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Immunsupressed Nocardia Pneumonia

Gülfem Yıldırım¹, Baykal Tülek²¹Clinic of Cheast Diseases, KTO Karatay University, Medicana Hospital, Konya, Turkey²Department of Cheast Diseases, Selçuk University School of Medicine, Konya, Turkey

A 51-year-old male patient was admitted to our clinic with the complaint of cough, sputum, fever, and dispnea. The patients complaints started 15 days before the exposure of the air conditioner. He was admitted to the İnternal medicine clinic and his complaints after the treatment did not improve. His past medical history revealed a history of operation due to a fungal infection of the left lung 13 years ago. On examination of the respiratory system, expiration was prolonged and bilateral inspiratory rales were osculted. In the laboratory results of the patient, leukocyte count was found as 12800 mm³ (neutrophil: 9140/mm³) and CRP: 9.04 mgr/dl. On chest X-ray, patchy opacity areas were seen in upper and middle and lower areas of the right lung and lower and middle areas of the left lung. Thorax ct was taken to patient. In both lungs, a large number of nodular lesions with irregular margins and some with spicular contours were detected, including the largest glass attenuation increments around 27x15 mm in size and occasionally linear fibrotic bands. The patient was treated with piperacillin + tazobactam and clarithromycin intravenously. Acid-resistant bacilli and sputum culture were negative. Bronchoscopy was performed and no endobronchial lesion was seen. Nocardia spp was detected in bronchoalveolar lavage fluid. The patient was started on trimethoprim-sulfamethoxazole (TMP/SMZ) 15 mg/kg/day. In the clinical and laboratory follow-up, regression was observed from the 5th day onwards. The patient's general condition was improved and the patient was discharged after treatment with trimethoprim-sulfamethoxazole (TMP/SMZ). In the follow-up period, his complaints regressed and at the 3-month follow-up thorax CT was performed. On CT scans, the first tomography revealed the disappearance of existing nodular lesions. Based on the patient's history and post-treatment findings, it was thought that he had pulmonary nocardiosis. Therefore, it should be considered that pulmonary nocardiosis may develop in such patients who are not responding to nonspecific antibiotic therapy.

Keywords: Pneumonia, nocardia, COPD