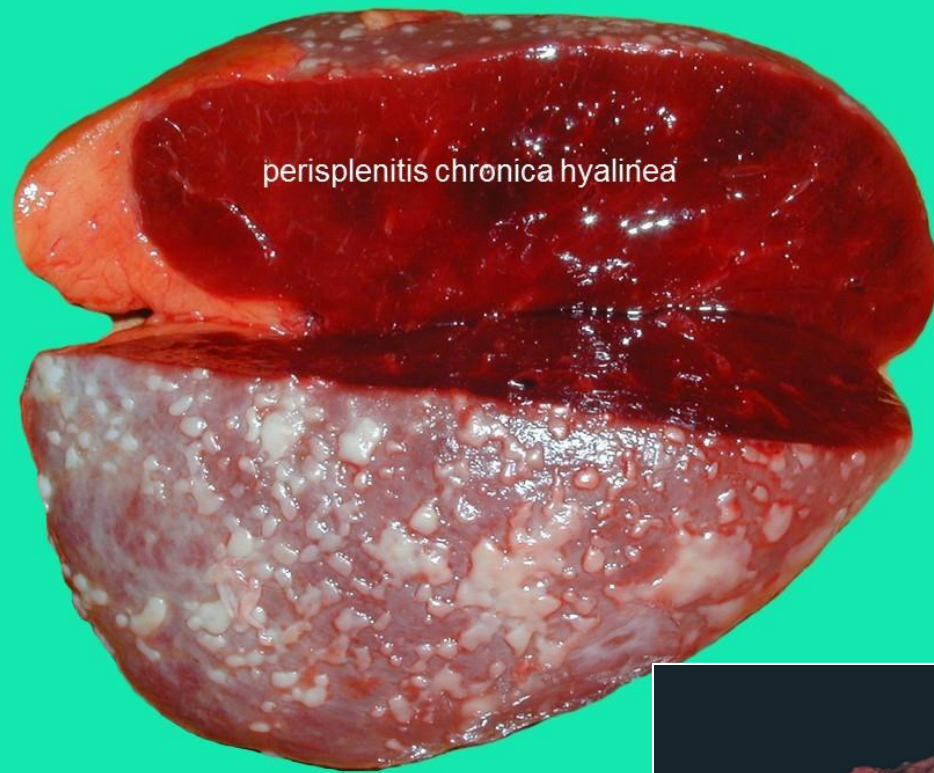


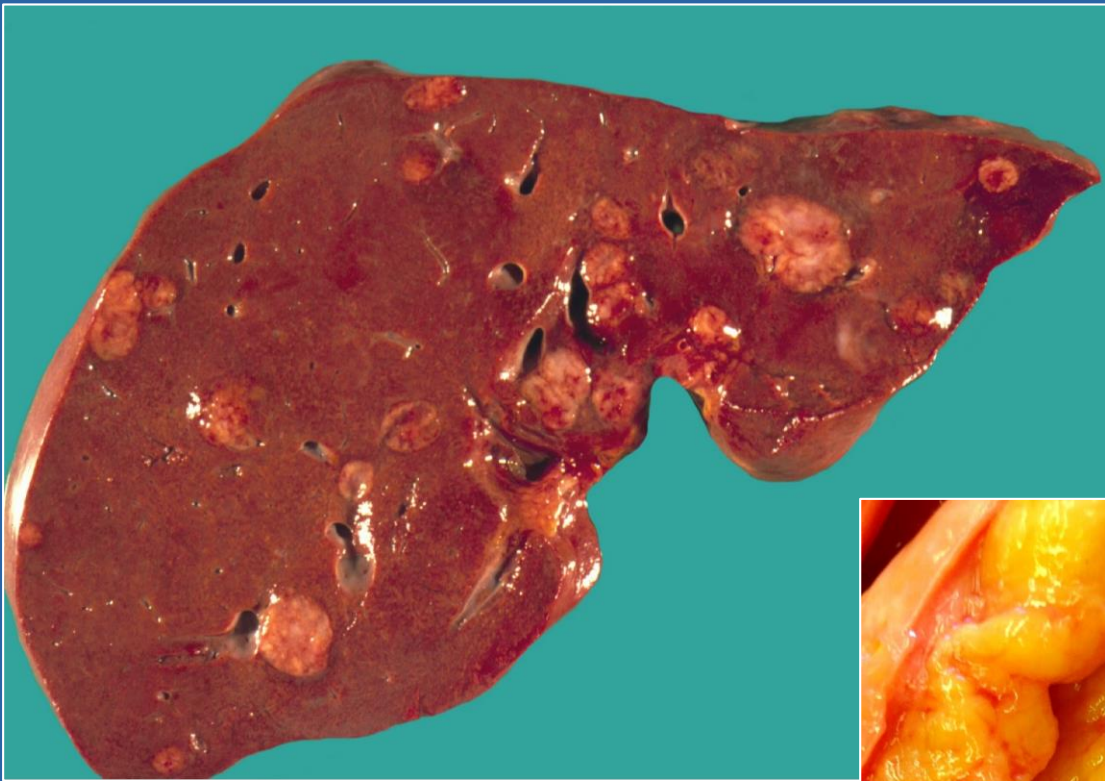




