

Thoracic ultrasound for the detection and follow up of peripheral opacification

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A 75-year old, male never smoker, without any significant medical history referred to our department complaining for pleuritic chest pain on the right hemithorax for the last three days. Chest X-ray showed a peripheral round opacification on the right lower lung field (Figure 1a). Chest computed tomography (CT) confirmed the presence of a peripheral mass-like lesion (Figure 1b). Lung ultrasound (LUS) was performed, as the lesion abutted the pleura, and revealed a spherical hypoechoic lesion with static air bronchogram and irregular borders with the adjacent aerated lung (the shred sign), suggesting a lower-lobe alveolar consolidation (Figure 1c). The patient was treated with antibiotics and gradual remission of the opacification was seen after three month follow-up (Figure 2a, 2b).

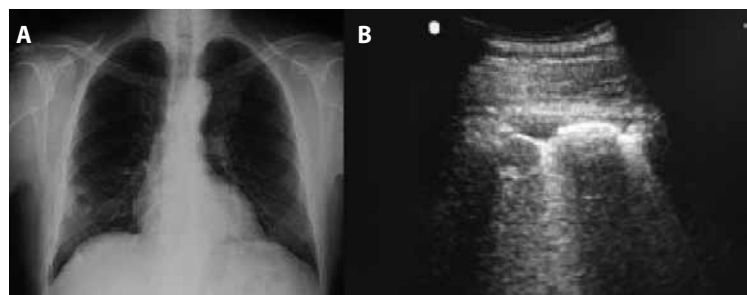
LUS has emerged as a useful diagnostic tool for clinicians in the diagnosis of pleural effusion, pneumothorax and lately in community - acquired pneumonia^{1,2}. Its high sensitivity (94%) and specificity (96%) for the diagnosis of pneumonia in adults and its additional advantages, including the lack of radiation exposure and the capacity to be conducted at the bedside, render LUS a valid diagnostic means for the diagnosis and follow up of pneumonia^{1,3}.

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EIKONA 1



EIKONA 2

Αλληλογραφία

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