

Acinetobacter baumannii mass-like pneumonia

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Key words:

- Tumor
- Pleuritis
- Pneumonia

A 60 years-old male smoker presented with dyspnoea, dry cough, fatigue, and night sweats lasting over 6 months, without any improvement despite various treatments. Sputum culture reveled acinetobacter baumannii. Chest radiography (Figure 1) was highly suggestive for a pulmonary tumor with. A chest computed tomography (Figure 2) showed a pulmonary mass at the posterior segment of the right upper lobe (50/40/60 millimeters) with linear extensions into the adjacent parenchyma, multiple nodular calcifications and bronchiectasis. After exploratory thoracotomy, a biopsy showed thickened pleura, with granulation tissue and areas of chronic perivascular inflammatory infiltrate. In some sections, marginally, blood exudate along with polymorphonuclear inflammatory cells was observed, consistent with chronic infectious fibrinous pleuritis (Figure 3). Administration of intravenous antibiotics, according to the antibiogram, had a favorable outcome (Figure 4).



FIGURE 1. Chest RX.

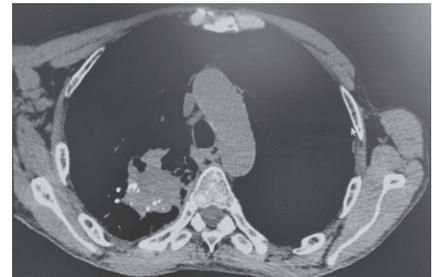


FIGURE 2. Initial CT.

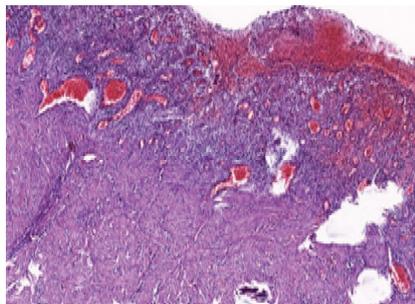


FIGURE 3. Histopathology.

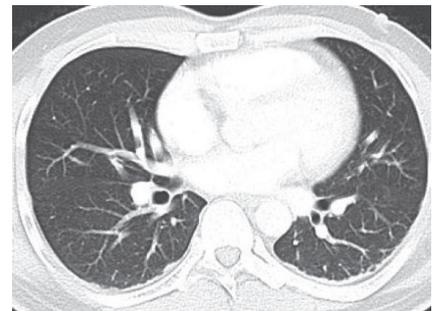


FIGURE 4. F/U CT.

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