

# Lung abscess

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*Karaganda-2016*

# Contents:

*Causes*

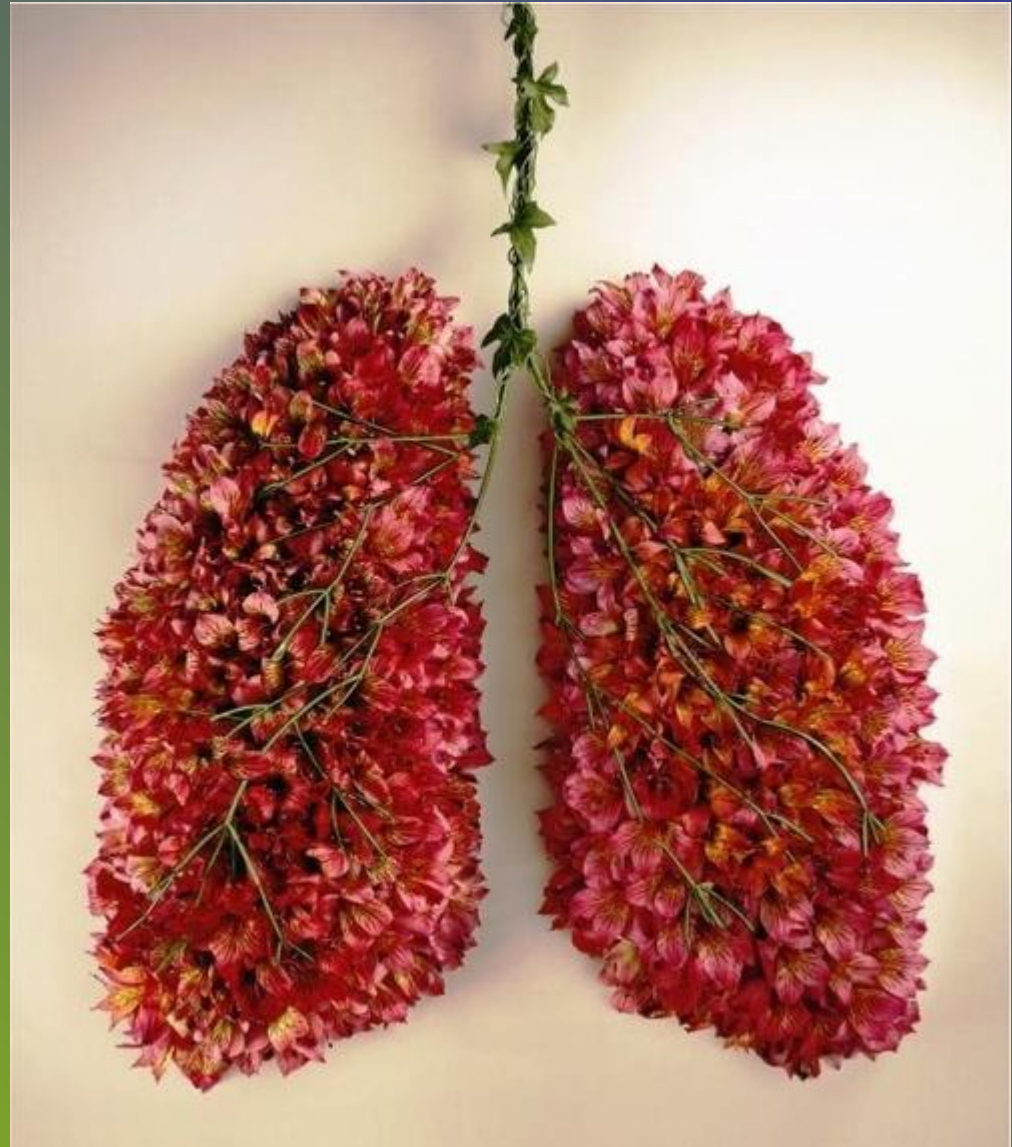
*Signs and symptoms*

*Diagnosis*

*Management*

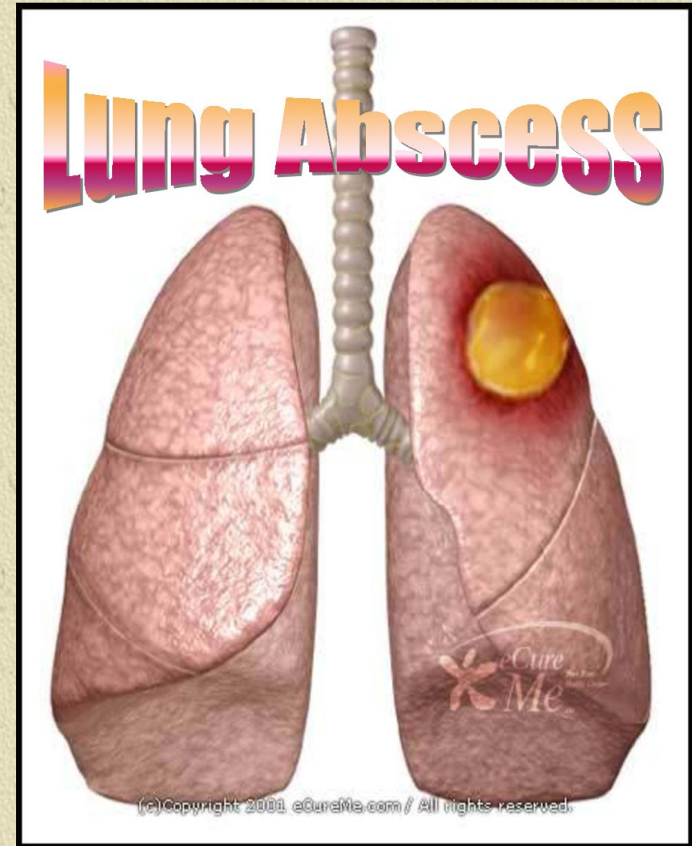
