

Pneumonia in a young adult, a cause not to be missed

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Case presentation

A 19-year-old man was admitted to the acute medical unit overnight with 2 days' history of cough, fever and shortness of breath. He did not have any other symptoms or signs. He was treated as having community-acquired pneumonia with intravenous benzylpenicillin and clarithromycin. He was previously fit and healthy without any significant past medical problems apart from two episodes of chest infection, which had been treated with courses of oral antibiotics in the general practitioner clinic.

On examination, he was very dyspnoeic and hypoxic. A chest X-ray (CXR) showed left lower lobe consolidation with reduced lung volume on that side. In short period of time, he became more and more hypoxic and needed high-flow oxygen. Hypoxia was out of proportion to pneumonia in a young fit man. He had no history of immobility, no recent operation or calf swelling. Computed tomography of his thorax showed a

collapsed left lower lobe and a tumour mass obstructed at the distal end of the left bronchus. Subsequently, the patient had bronchoscopy and the tumour mass was resected. Histology showed it to be a carcinoid tumour. Retrospectively, he did not have any symptoms of carcinoid syndrome. His left lung was completely re-expanded after tumour resection and he was discharged. Unfortunately, repeat bronchoscopy showed regrowth of the tumour mass and eventually he had a left pneumonectomy.

This case highlights the need to think about an underlying cause in a patient with recurrent chest infections / pneumonia, not to miss lung collapse in CXR with reduced lung volume and to find out the reason if a patient is hypoxic disproportionately to the current problem. ■

Conflicts of interest

None declared.

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