

# Interesting CT imaging in patient with cavitory lung lesion

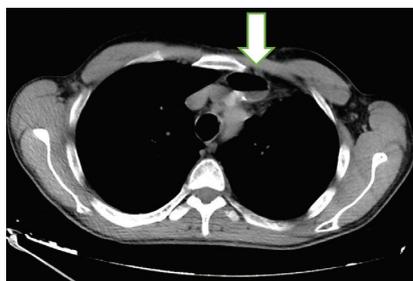
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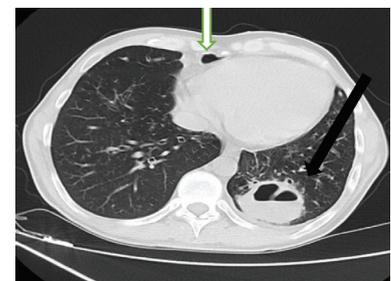
A 41-year-old never-smoker male was admitted to our hospital with fever and hemoptysis during the last 10 days. The patient had undergone gastric tube interposition, reconstruction of the hypopharynx and gastric-hypopharyngeal anastomosis, following sulfuric acid aspiration twenty-two years ago. He had been also diagnosed with pulmonary nocardiosis ten years ago and due to recurrent episodes of hemoptysis left upper lobectomy was performed.

Clinical evaluation on admission revealed: SaO<sub>2</sub> 97% on room air and body temperature 38°C. Physical examination of chest was normal. Chest Computed Tomography revealed cavitory lesion in lower left lobe, of 5.5 cm maximum diameter with air fluid, as well as adjacent bronchiectatic changes.

The patient received IV antimicrobial therapy with piperacillin/tazobactam 4,5g x 4, vancomycin 2gr x1, moxifloxacin 400mg x1, as well as trimethoprim/sulphamethoxazole x1, due to the past history of pulmonary nocardiosis. The purified protein derivative skin test (tuberculosis test) was negative. Microbiological analysis of patient's sputum yielded no acid-fast, positive gram staining (*Streptococcus Viridans*). Gastroscopy and esophagography were performed during the patient's hospitalization to exclude any anastomotic leaks or bronchoesophageal fistulas. Our patient was discharged after seven days of hospitalization, with significant clinical and radiological improvement.



**FIGURE 1.** Gastric tube interposition (Arrow), reconstruction of the hypopharynx and gastric-hypopharyngeal anastomosis.



**FIGURE 2.** Cavitory lesion with air fluid of left lower lobe (black arrow). Gastric tube (white arrow).

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