*Complications*

*Prognosis*

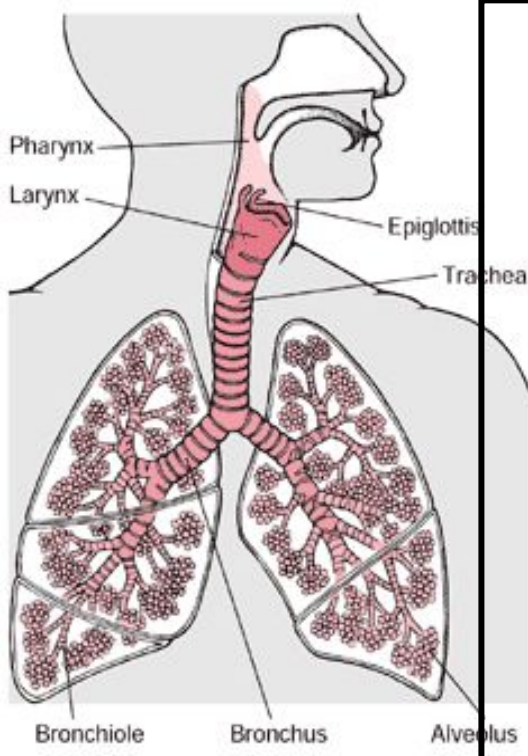




***Lung abscess is necrosis of the pulmonary tissue and formation of cavities (more than 2 cm) containing necrotic debris or fluid caused by microbial infection.***



