



# LUNG ABSCESS WITH COMPLICATED LOCULATED EMPYEMA: A CASE REPORT

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*Fathurrachman A, Zen A, Linda A, Rouilly P, Rasyid A, Sudarto S.*

*PERPARI SUMSEL & Internal Medicine Department of Sriwijaya University, South Sumatra, INDONESIA*

## **INTRODUCTION:**

Nowadays lung abscess event are quite rare due to improvement in medicine, except in special population like immunocompromised. If not treated well th mortality of lung abscess around 15-20 %. Complication thorough bronchus or surrounding tissue can lead to empyema, which lead indication to operate.

## **CASE REPORT:**

43 yo, Male, Came to pulmonologist ward with right chest pain since 6 days ago. Patient with white purulent sputum since 2 weeks ago. No history of any lung disease or any metabolic disease. Sensorium composmentis, BP: 110/70 mmHg. HR 100 x/m. RR 30 x/m. VAS 7. T: 38C. Right lung: stem fremitus somber from V intercostae. Chest X-ray: right lung abscess. Lung ultrasonography: loculated effusion on lower lobe chest. We do thoracosynthesis, the fluid was thick green liquid and bad odor. As long as our treatment around 1 weeks with several drainase, the patient repeat pleural effusion. So, we refer the patient to cardiothoracic surgery department, and perform right lung decortication and remove the loculated pleural sac. and we give clindamycin for 1 month. After 1 month there are no any persistent pleural effusion and chest xray follow up showed good improvement on right lung.

## **DISCUSSION:**

In this case, even though the patient got several thoracosynthesis and drug combination therapy. The effusion keep persist. This is due to the loculated sac are remain, and keep producing effusion.

## **CONCLUSION:**

In patient with lung abscess we must treat the patient fast and well. So, there are no more complication arise. And preferred to remove the pleural sac by operate if the effusion persistent.