

Rare presentation of Atypical Pneumonia

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Presentation

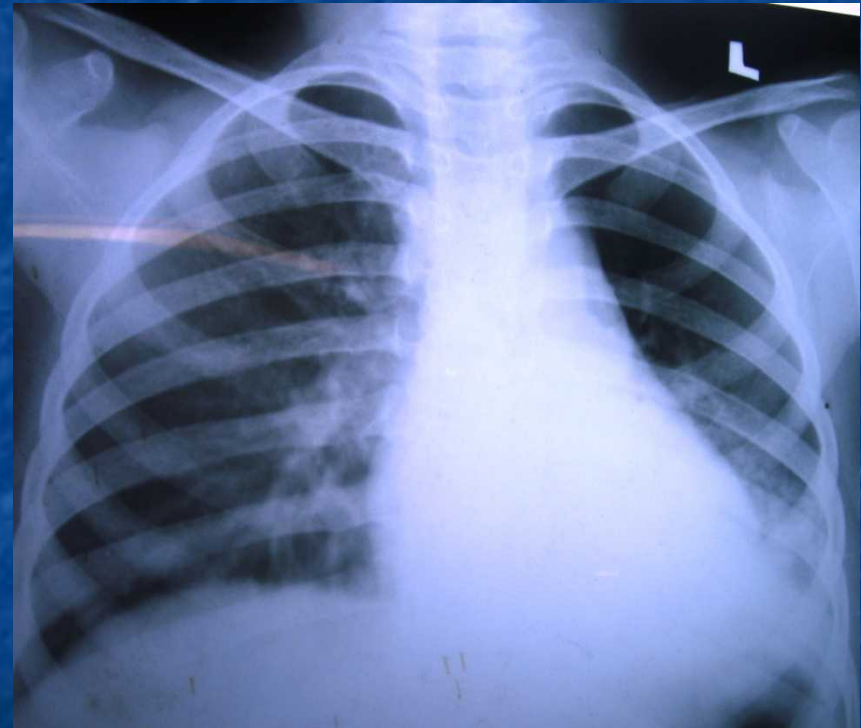
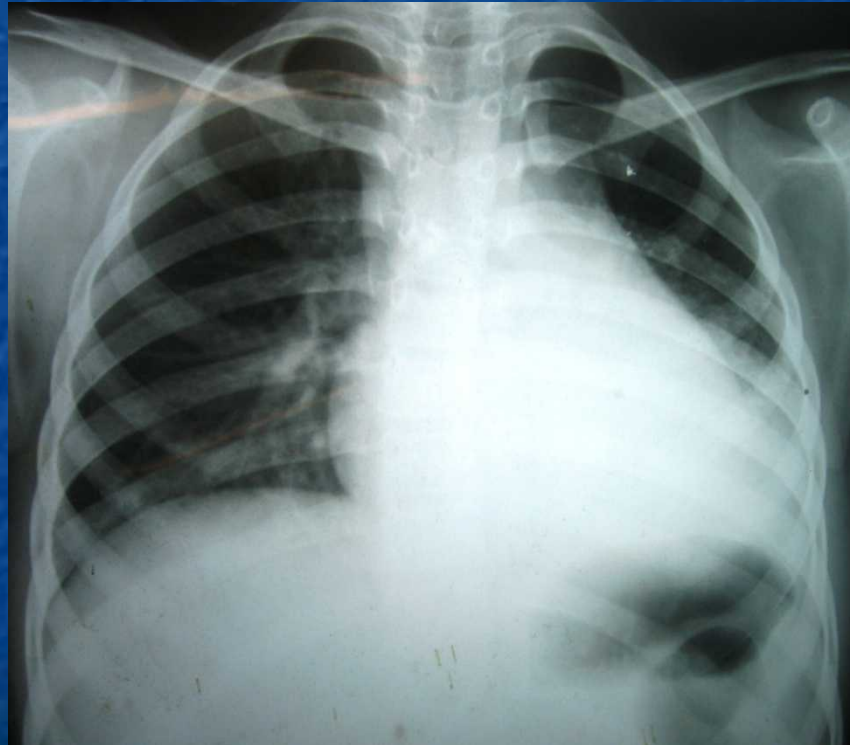
10 year old female child treated in Jan 2011

- Fever with cough 5 days
- Without breathlessness
- i.m cefotaxime and genta as O.P x 5days
- Child afebrile for 1 week

Symptom continuum

- Again developed fever
 - Investigated
- Widal – O and H- 1/160 positive
- MAT for leptospirosis-1 in 100 positive
- CXR- left lower zone haziness
- Treated with CP and Clox for 1 week
- Asymptomatic – 1week