***Alcoholism is the most common condition predisposing to lung abscesses.***



## ***Lung abscess***



***Primary  
(60%)***

***Secondary  
(40%)***



**primary**  
*when it results  
from existing lung  
parenchymal process*



**Secondary**  
*when it complicates  
another process*



*Organism  
s*



**Causes**

*Pathologi  
cal  
disease*

*Other  
factors*

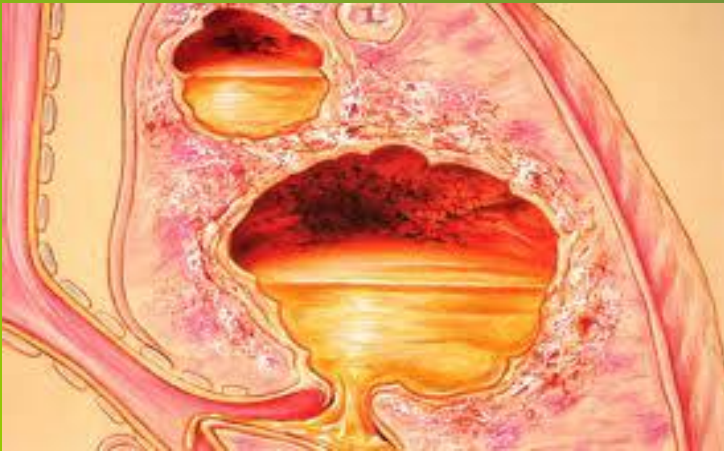
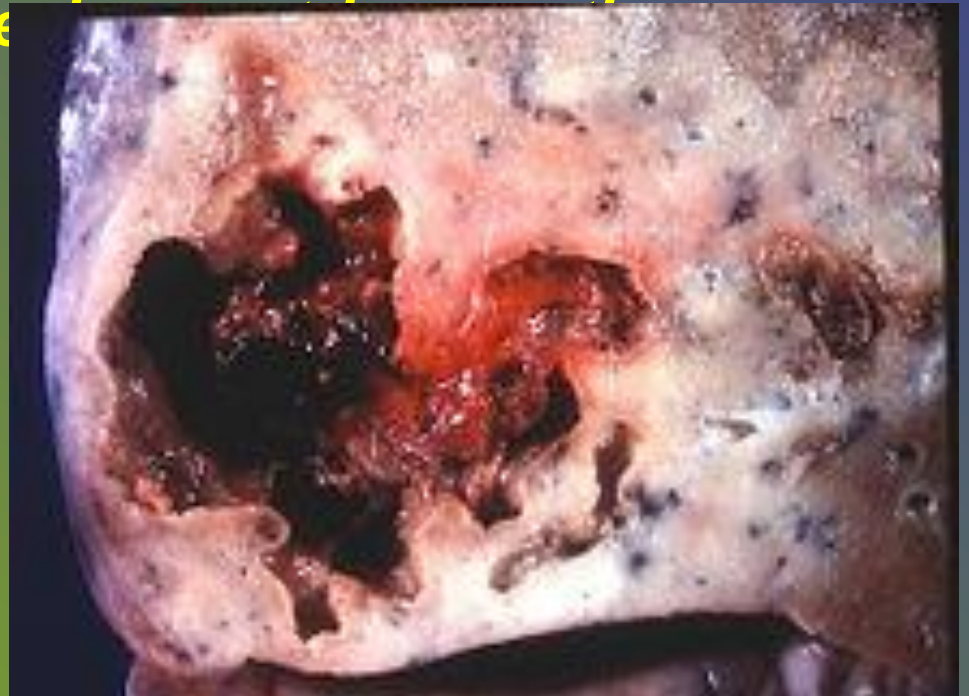
# Conditions contributing to lung abscess

