LETTERS TO THE EDITOR

Slow Resolving Pneumonia in a 70-Year-Old Male Smoker

To the Editor: Lipoid pneumonia is a rare disorder and difficult to diagnose. It should be suspected in cases of slow resolving pneumonia particularly if accompanied by pulmonary mass-like lesions visible on radiographs. Although acute and work-related forms have been described, the most common form is chronic lipoid pneumonia due to the aspiration of small amounts of oily material over a long period.

A lung sample is essential for demonstrating the presence of lipid-laden macrophages. This sample is usually obtained from bronchoalveolar lavage, but transbronchial or open pulmonary biopsy may also be performed. We report the case of a patient with repeated aspirations of mineral oil, diagnosed by transbronchial needle aspiration.

The patient was a 70-year-old male smoker of 30 pack-years, who had had systemic arterial hypertension since his youth and who had suffered a cerebrovascular accident that left sequelae of dysarthria, left hemiplegia, and swallowing disorder with related microaspiration and pulmonary hypertension. He was admitted to hospital with fever and pulmonary infiltrates in both lungs. After a diagnosis of aspiration pneumonia, the patient was treated with clindamycin and a third-generation cephalosporin, with good clinical response but no radiographic improvement. The use of systemic corticosteroids or therapeutic bronchoalveolar lavage has been proposed, although the usefulness of these options has not been fully established.

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Figure. Computed tomography scan of the thorax following 2 weeks of treatment with antibiotics. A pattern of alveolar consolidation is observed, along with an image of heterogeneous lung mass and low density opacities.