

## Case Report

Volume 8 Issue 1 - November 2018  
DOI: 10.19080/JAICM.2018.08.555726

J Anest & Inten Care Med

Copyright © All rights are reserved by Sema Avci

# Mycoplasma Pneumoniae Infection: A Case Requiring Follow-Up in Intensive Care Unit



Gökhan Perincek<sup>1</sup>, Sema Avci<sup>2\*</sup>, Emrah Batmaz<sup>3</sup>

<sup>1</sup>Department of Chest Diseases, Kars Harakani State Hospital, Turkey

<sup>2</sup>Department of Emergency Medicine, Amasya University, Sabuncuoğlu Şerefeddin Research and Training Hospital, Turkey

<sup>3</sup>Department of Chest Diseases, Tekirdag State Hospital, Turkey

**Submission:** November 08, 2018; **Published:** December 03, 2018

\***Corresponding author:** Sema Avci, Amasya University, Sabuncuoğlu Şerefeddin Research and Training Hospital, Department of Emergency Medicine, Amasya, Turkey

## Case Report

The community-acquired pneumonia due to *Mycoplasma pneumoniae* is usually mild. Severe life-threatening pneumonia is rare due to this kind of infection. Our case was a 50-year-old healthy male patient. Patient with bilateral pneumonia, acute respiratory failure and high fever was followed in the intensive care unit and noninvasive mechanical ventilation was performed. IFAT *Mycoplasma species* IgM 1/80 were positive. This case report shows that community acquired pneumonia with acute respiratory failure is not seen only elderly and immunocompromised patients. This kind of pneumonia may also seen in healthy adults.

A 50-year-old man admitted to emergency room with high fever, cough, sputum, headache and dyspnea. The patient's medical history and family history were unremarkable. Smoking status was active. On respiratory system examination, tuber sufl on the right middle zone, and inspiratory rales were revealed on the left lung middle side. The patient's blood pressure was 80/40 mmHg,

pulse was 105/beats per minute, fever was 39°C, respiratory per minute was 34 and oxygen saturation on finger monitor was 74%. The patient with moderate general status was admitted to the intensive care unit.

Laboratory examination: White blood cell 20.1(10<sup>9</sup>/L), C-reactive protein: 37.9 mg/dL and sedimentation 95 mm/h. There was no growth in blood culture, urine culture and sputum culture. IFAT Chlamydiae: Negative. IFAT *Mycoplasma* IgM 1/10 (+), 1/20 (+), 1/40 (+), 1/80 (+). Electrocardiogram was sinus rhythm. Chest x-ray showed pneumonic consolidation with air bronchogram in bilateral middle and lower zones (Figure 1). Double antibiotic treatment was started. Non-invasive mechanical ventilation was performed for 3 days in intensive care unit. A significant improvement in chest x-rays taken on day 3 and 10 of treatment (Figures 2 & 3). The aim of this case report is to show the serious results of *mycoplasma* infection in a healthy individual.



**Figure 1:** Chest x-ray on admission.

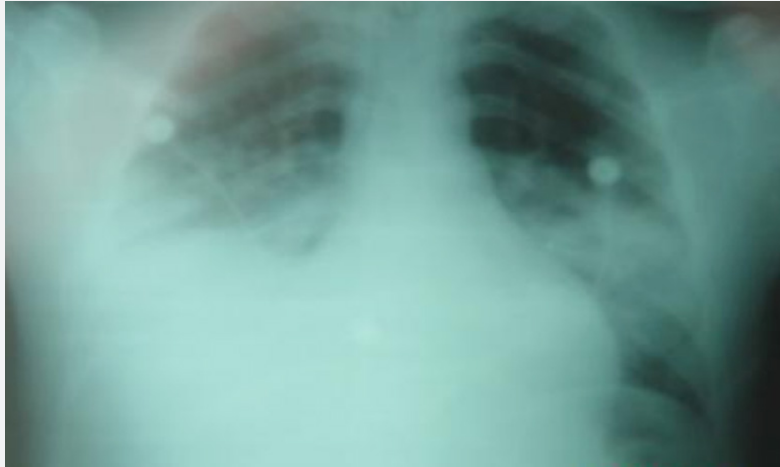


Figure 2: On the 3<sup>rd</sup> day of treatment.



Figure 3: On the 10<sup>th</sup> of treatment.

### Conflict of Interest

All the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version. Additionally, there are no conflicts of interest in connection with this paper.

### Financial disclosure

The authors have no funding to disclose.



This work is licensed under Creative Commons Attribution 4.0 License  
DOI: [10.19080/JAICM.2018.08.555726](https://doi.org/10.19080/JAICM.2018.08.555726)

**Your next submission with Juniper Publishers  
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**  
<https://juniperpublishers.com/online-submission.php>