*Aspiration of oropharyngeal contents*

*Septic emboli*

*Necrotizing pneumonia*

*Vasculitis*





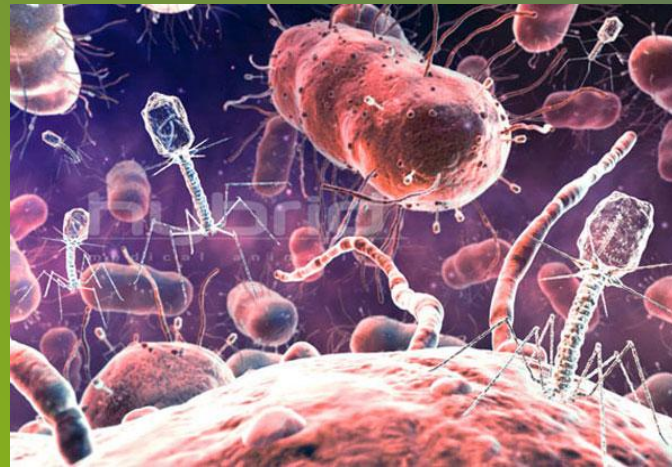
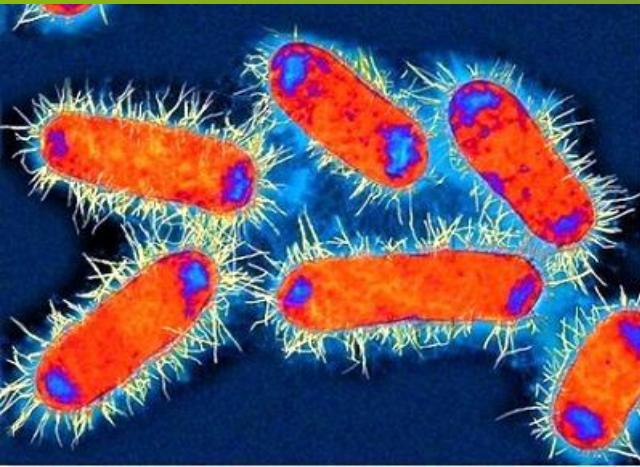
# Organisms

**Anaerobic bacteria:** *Peptostreptococcus*, *Fusobacterium* species.

**Microaerophilic streptococcus :** *Streptococcus milleri*.

**Aerobic bacteria:** *Staphylococcus*, *Streptococcus*.

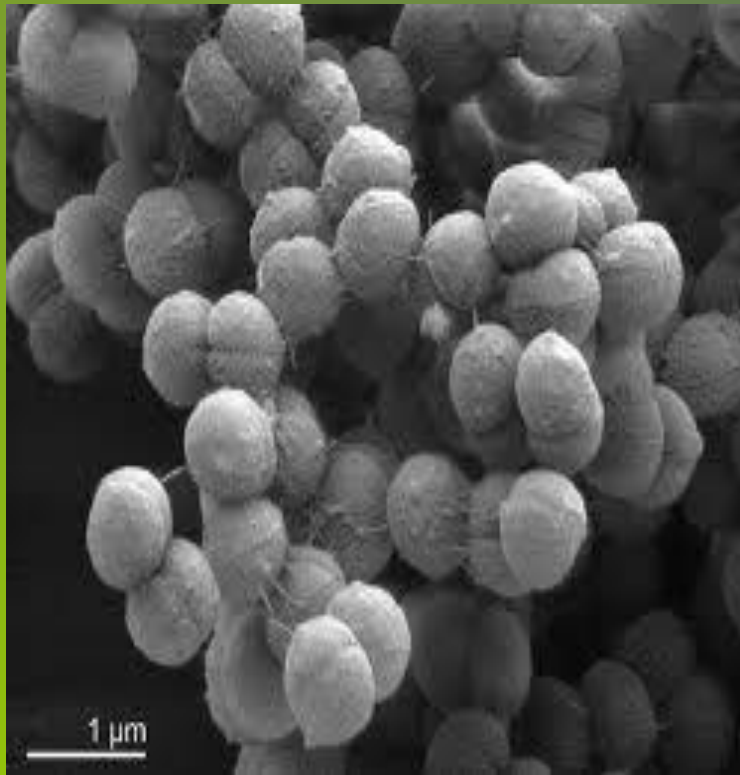
**Fungi:** *Candida*, *Aspergillus*.





