

Septic thromboembolism in intravenous drug users

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A 35-year-old male, intravenous drug user (IVDU), was admitted because of fever and cough with blood-tinged sputum. Chest X-ray revealed multiple pulmonary lesions (not shown). Contrast enhanced chest and abdominopelvic computed tomography (CT) demonstrated multiple pulmonary nodules with cavitation (arrowheads, Panel A) with the presence of feeding vessel sign highly suggestive but not pathognomonic of the septic nature of them (arrows, Panel A) and the relevance of extensive thrombosis with the presence of air within the thrombus, in the inferior vena cava (arrowhead, Panel B). Transthoracic ecocardiography shown vegetation at the aortic valve. Treatment was started with vancomycin plus gentamycin, and low-molecular-weight-heparin. As blood cultures subsequently grew *Staphylococcus Aureus* methicillin-sensitive, antimicrobial treatment continued with oxacillin for 4 weeks, and the patient had a full recovery. Drug injection into proximal veins may lead to septic deep vein thrombosis. Often septic pulmonary emboli are the first indication of a serious underlying focus of infection, either right-sided endocarditis or venous sepsis. Frequently the clinical picture is one of severe pneumonia with staphylococcal septicaemia¹. CT is useful in demonstrating the full extent of thrombotic occlusion of proximal veins, recognize septic pulmonary emboli and pathologies of adjacent structures^{1,2}.

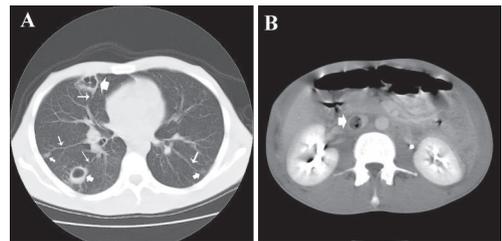


FIGURE 1

COMPETING INTERESTS

All the authors declare that they do not have a financial relationship with a commercial entity that has an interest in the subject of this manuscript. No conflict of interest to declare.

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