

Radiographic development and resolution of lung abscess

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An 82-year-old Caucasian man presented with a 3-day history of productive cough, dyspnoea, rigors and fever but denied any weight loss or night sweats. He has a history of type 2 diabetes, gastro-oesophageal reflux and a recent hospital admission following a fall. Lung auscultation revealed coarse crackles over the right midzone. The initial chest radiograph displayed patchy right midzone lung infiltrates, in keeping with pneumonia (**Figure 1**). He was treated with intravenous benzylpenicillin and clarithromycin but remained unwell after 4 days. A switch to levofloxacin provided only temporary improvement.

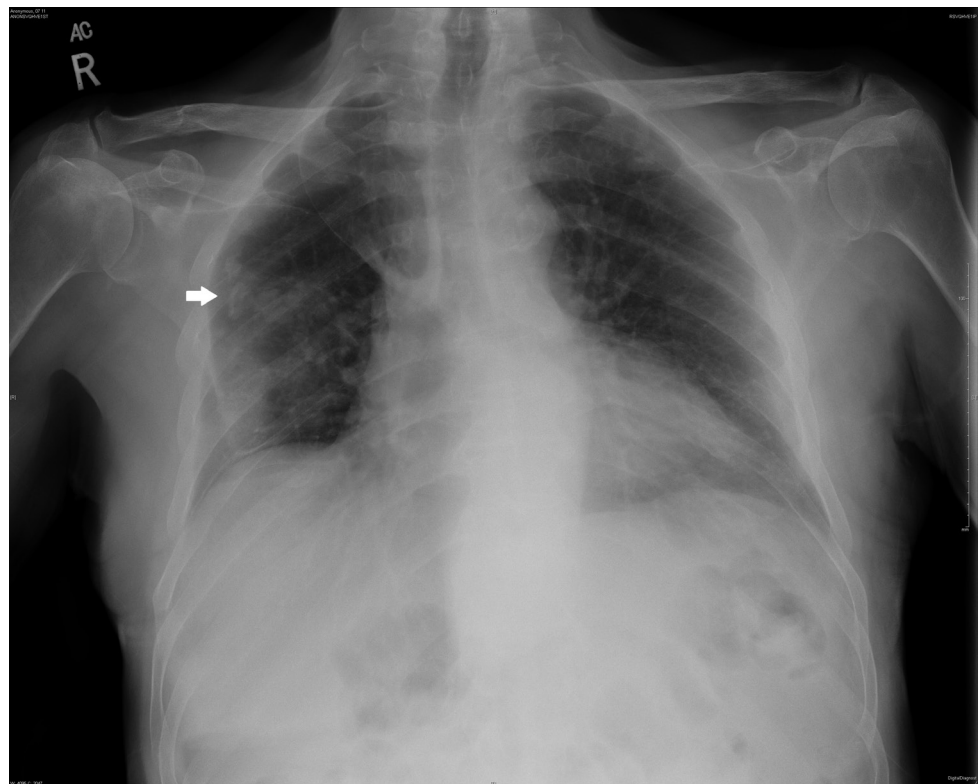


Figure 1. Chest radiograph showing right middle zone patchy lung infiltrates.

A repeat chest radiograph showed a cavitory lung lesion adjacent to the pleura, devoid of any air–fluid level (**Figure 2**). The main differential diagnoses included an ‘empty’ abscess and cancer. Given the speed of radiographic development, a clinical diagnosis of lung abscess was made. On discussion with respiratory, interventional radiology and microbiology consultants, a conservative approach with a prolonged course of oral doxycycline and metronidazole was undertaken. Blood and sputum cultures were negative, including for acid-fast bacilli. Follow up at 4 weeks post-discharge showed resolution of the lung abscess; the patient has remained clinically stable with symptoms much improved (**Figure 3**). Further chest imaging will be undertaken until full resolution.