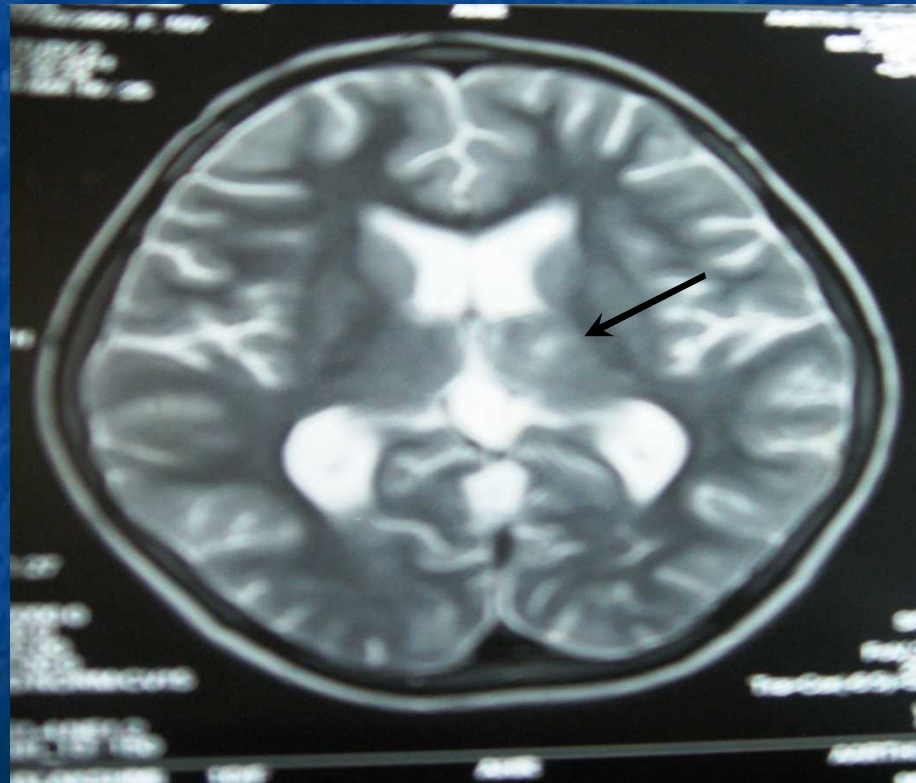
X-Ray chest showing left lower
zone haziness-
29.1.2011 & 10.2.2011



Symptom progression

- Developed unsteadiness of gait
- Breathlessness of acute onset
- MRI brain- hyperintense focus in left thalamus in T2 suggestive of ischaemia
- Diagnosis – post infectious cerebellitis
- Treated with inj ceftriaxone, CP and inj methyl prednisolone
- Discharged after 10 days
- At discharge patient improved but still had unsteadiness

