

## **Case report: Community acquired pneumonia in young adult**

Špela Grilc<sup>a</sup>, Matic Sedej<sup>b</sup>, Matija Mozetič<sup>c</sup>

<sup>a</sup>*Healthcare Center Radovljica*

<sup>b</sup>*University Medical Center Ljubljana*

A community acquired pneumonia is a common infectious disease with approximately 80% patients treated on an outpatient basis. A 37-year-old female presented to an urgent care office with a 5-day history of productive cough, progressing to yellow colored sputum and high fever. She experienced mild shortness of breath with higher frequency of breathing in past days. Moreover she felt some sharp both-sided chest pain after coughing. Originally, she had a cold started a week before a high fever, but the symptoms had worsened in last five days. Her medical history revealed no diseases or substance use. She was febrile with 38,7°C, tachycardic- 110/min, normotensive 134/76, tachypnoic, oxygen saturation was 95%. Heart auscultation sounds were normal. Respiratory examination revealed some mild basal crackles on left side. The laboratory results show : leukocytosis, neutrophilia, CRP >210 mg/L. Her CURB65 score was: 1. We decided to treat her with amoksycylina 1000 mg every eight hours and plan next check on fourth day of therapy. In clinical examination she was much better after four days of antibiotic, however crackles were still presented. Due to good response we continued with amoksycylina in same dose for four more days. We did not decide for chest x ray. Her next appointment in our clinic was on the eighth day of antibiotic use, when her CRP and leukocytes were almost in normal values. The leading bacterial cause for pneumonia is *Streptococcus pneumoniae*. CURB65 scoring is a simple fast and effective clinical decision tool.