



CORRIGENDA TO EXPOSED POSTERS, 39° CONGRESSO DE PNEUMOLOGIA 2023

Corrigenda 2 do “39° Congresso de Pneumologia 2023”

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As seguintes comunicações:

The following communications:

ORAL COMMUNICATIONS

PE 036. Complicated pneumonia in immunocompetent patient

Comunicações não foram incluídos no momento da publicação e por isso não seguem a paginação.

Communications were not included at the time of publication and for that reason, they do not follow the pagination.

PE 036. COMPLICATED PNEUMONIA
IN IMMUNOCOMPETENT PATIENTRita Oliveira, D. Batista, C. Lopes, H. Barbacena, P. Howell
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Introduction: Necrotizing pneumonia is a rare complication of community-acquired pneumonia (CAP), characterized by necrosis and cavitation within an area of parenchymal consolidation. Risk factors include smoking, alcoholism, advanced age, diabetes, chronic lung disease or liver disease. The etiological agents most frequently involved are *Staphylococcus aureus*, *Streptococcus pyogenes*, *Klebsiella pneumoniae* and *Streptococcus pneumoniae*.

Case report: Patient admitted to the ER on 02/17 due to fever and cough within a week. On admission, she was hypotensive, tachypneic, tachycardic and hypoxemic, with decreased right vesicular murmur and scattered crackles. Chest X-ray showed condensation in the right middle and lower lobe. Laboratory tests showed a significant rise in inflammatory parameters and Acute Kidney Injury KDIGO 2. ABG analysis with type 1 respiratory failure. Patient presented unfavorable clinical evolution with admission to the Intensive Care

Unit on 02/19. Antibiotic therapy was started with Amoxicillin/Clavulanic Acid and Azithromycin. Regarding diagnostic tests performed: Weakly positive pneumococcal antigenuria, negative blood cultures, bacteriological examination of secretions was negative. Thoracic CT scan showed extensive right lobar condensation, atelectasis and minimal pleural effusion. Due to clinical stability, the patient was transferred to the Internal Medicine Service on 02/25. Clinical improvement and progressive negative titration of O₂ to ambient air were observed. Imagiologically with evolution with cavitation in chest X-ray and reassessment chest CT performed on 02/28. For exclusion of underlying etiology, she underwent bronchofibroscopy on 03/02, with no evidence of occult neoplasia. Pathological anatomy without the presence of neoplastic cells. Culture examination of bronchial secretions, bronchoalveolar lavage, bronchial biopsy and mycobacteria search were all negative. An immunosuppressive state exclusion study was carried out, considering the severity and complicated evolution with cavitation: negative autoantibodies (ANA, antids-DNA, ANCA, ASMA); C3, with C4 and CH50 within the normal range, no immunoglobulin deficit, lymphocyte populations without alterations. The patient completed rehabilitation with kinesiotherapy and 21 days of antibiotic therapy with amoxicillin-clavulanic acid and 5 days of antibiotic therapy with azithromycin. Clinical and

imagiological improvement was observed, with reduction of cavitation on the chest X-ray at the time of discharge on 09/03. She was discharged home, referred for consultation on Pulmonology department for reassessment and orientation.

Discussion: CAP complicated by cavitation is rare, especially in patients without risk factors, with *Streptococcus pneumoniae* being

a frequently associated microorganism. Underlying etiologies, such as neoplasm and/or immunosuppressive state, must be excluded. Early recognition and therapy are essential to reduce the morbidity and mortality of these patients.

Keywords: *Community acquired pneumonia. Cavitation.*