

A Case of the 10 days

Case 358

An eighty-one-year-old female was transported to our hospital from a local hospital for right femoral bone neck fracture and hypo-oxygenation. Two days before, she collapsed at midnight after drinking alcohol. She was, first carried to the local hospital for right hip pain, making diagnosis of bone fracture. Blood gas analysis indicated SpO₂ 92% (PO₂ 61%) with 10 L/min O₂ inhalation with reserve mask which dropped to 80% during conversation. Laboratory test revealed LDH 392 IU/mL, BNP 737.9 troponin 305.5, CRP 13.41, procalcitonin 0.60, White blood cells 8650/mm³, D dimer 1.4 (8.2 three days later, 9.4 nine days later). She took hip joint radiograph and whole-body CT (Figs 1-4).

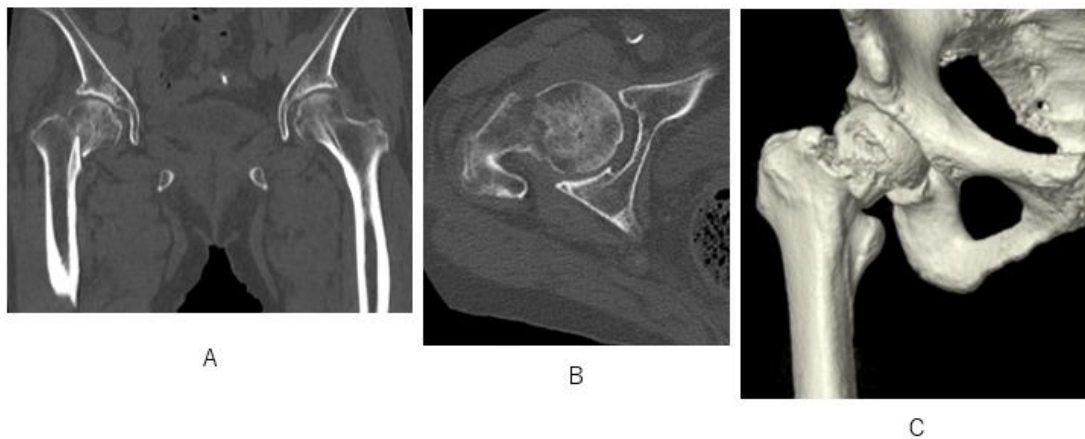


Fig. 1 Right-sided femoral neck fracture is depicted on coronal, axial and volume-rendered CT.

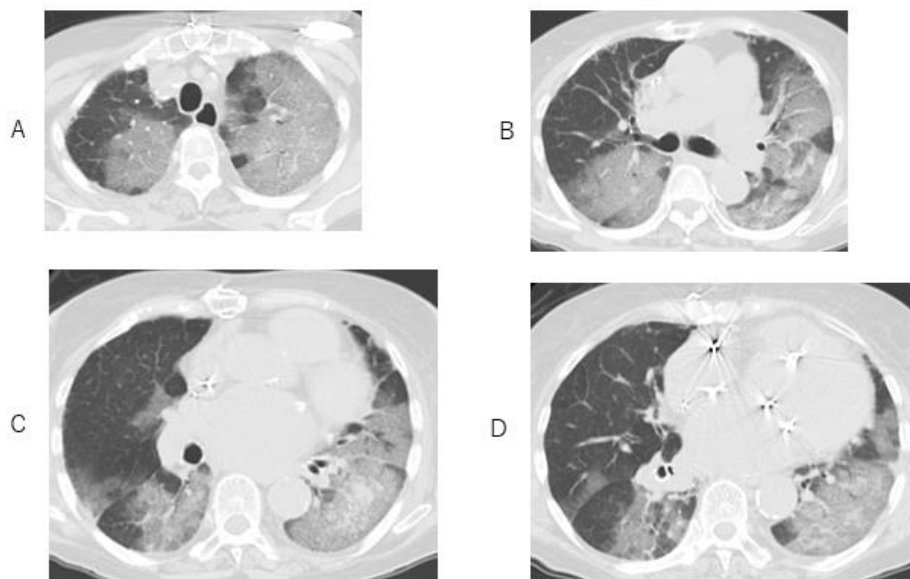


Fig.2 Diffuse ground glass opacity at bilateral upper and lower lobes is depicted on axial chest CT (A-D). Note consolidative attenuation is included at left lower lobe (B-D).

