

Neonatal Lung Abscess

Ujwal Kariholu*

Consultant Neonatologist, Plymouth hospitals NHS Trust, Derriford road, Plymouth

Submission: September 24, 2016; **Published:** October 07, 2016

***Corresponding author:** Ujwal Kariholu, Consultant Neonatologist, Plymouth hospitals NHS Trust, Derriford road, Plymouth, UK, Tel: 0044-7951925562; Email: ujwalkariholu@nhs.net

Neonatal lung abscess

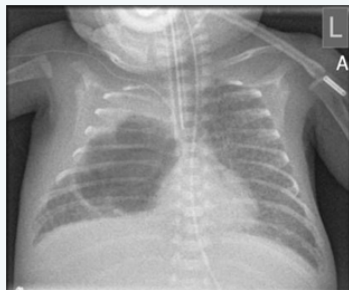


Figure 1: AP view.



Figure 2: Lateral view.

A baby girl was born at 23+4 weeks by precipitate delivery following spontaneous onset of labour and PROM of 121 hours. Mum had received a course of antenatal steroids. Following two unsuccessful trials of extubation on day 7 and 12, she had a significant cardio respiratory deterioration on day 14. She was started on second line antibiotics. Her CRP went up to 20 and her platelet count dropped to 51. Her chest x ray showed a large bullous

emphysematous lesion occupying almost all of her right middle lobe (Figure 1 & 2). She became increasingly difficult to ventilate with worsening acidosis, hypotension and hyperglycemia despite maximizing intensive care support. Following discussion with her parents, her care was redirected to a palliative course. Post mortem examination of lungs revealed widespread collections of neutrophils / abscesses consistent with congenital pneumonia with abscess (seen as cavitating lesion on imaging). Her blood cultures did not reveal any growth.

Neonatal lung abscess is very rare [1] and is often of multibacterial etiology [2,3]. Predisposing factors include prematurity, assisted ventilation, congenital lung anomaly and aspiration. Given the range of potential pathogens, direct culture by percutaneous needle aspiration under either ultrasound [4] or CT guidance [2] is recommended to direct early appropriate intravenous medical therapy and hasten recovery, prevent further complications and obviate the need for surgery [4].

Competing Interests: None.

Patient Consent: Obtained.

References

1. Siegel JD, McCracken GH (1979) Neonatal lung abscess. *Am J Dis Child* 133(9): 947-949.
2. Levison J, Van Asperen P, Wong C, Harvey J, Halliday R (2004) The value of a CT-guided fine needle aspirate in infants with lung abscess. *J Paediatr Child Health* 40(8): 474-476.
3. Tan TQ, Seilheimer DK, Kaplan SL (1995) Pediatric lung abscess: clinical management and outcome. *Pediatr Infect Dis J* 14(1): 51-55.
4. Lee SK, Morris RF, Cramer B (1991) Percutaneous needle aspiration of neonatal lung abscesses. *Pediatr Radiol* 21(4): 254-257.

Your next submission with JuniperPublishers
will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission

<http://juniperpublishers.com/online-submission.php>