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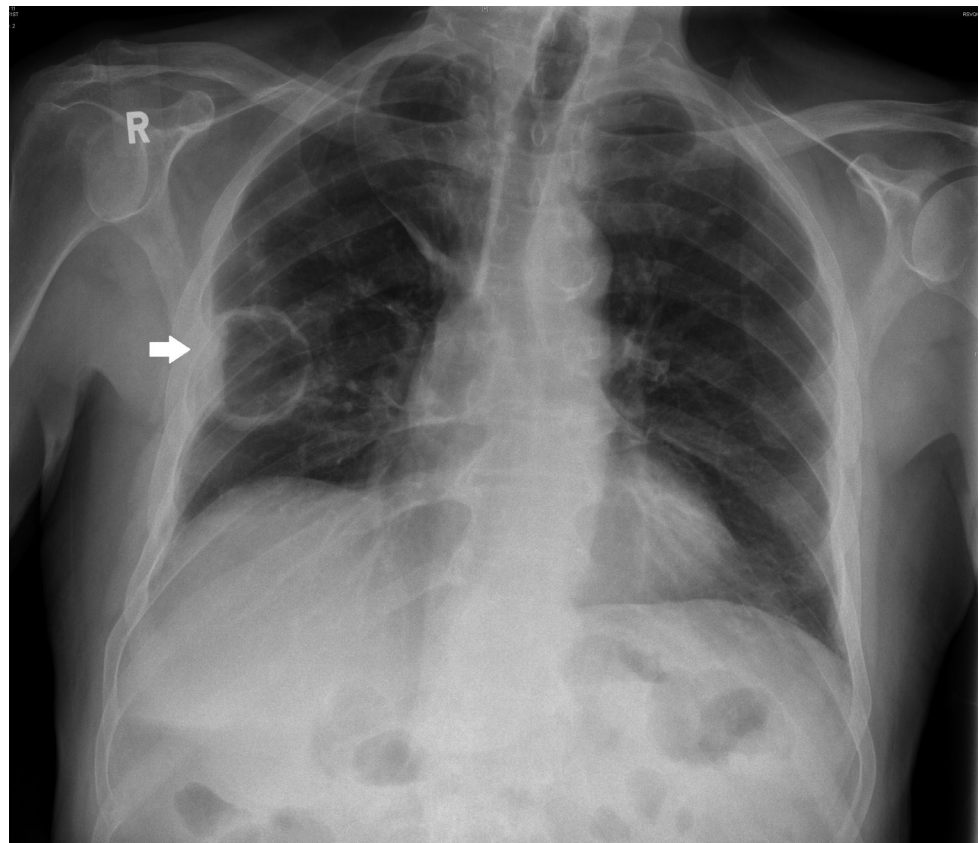


Figure 2. Chest radiograph showing an 'empty' lung abscess devoid of an air-fluid level.

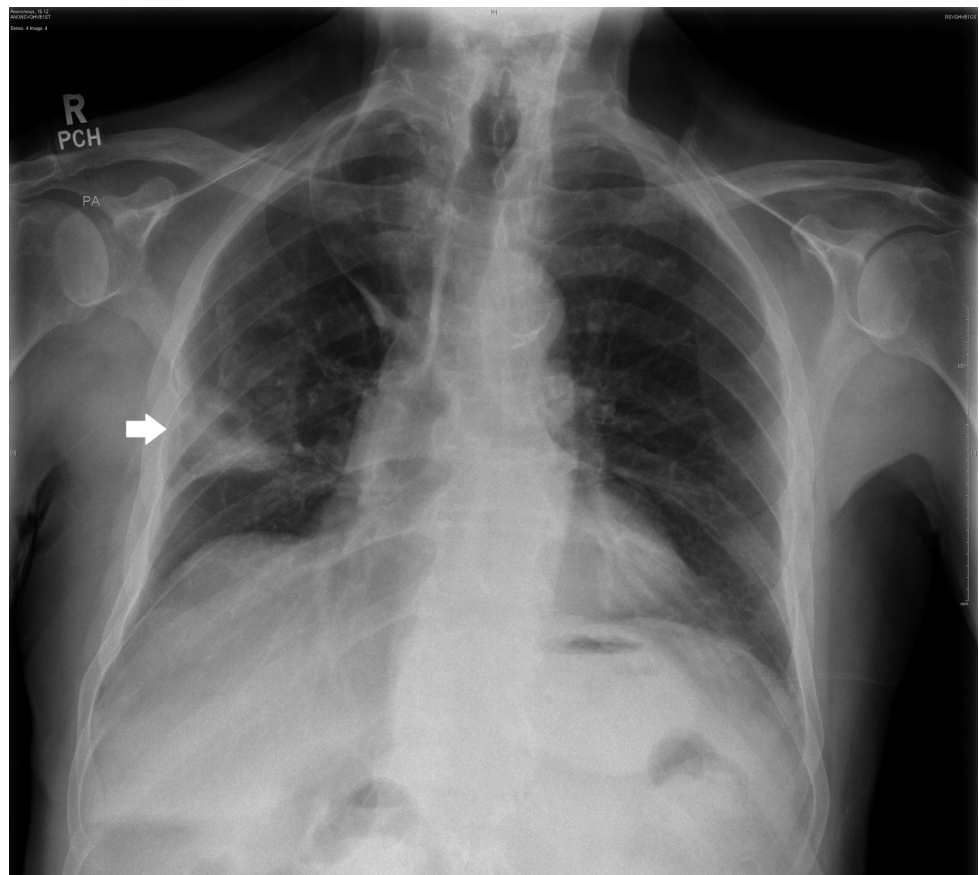


Figure 3. Chest radiograph taken 4 weeks post-discharge showing resolution of lung abscess and residual lung shadowing.