MRI brain- hyperintensity left thalamus



Clinical features

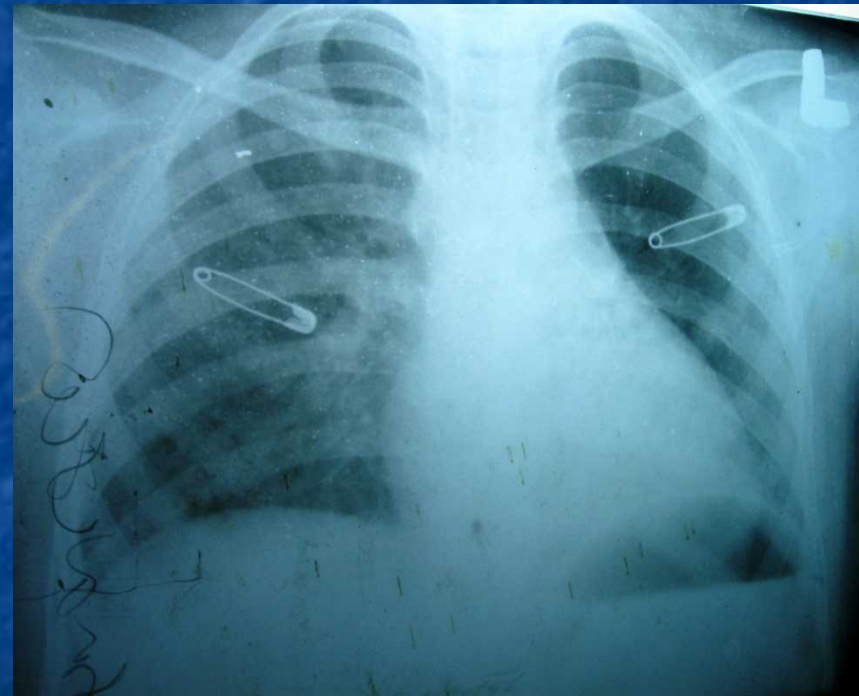
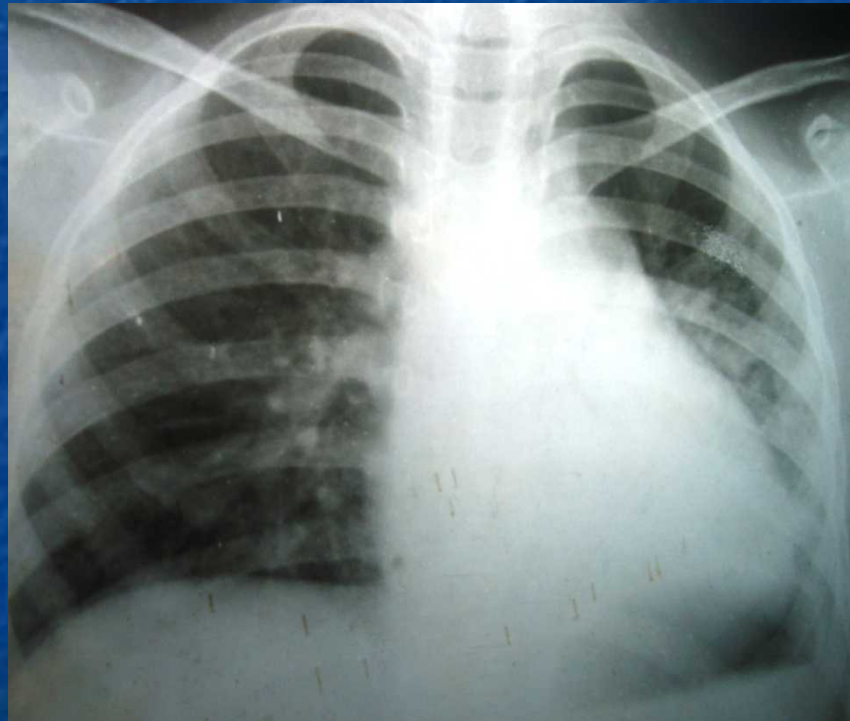
- 1 week later developed chest pain, breathlessness and palpitations and presented at ISP
- O/E- febrile, dyspneic, HR- 130/min, RR- 44/min, B.P- 100/60. papular lesions with crusting in the angle of mouth
- RS – VBS diminished in Lt infra axillary & infra scapular areas
- CNS- B/L cerebellar signs
 - Dysdiadochokinesis
 - Past pointing
 - Ataxic gait

Investigations – march -2011

- CBC- neutrophilia, ESR-5/12 mm/hr
- CRP- 12 mg/dl, ASO-97 IU/L, CPK-86 IU/L
- CXR- cardiomegaly, left middle and lower zone non homogenous opacity
- Mx-negative sputum AFB-negative
- Blood culture- CONS grown
- Urine culture- E.Coli grown > 1 lakh colonies
- ECG- suggestive of myocarditis