# Anaerobic bacteria:

*Peptostreptococcus.*

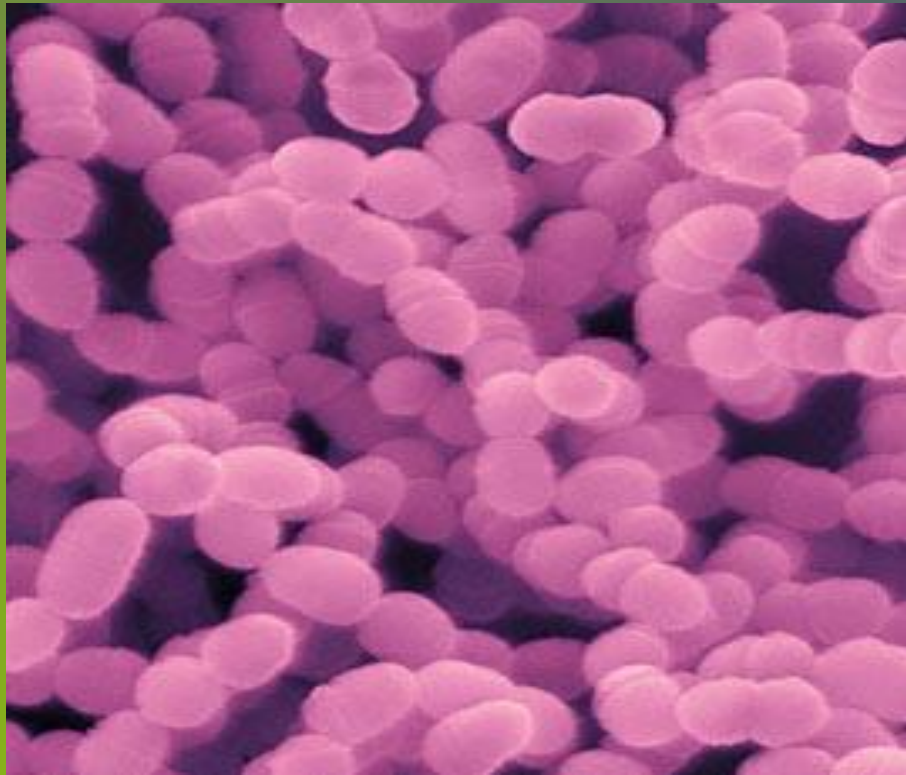


*Fusobacterium species.*



# ***Microaerophilic streptococcus :***

*Streptococcus milleri.*

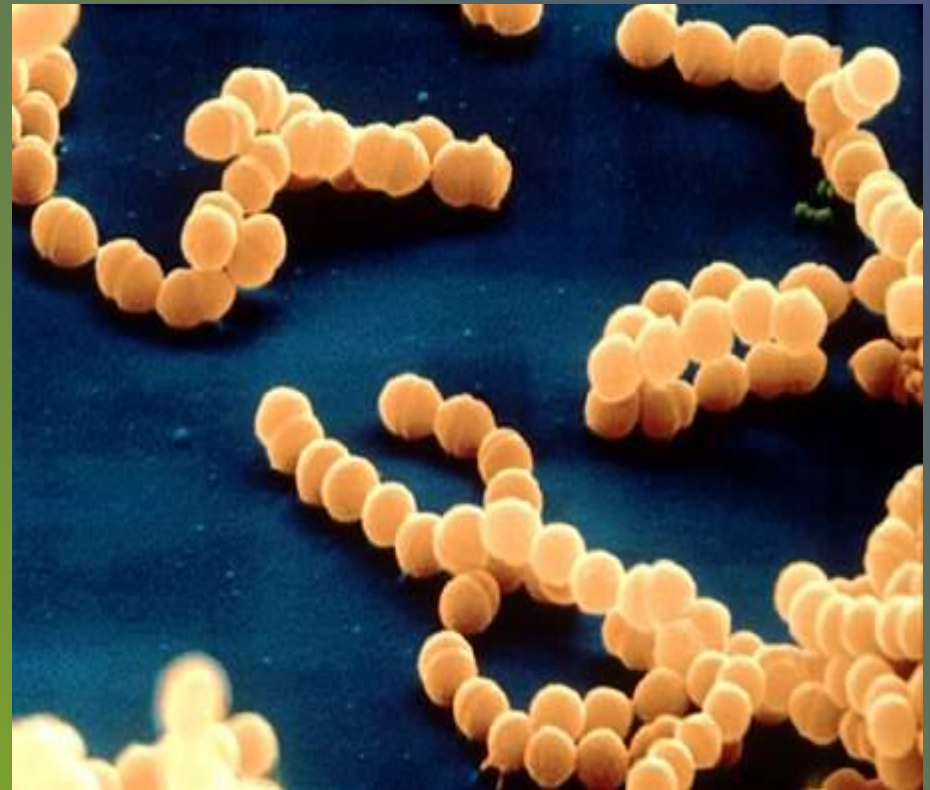


# ***Aerobic bacteria:***

*Staphylococcus.*



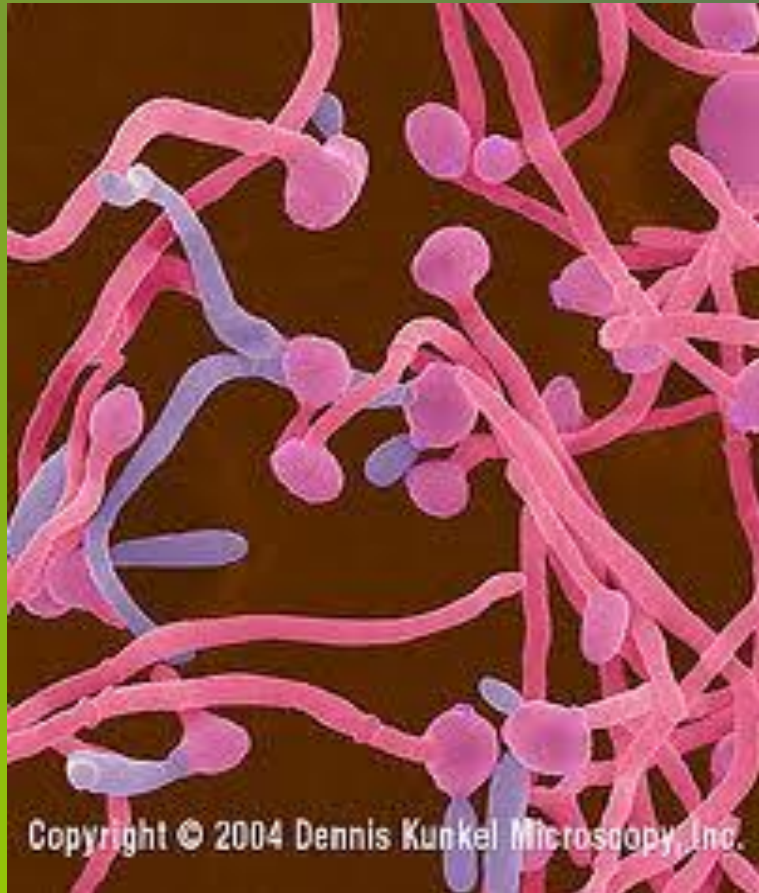
*Streptococcus.*



