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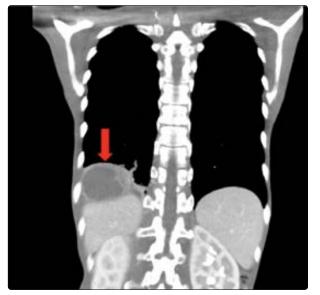
Into the Abscess: A 50 Year-Old Man with Empyema Necessitans

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A 50-year-old man presented with two months of malaise, weight loss, and back pain after an accidental aspiration. Labs showed a neutrophilic leukocytosis of 23,000/uL. Imaging revealed a large pleural and paraspinal fluid collection (Figures 1-3), extending down to the pelvis, consistent with empyema necessitans and paraspinal

abscess. Cultures grew Streptococcus anginosus (also known as Strep. milleri). He received antibiotics and drainage, with course complicated by malnutrition, tracheostomy, and encephalopathy. His care was eventually transitioned to comfort-focused. Commonly causing brain and abdominal abscesses, *S. anginosus* uncommonly causes empyema, usually from aspiration [1]. It produces hyaluronidase, allowing for liquefaction of and extensive spread through tissues [2].



Figures 1: Coronal chest CT views showing a complicated right-sided basilar pleural and paraspinal fluid collection (red arrows) consistent with empyema necessitans.



Figures 2: The collection extends from the chest wall to the pelvis.

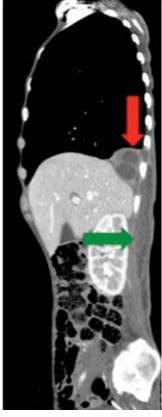


Figure 3: Extension of the fluid collection (red arrow) into the thoracic and lumbar paraspinal soft tissues (green arrow) as seen on sagittal

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Received March 29, 2015; Accepted April 15, 2015; Published April 20, 2015

Citation: Cooper AZ, Sawaya J, Grochowsky J (2015) Into the Abscess: A 50 Year-Old Man with Empyema Necessitans. J Pulm Respir Med 5: i017. doi:10.4172/2161-105X.1000i017

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Page 2 of 2

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