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Not your typical pneumonia!

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A 52-year-old gentleman presented to accident and emergency with a 1-week history of sore throat. He had felt generally unwell and feverish the day prior to admission with a cough productive of yellow sputum. On examination he looked lethargic, had a temperature of 38°C and was tachycardic. Medical history included coarctation of the aorta repair in adolescence which subsequently became aneurysmal. This was treated with endovascular thoracic aortic stent insertion 15 months prior to admission. Chest radiograph (figure 1A) demonstrated a left upper-lobe consolidation and an air-fluid level in the adjacent aorta. Urgent CT (figure 1B) confirmed an air-fluid level within the aneurysm sac. He was treated for aortic stent infection and associated pneumonia with broad-spectrum intravenous antibiotics. Given the complicated thoracic surgical history, we elected for a conservative approach with CT-guided transpulmonary drainage of the collection via the left posterior thoracic wall and concomitant insertion of a prophylactic chest

drain. Approximately 25 ml of pus was aspirated, which grew *Staphylococcus aureus* and Group A β -haemolytic *Streptococcus*. The aortic aneurysm sac drain was flushed on a daily basis. Antibiotics were rationalised to intravenous clindamycin (penicillin allergic) for 3 weeks. He was discharged home 1 month after admission and remains well on oral antibiotics.

Thoracic aortic stent infection is an uncommon but serious complication of endovascular insertion.¹ To our knowledge, this is the first case of it presenting as pneumonia. Although the literature favours surgical rather than conservative management of the condition,¹ we cite another case of successful conservative treatment.

Competing interests None.**Patient consent** Obtained.**REFERENCES**

1. **Ducasse E**, Calisti A, Speziale F, *et al*. Aortoiliac stent graft infection: current problems and management. *Ann Vasc Surg* 2004;**18**:521–6.

Figure 1 (A) Chest radiograph; (B) CT chest.

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