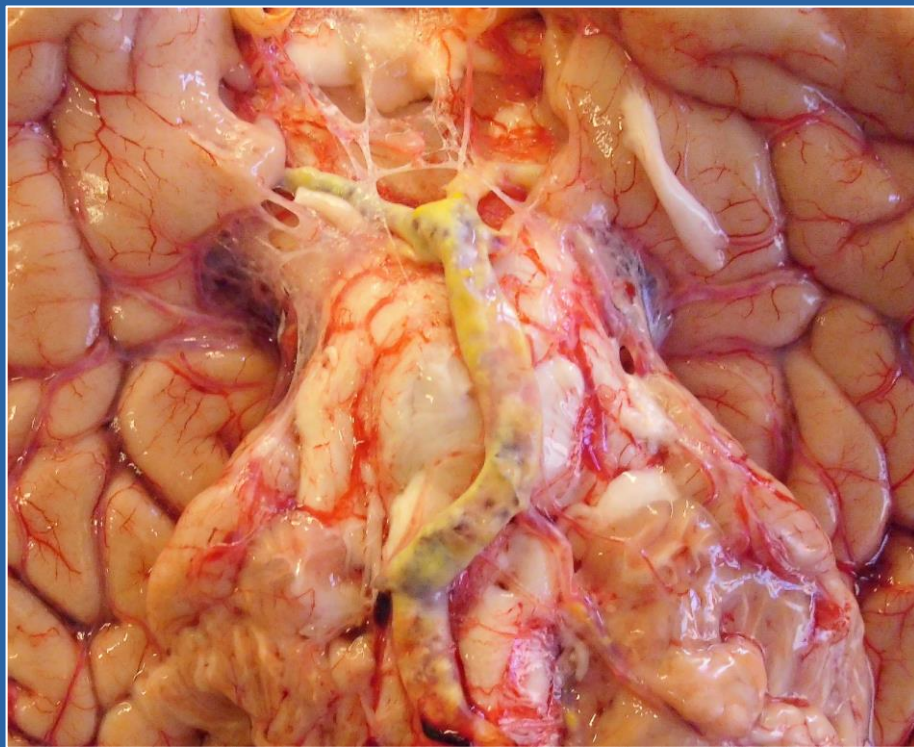