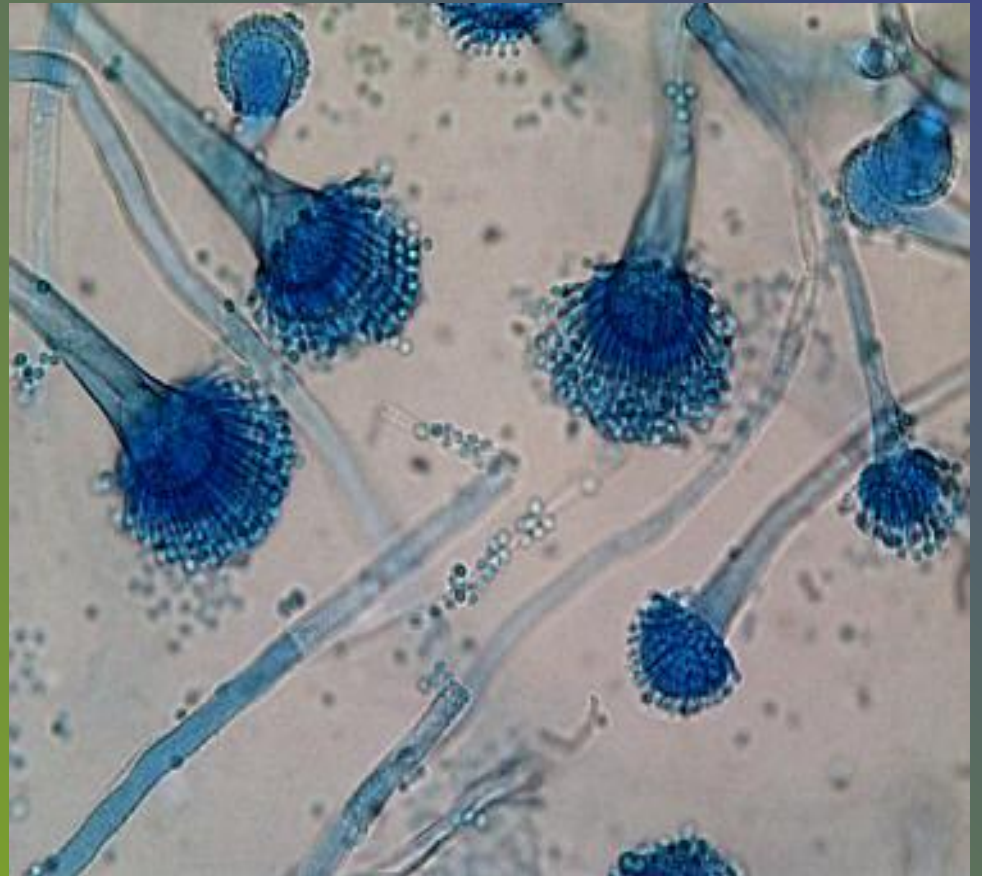


# *Fungi:*

*Candida.*

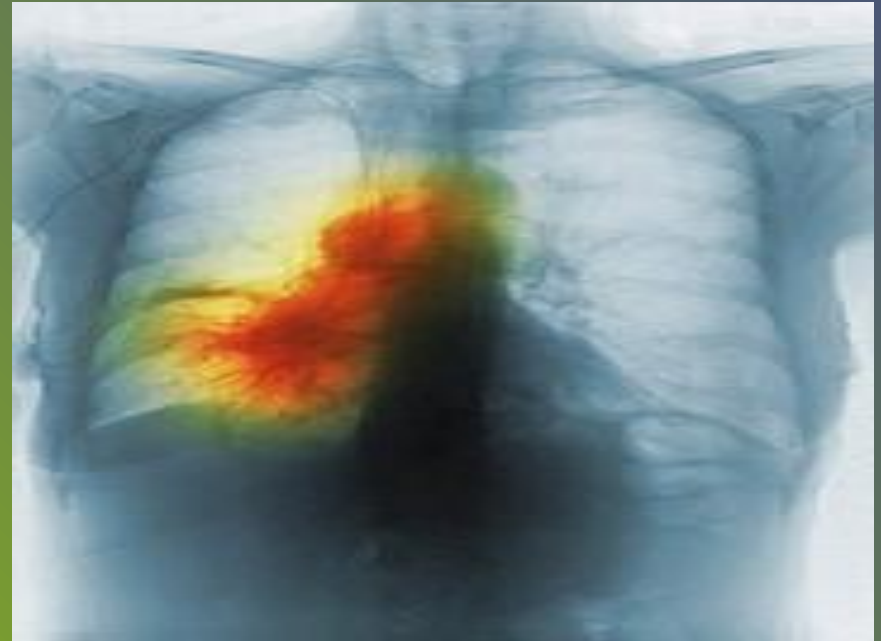
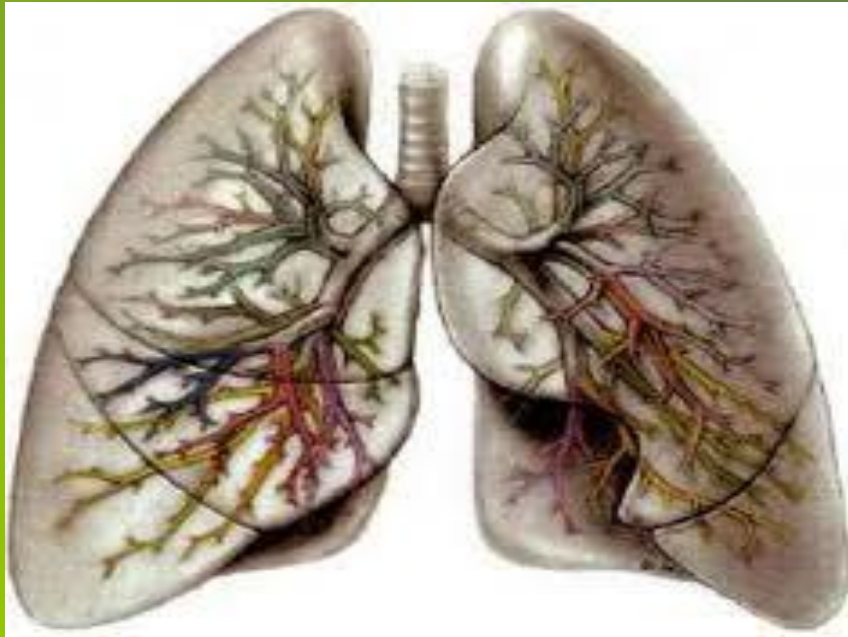


*Aspergillus.*



# Signs and symptoms

*Onset of symptoms is often gradual, but in necrotizing staphylococcal or gram-negative bacillary pneumonias patients can be acutely ill. Cough, fever