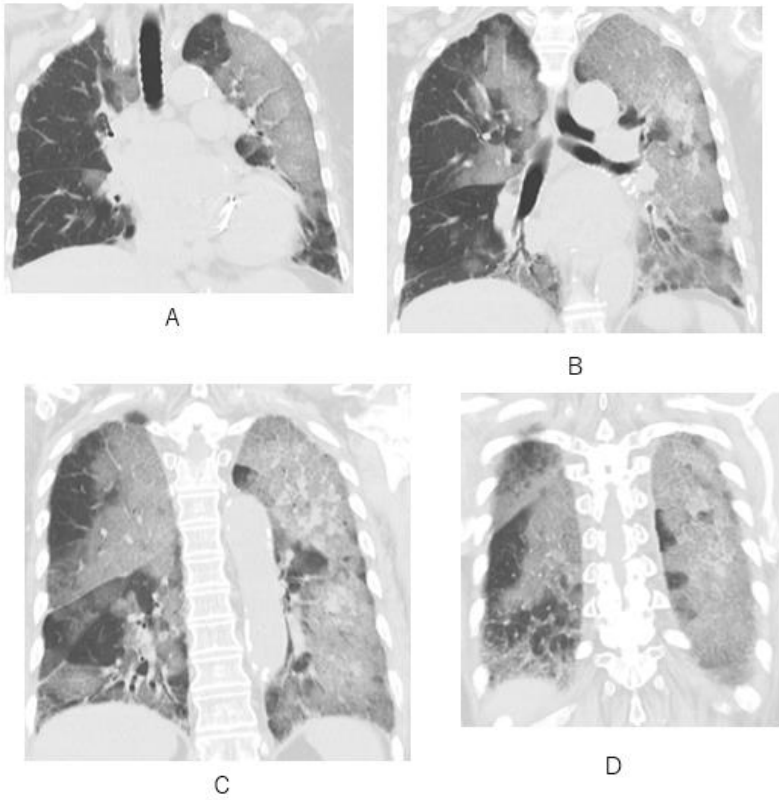


Fig.3 Ground glass opacity at bilateral upper and lower lobes on coronal chest CT (A-D). Note Consolidative attenuation is included at left lower lobe (B-D).

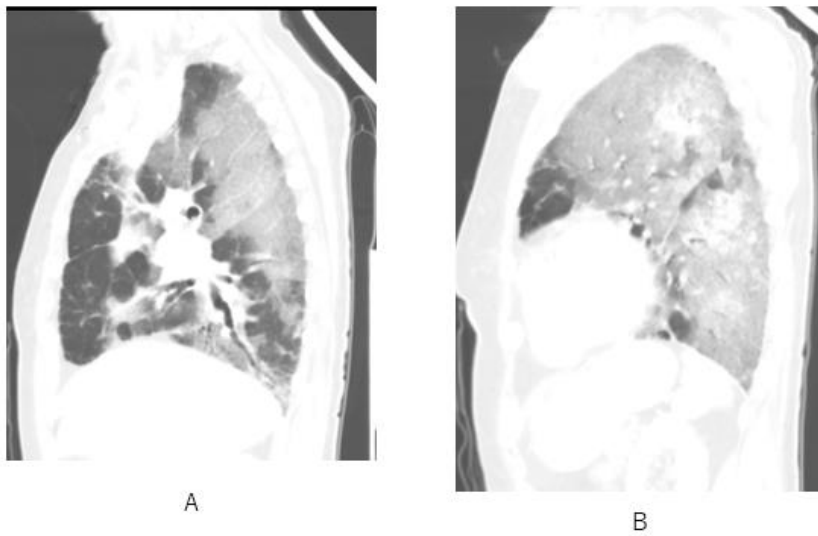


Fig.4 Diffuse ground glass opacity right & left upper and lower lobes is depicted on sagittal chest CT. High consolidative opacity is included at left upper and lower lobes.

What is possible clinical diagnosis?

1. Cardiac failure
2. Bacterial pneumonia
3. Inhalation pneumonia
4. Pulmonary lipid embolism
5. Acute interstitial pneumonia

answer

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