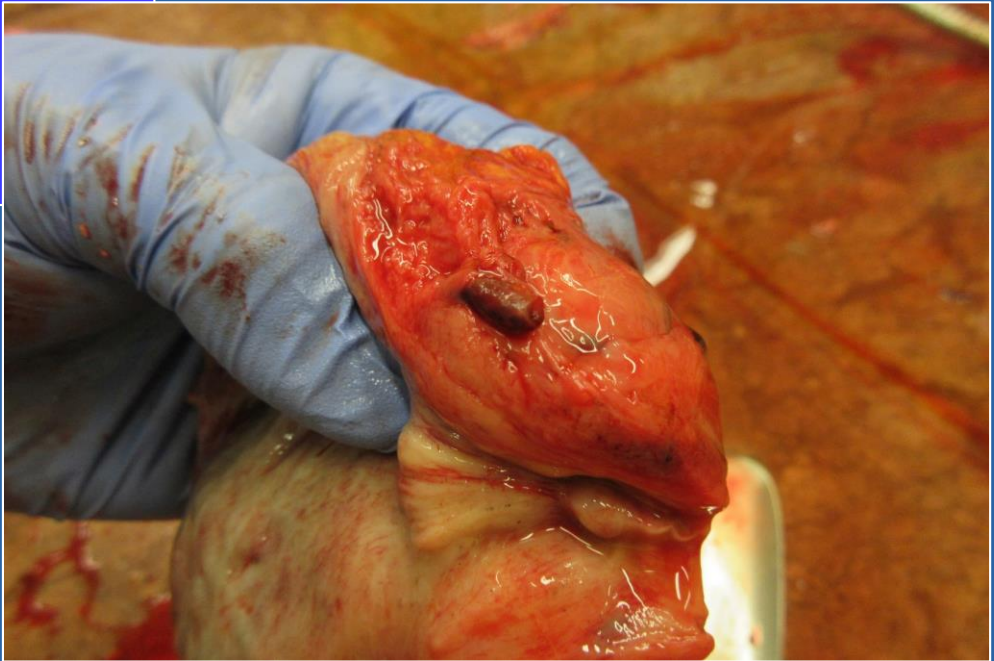




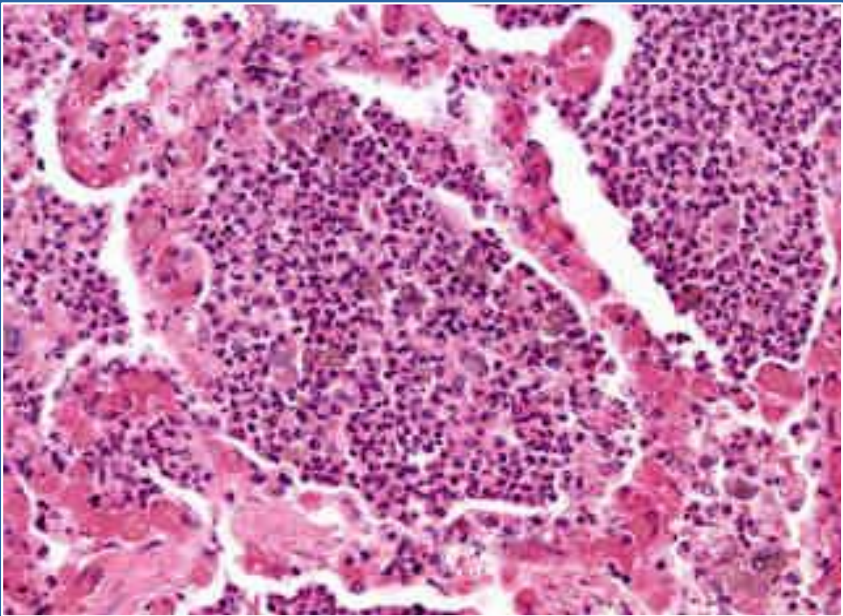
