

# **CHEST**

### Postgraduate Education Corner

PULMONARY, CRITICAL CARE, AND SLEEP PEARLS

### A Rare Case of Empyema

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An 85-year-old man presented to an outside hospital with 2 weeks of progressive vague chest discomfort and worsening shortness of breath. Upon presentation he was septic, with fever, tachypnea, and tachycardia. Chest radiograph showed a large spontaneous left-sided pneumothorax with a large pleural effusion. A left chest tube was placed, and he was fluid resuscitated, placed on vasopressors and broadspectrum antibiotics, and transferred to our institution for further management. His past medical history was significant for early-stage chronic lymphocytic leukemia (CLL), which has been monitored but never treated, diabetes, gout, and atrial fibrillation.

#### Physical Examination Findings

Upon arrival at our hospital, he appeared malnourished and remained septic with a temperature as high as 103°F and systolic BP of < 90 mm Hg. Breath sounds were diminished on the left side. His chest tube drained 2 L of purulent fluid within the first few hours of presentation.

#### Laboratory Findings

Gram stain from the pleural fluid showed grampositive rods, gram-negative rods, and gram-positive cocci. Cultures grew out *Staphylococcus aureus*, *Candida albicans*, and *Lactobacillus* species. A CT scan of the chest (Fig 1) confirmed his left empyema and was concerning for a gastric-pleural fistula. An upper GI barium-swallow study confirmed a fistula between

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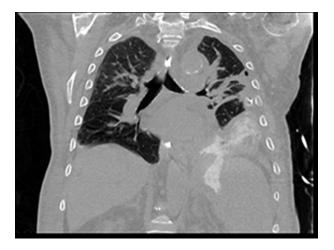


FIGURE 1. Empyema with gastric-pleural fistula.

the gastric and pleural space (Fig 2). Intraoperatively, the stomach was notably inflamed and the proximal area was remarkable for a friable, necrotic-like mass, surrounded by fibrinous exudates and a clearly visible fistula tract.



FIGURE 2. Upper GI barium-swallow study showing a fistula between the gastric and pleural space.

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What is the cause of the gastropleural fistula (GPF) preceding his empyema?

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