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Coil or Infection?

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Introduction: In selected COPD patients, bronchoscopic volume reducing operations may also be applied in addition to medical treatment. Although there is no change in the frequency of COPD exacerbation after coil application, pneumonia is more frequent. The present case is presented for the presence of "opacity related to coil", defined in recent years in patients who had coil application.

Case Presentation: A COPD diagnosed male patient, age 46, to whom coil had been applied two years ago, admitted to our hospital with high fever. In the physical examination, respiration sounds were reduced. The patient, who had infiltration in the upper right in the chest radiography, was hospitalized. Laboratory analyses revealed leukocyte count 23,500/µl, CRP 247 mg/dl, arterial blood gas analyses revealed pH 7.51, PaO2 56.1 mmHg, PaCO2 27.2 mmHg, HCO3 24.2 mmol/l, SaO2 92%. The patient could not give a respiratory secretion sample; ceftriaxone was started empirically. There was no radiological response in the follow-up and brochoscopy was applied. The upper right lobe entrance was observed to be concentrically narrowed, the distal side was not examined. The high fever of the patient continued, there was no significant change in acute phase reactants and there was no radiological response; treatment with first piperacillin tazobactam, and then with meropenem was given. High fever continued and 80 mg/day methyl prednisolone was started, considering opacity related to coil. Fever response was given with the first dose. The patient was administered 80 mg/day methyl prednisolone for 3 days and then 40 mg/day methyl prednisolone for 10 days. Clinical, radiological and laboratory recovery was observed and the patient was discharged, on oral methyl prednisolone.

Conclusion: In COPD patients who are assessed as pneumonia, whose respiratory secretion culture cannot be conducted and who do not give response to antibiotic treatment, "coil related opacity" must be considered even if the acute phase reactants are high.

Keywords: Coil, pneumonia, pneumonitis, inflamation