Septic emboli in the lung

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We report on a case of a 65 year old patient that presented with fever, acute pain in the left hip, hypotension, tachycardia and type II respiratory failure. The patient also reported an episode of septic arthritis caused by Staphylococcus aureus seven years ago. On lung auscultation, crackles were present bilaterally. CT-pulmonary angiography was urgently performed and revealed multiple filling defects of the 2nd and 3rd branch of the pulmonary arteries that were attributed to septic emboli (Figure 1). The patient deteriorated rapidly and was transferred to the ICU, where he was intubated. He developed acute respiratory distress syndrome, multiple organ failure and hyperpyrexia. Appropriate antibiotic therapy[1] was implemented along with aggressive fluid management and vasoconstrictive agents. Continuous veno-venous haemodiafiltration was also urgently applied for the substitution of renal function and correction of severe acidosis. Unfortunately, the patient died 24 hours after admission due to rapidly fatal sepsis with metastatic septic emboli of the lung, presenting as a rare complication of septic arthritis[2].

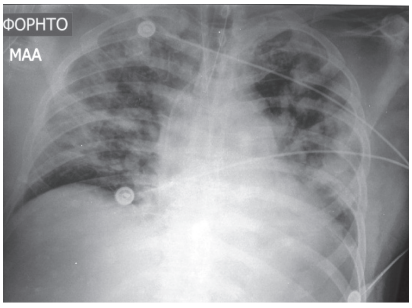

FIGURE 1. CXR after intubation showing diffuse bilateral nodular densities.

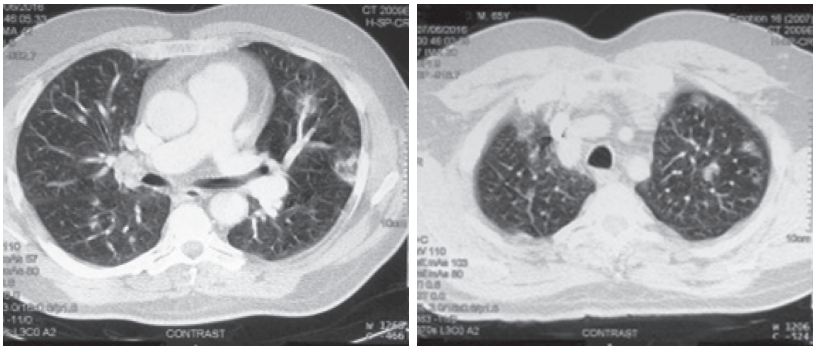

FIGURE 2. CT-pulmonary angiography revealed multiple wedge-shaped densities and nodular lesions with and without cavitation.

REFERENCES

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