

Vanishing lung - A massive tuberculosis destruction

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Clinical Image

A 22-year-old female patient sought emergency medical services because she was complaining of asthenia, cough and haemoptysis for one month. She had a medical history of a pulmonary tuberculosis four years ago while she was living abroad. The treatment was administered only for three months but isolates, antibiotic sensitivity and exact therapeutic regimen were not known. Upon clinical examination, patient exhibited sings of respiratory distress, and lung sounds were abolished in the right hemithorax and diminished in the left hemithorax. The chest-x-ray upon admission revealed a complete absence of lung parenchyma in the right hemithorax and in the upper half of the left hemithorax. For differential diagnosis with other common entities (eg. Pneumothorax) a Computed tomography (CT) scan was conducted. It confirmed the absolute absence of lung parenchyma both on the right hemithorax and the upper part of the left hemithorax. *Pseudomonas aeruginosa* was isolated in the sputum and a regimen with Piperacillin-Tazobactam was initiated. Direct smear microscopy for acid-fast bacilli, Polymerase chain reaction testing for *Mycobacterium tuberculosis*, and mycobacterial culture results were all negative. Since the episodes of recurrent haemoptysis were refractory to tranexamic acid and to the antibiotic regimen, after performing a CT pulmonary angiogram, arterial embolizations were executed. As the patient experienced massive haemoptysis, a rigid bronchoscopy a rigid bronchoscopy was performed. During the procedure, the origin of the haemorrhage was identified in the right upper lobar bronchus. Unfortunately, patient passed away during the procedure.



Figure 1. Chest-x-ray upon admission

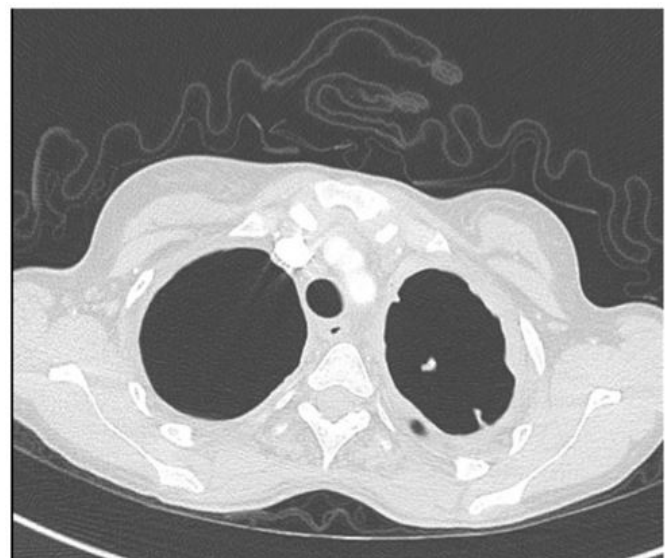


Figure 2A: Thoracic sagittal CT scan

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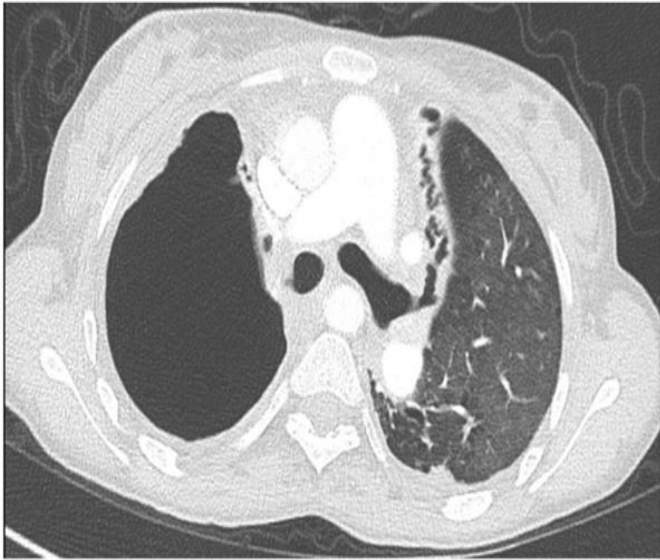


Figure 2B: Thoracic saggital CT scan

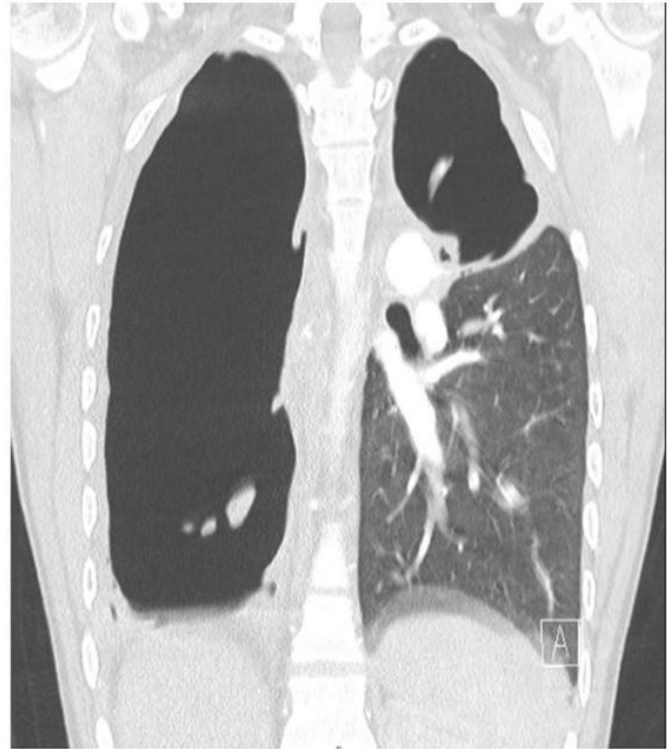


Figure 3: Thoracic coronal CT scan