Cavitary Lung Lesions

Lesões Pulmonares Cavitadas

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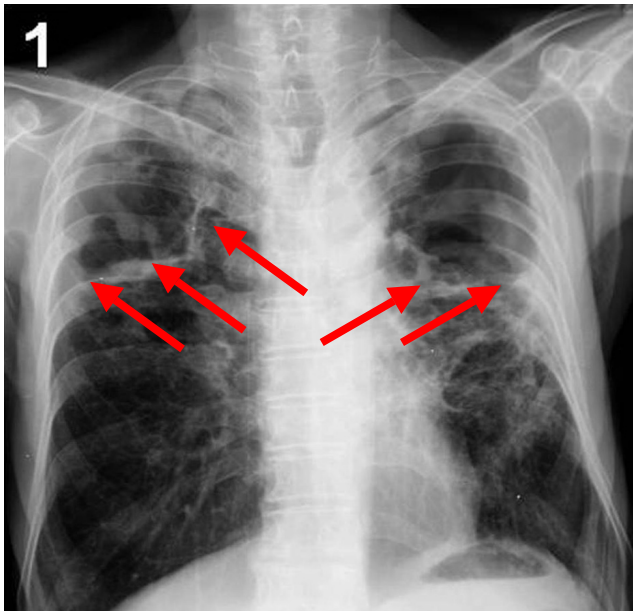

Figure 1 - Posteroanterior chest radiogram with bilateral large cavities and mild volume loss in left lung

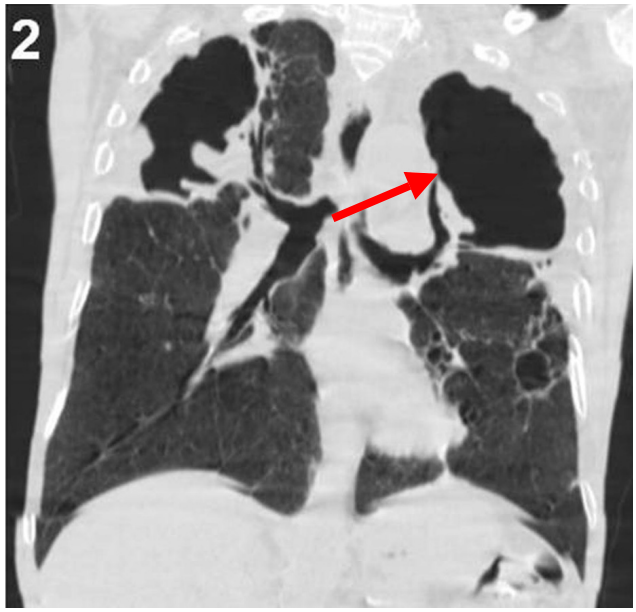

Figure 2 - Upper-lobe predominance of irregular thick-walled cavities and their bronchial communication had been underlined by Computed tomography (coronal Minimum-Intensity-Projection reformat)

A 64-year-old man presented with unintentional weight loss of 22 kg in the preceding 9 months, cough, night sweating and low-grade fever. The lag time between onset of symptoms and first medical visit was explained by a long history of homelessness and intravenous drug abuse.

Posteroanterior chest radiogram showed biapical large cavities (Fig. 1, arrows), as well as reticulo-nodular opacities, volume loss in left lung and pleural thickening. Computed tomography (Fig. 2) highlighted the thick-walled cavities and their bronchial communication (arrow) suggesting endobronchial spread of an infectious process.[1]

On the basis of these findings the diagnosis of postprimary tuberculosis was supposed and confirmed with positive smear and culture results. Human immunodeficiency virus testing was negative.

A successful treatment protocol of isoniazid, rifampicin, pyrazinamide and ethambutol was administered.

Despite a sustained minor reduction of the incidence of TB in developed countries, it is still challenging, even in the 21st century mainly by HIV co-infection, substance abuse and emergence of drug-resistant tuberculosis.[2,3]

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