with shivering and night sweats are often present. Cough can be productive with foul smelling purulent sputum ( $\approx 70\%$ ) or less frequently with blood. Affected individuals may also complain of chest pain, shortness of breath, lethargy and other features of chronic illness.*

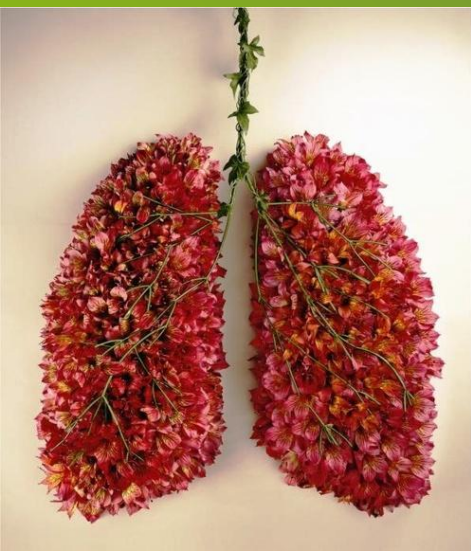






*Chest X-ray  
and  
other imaging  
studies*

**Diagno  
sis**



*Laboratory  
studies*





# Complications

*Rare nowadays but include spread of infection to other lung segments, bronchiectasis, empyema, and bacteraemia with metastatic infection such as brain abscess.*



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THE  
END