Rpt CXR- persistent left lower zone
haziness-

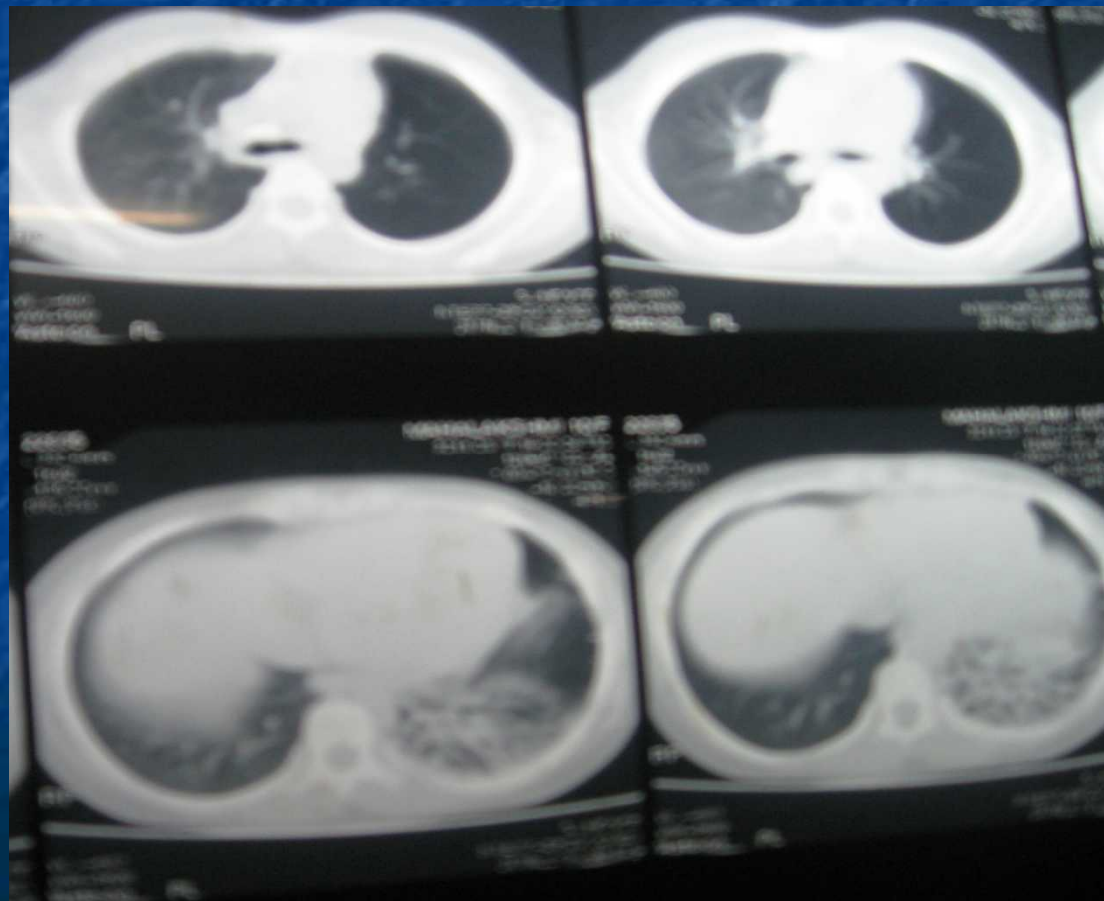
11.3.2011 & 16.4.2011



Investigations – cont...

- ECHO- global hypokinesia
 - severe LV systolic dysfunction
 - mild MR
 - EF 34 %
- CT chest- collapse of left lower lobe with cystic changes

CT chest- bronchiectasis, left lower lobe-April 2011



Differential diagnosis chronic pneumonia, ataxia, myocarditis

- Viral- coxsackie, echovirus, varicella, measles,
- Bacterial- H. influenza, M.tuberculosis, salmonella,
 - * Atypical org - mycoplasma pneumonia, chlamydia, legionella,

Investigations

- Serology- coxsackie- negative
- Sputum for legionella- negative
- Urine for legionella antigen- negative

Treatment

- Azithromycin – 10mg/kg on D1
f/b 5mg/kg for 4 days
- Rifampin – 15mg/kg 10 days
- Steroids -14 days
- Warfarin x 3 days
- F/b Aspirin-75 mg od
- Enalapril -1.25 mg bd

Follow up

- Monthly review
- Clinical examination- cerebellar signs improved
- Echo
 - EF has improved from 34 % to 52% now

Discussion

- Episode of pneumonia did not respond to routine antibiotics
- Progressed to chronic pneumonia, CNS and cardiac manifestations
- No h/o similar illness in family
- Evaluated and no specific etiology identified
- Clinically diagnosed as legionella pneumonia because of acute onset & toxicity and treated.
- Patient improved symptomatically

	LEGIONELLA	MYCOPLASMA	CHLAMYDIA
Age	> 4 Yrs Rare in healthy children	< 3 Yrs- URI 4-15 yrs- pneumonia	<6yrs- 15% >6yrs- 20%
Symptoms	Cough, chest pain, dyspnea, fever, headache	COUGH	Cough , fever, malaise
Onset	Acute	Insidious	Insidious
Presentation	Toxic, multi system disease	Walking pneumonia	Mild constitutional symptoms

	LEGIONELLA	MYCOPLASMA	CHLAMYDIA
Other Signs	Diarrhea Confusion Low Na, PO ₄ , Abnormal LFT, RFT	Bullous myringitis	20% co- infected with mycoplasma
Extra pulm .	Encephalitis renal failure,	Skin- urticaria, SJ syndrome CVS- CCF, Arrhythmias CNS- encephalitis, GBS, ATM Aplastic/ hemolytic anemia	Encephalitis
Diagnosis	Culture – BCYE media Antigenuria IF- ab	Culture Ag in sputum Cold agglutinin PCR	Culture PCR MIF-, CFT
Treatment	Macrolides Quinolones TC Rifampin	Macrolides Quinolones TC	Macrolides Quinolones

Thank you