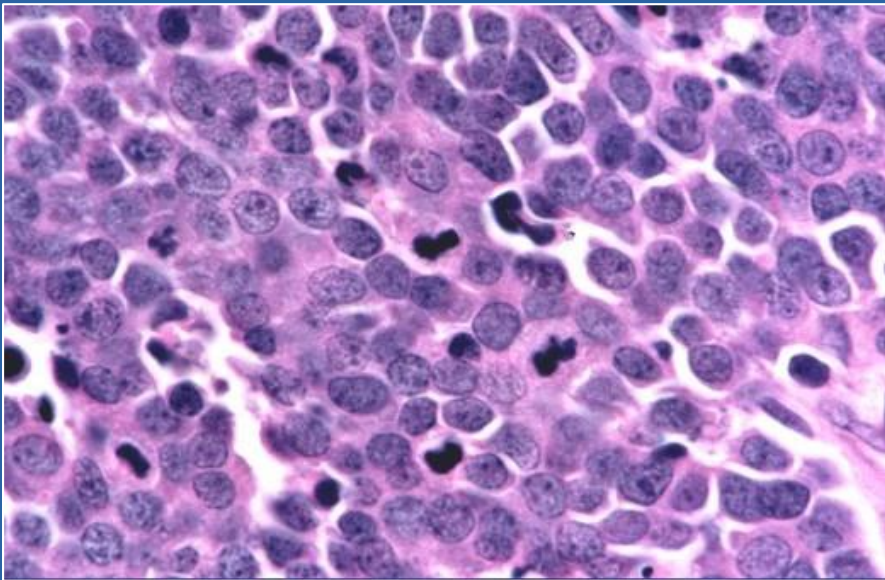
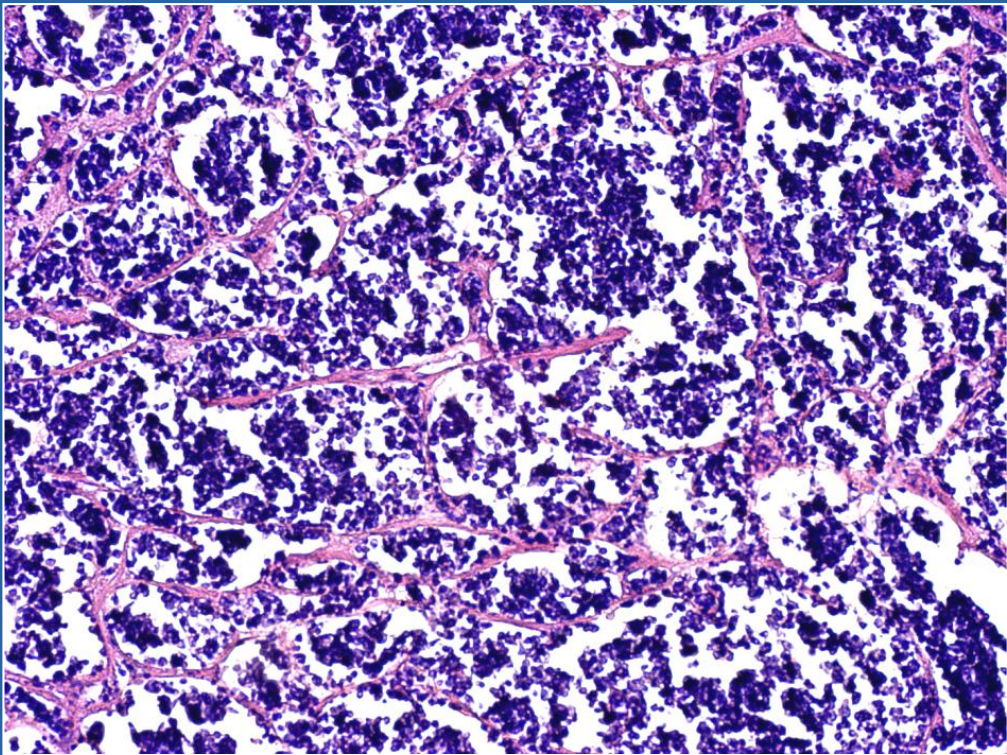




