It is all in the sputum: a case of non-resolving pneumonia

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DESCRIPTION
An 87-year-old woman presented with a 2-day history of dyspnoea, productive cough and rightsided chest discomfort. Having become increasingly lethargic over the preceding fortnight, she also noted unquantifiable weight loss over the prior 3-month period. Physical examination and initial radiological and haematological assessment was consistent with a community-acquired pneumonia and associated parapneumonic effusion confirmed by pleural aspiration. She was appropriately treated with a full course of intravenous antibiotic therapy however failed to completely resolve. Subsequent bronchoscopy did not reveal an obstructing tumour

Figure 1 Dense consolidation of right middle and right lower lobes with progression of patchy ground glass infiltrates in the right upper lobes and the left base.

Figure 2 Malignant sputum cytology: papillary-shaped cell clusters confirm the presence of malignant tumour cells (adenocarcinoma). Also seen are squamous cells (pink) from the oral cavity and alveolar macrophages (green) that confirm that the sample originates from the lower respiratory tract.
and associated specimens were sent for microbiology. Despite further escalation of antibiotic therapy, limited clinical improvement resulted. Further CT evaluation revealed persistent dense consolidation and progression of ground glass infiltrates (figure 1). With diminishing infective symptoms, a steroid trial was started for possible cryptogenic organising pneumonia. Some limited initial clinical improvement was noted followed by further deterioration with cough and bronchorrhoea. Sputum was sent for further evaluation revealing a well-differentiated adenocarcinoma (lepidic pattern; figure 2). The patient opted for a palliative approach to management.

Contributors LH, SHC, SN and DO all contributed to drafting and editing the manuscript and in the clinical care of the patient.

Competing interests None.

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REFERENCES
3 Marom ZM, Goswami SK. Respiratory mucus hypersecretion (bronchorrhea): a case discussion—possible mechanisms(s) and treatment. J Allergy Clin Immunol 1991;87:1050.

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