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Clinical Image

Spontaneous Pneumothorax due to Septic Pulmonary Embolism Caused by Methicillin-resistant *Staphylococcus aureus*☆

Neumotórax espontáneo secundario a embolias sépticas pulmonares por *Staphylococcus aureus* resistente a meticilina

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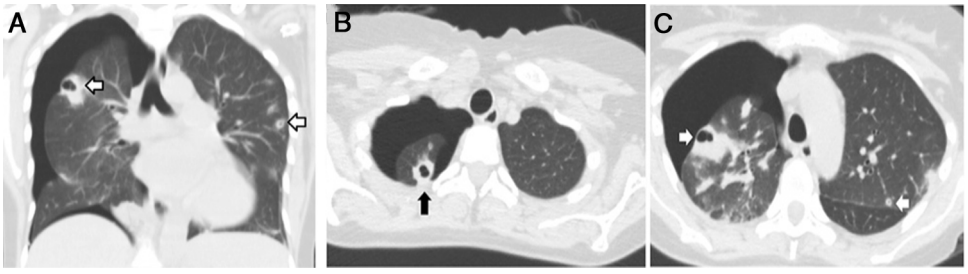

Fig. 1. Chest computed tomography: (A) coronal slice; (B and C) transversal slice. Peripheral cavitary pulmonary nodules (arrows) in the right and left upper lobe and right pneumothorax.

We report the case of a 41-year-old woman with a history of kidney transplantation with chronic graft dysfunction, who was undergoing hemodialysis 3-times-weekly via temporary jugular catheter. The patient was admitted with a diagnosis of catheter sepsis with positive blood cultures for methicillin-resistant *Staphylococcus aureus*. She developed sudden dyspnea and chest pain 72 h after admission. A chest computed tomography was performed that showed right pneumothorax associated with cavitary pulmonary nodules (Fig. 1), some of which were peripheral. A diagnosis of spontaneous pneumothorax following rupture of septic cavitary emboli in the pleural space was established. The pneumothorax was treated with pleural drainage for 4 days. A 4-week course of antibiotic therapy with vancomycin was indicated, with good clinical progress.

Catheter-associated infection is a frequent cause of septic pulmonary embolism.[1] The causative microorganism is usually *Staphylococcus aureus*. Lesions are cavitary in 56% of cases[1] and, when they occur in a peripheral site, they can open to the pleural space, triggering secondary spontaneous pneumothorax.[2] This complication is rare and usually occurs between 5 and 15 days after starting antibiotic treatment.[2]

References

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