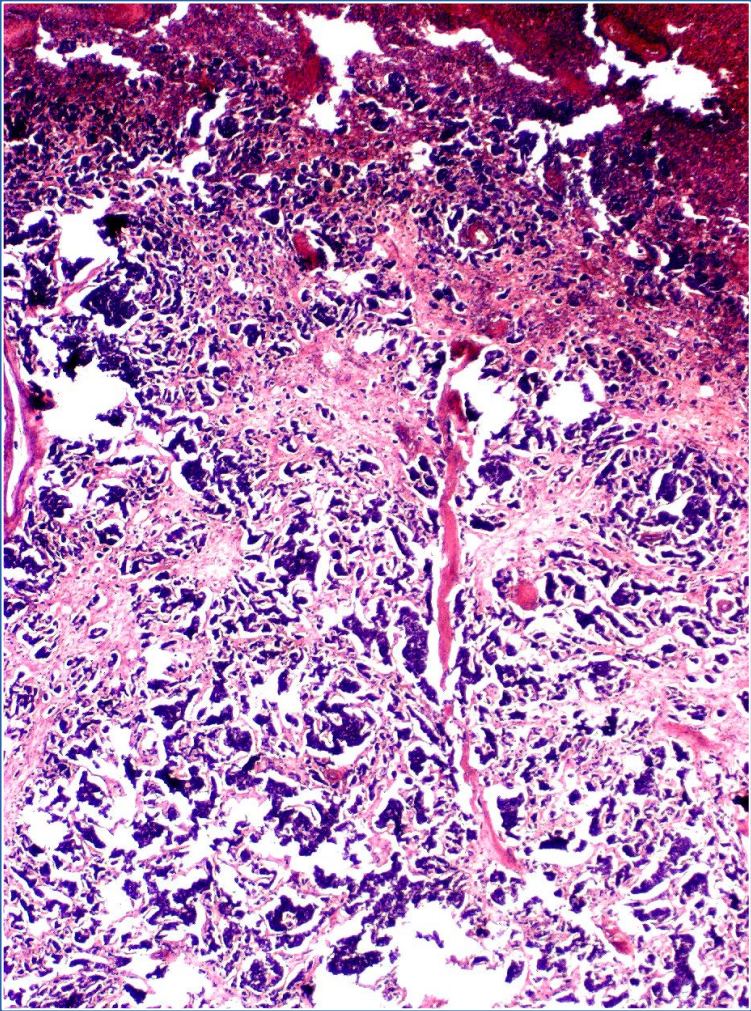
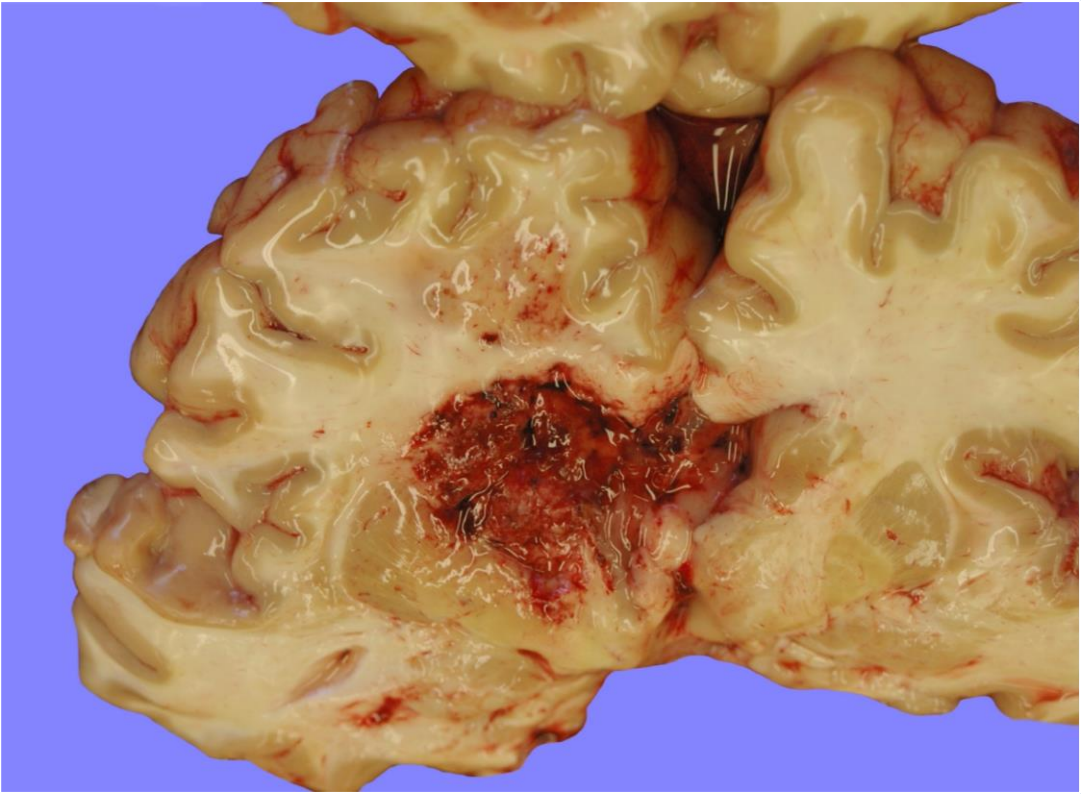












### Basic disease:

Bronchial carcinoma (small cell anaplastic cc)

### Complication:

Obstructive pneumonia

Hepatic metastasis

### Cause of death:

Cerebral metastasis

### Additional lesions:

Postthrombotic syndrome

Cutaneous suffusions. Seborrheic keratosis

Thoracic furuncle

Left sided concentric hypertrophy

Chronic cor pulmonale

Emphysema et chronic bronchitis. Pulmonalsclerosis

Adrenocortical adenoma

Pancreatic metastasis

Severe aortic atherosclerosis et parietal thrombus

Nephrosclerosis arteriolosclerotica

Chronic hyalinic perisplenitis

Benign prostatic hyperplasia

Periprostatic vein thrombosis

Sigmoid diverticulosis

Cerebral atherosclerosis

# Take home message

- **When the pneumonia seems to be nonresolving to adequate antibiotic treatments, it raises the possibility of other conditions behind! (aspiration? infarct-pneumonia? tumor?)**
- **Cerebral metastases of the small cell anaplastic carcinoma are very frequently seen, sometimes they are the primary presentation signs, and the small bronchial cancer is diagnosed later**