CR05

An atypical case of pleural empyema

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INTRODUCTION/OBJECTIVES: An empyema is a collection of pus in the pleural space presenting with fever, cough and chest pain. It often occurs as a complication of pneumonia, but it can also occur after lung surgery, following a chest trauma etc.
CASE PRESENTATION: An 83-year-old woman presented to the Emergency Department (ED) with progressive dyspnea that lasted 6 days prior to admission. She had no fever and no chest pain. Auscultation of the right lung revealed inaudible breath sounds up to the scapula. Blood tests revealed severe leucocytosis [32.9 x 109 cells/L] and C-reactive protein [477.7 mg/L] and respiratory acidosis. Due to the findings, an empiric antibiotic therapy was started, while looking for the primary site of infection. Chest X-ray showed a large left pleural effusion, which could fit in the picture of the patients' medical history of right-sided lung cancer, consequently a radiation-induced pleuritis, atrial fibrillation and a bilateral mastectomy due to breast cancer. Even though non-invasive positive-pressure ventilation was started upon admission, the patient became respiratory threatened, so thoracentesis was performed in ED. Surprisingly, 960 mL of foul-smelling, thick, purulent exudate was drained. Microbiological analysis of the aspirate came positive for Enterococcus faecalis and Streptococcus constellatus, which confirmed the diagnosis of pleural empyema. Although thoracentesis eased the symptoms, the patient developed pneumothorax and was admitted to the ICU where chest tube thoracic drainage was performed.
CONCLUSION: This case showed the significance of thoracentesis as a diagnostic tool, as well as its therapeutic role. Nevertheless, clinicians need to be familiar with its potential procedural complications.

CR06

An unusual case of hand, foot, and mouth disease in a 35-year old immunocompetent male

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Keywords: Childhood disease, Coxsacievirus, Emergency medicine, Enterovirus, Infectology.

INTRODUCTION/OBJECTIVES: Hand, foot, and mouth disease (HFMD) is a highly contagious illness caused by coxsacievirus strain A16 and enterovirus 71 that mostly affects children under the age of five. Adults are significantly less likely to get hand, foot and mouth disease, which commonly manifests as unusual skin lesions accompanied by high fever, headache, and sore throat.
CASE PRESENTATION: We discuss the case of a 35-year-old immunocompetent man who came to the emergency room complaining of multiple painful papules and vesicles on his hands, feet, and lips. The oral cavity of the patient did not have any blisters. The patient complained of tingling sensations in the areas where the rash appeared. According to the patient's medical history, the patient had a temperature of 37.5 degrees Celsius three days before the rash emerged. Further patient history revealed that his child had a fever and diarrhoea four days before the patient developed a fever. The patient's child most likely had an unspecific case of hand, foot, and mouth disease and consequently infected the father.
CONCLUSION: Since hand, foot, and mouth disease is highly contagious, it is important to recognise that the disease can occur in immunocompetent adults in order to contain the infection. Also, despite the fact that all childhood diseases are more common in children than in adults, they should not be ruled out when making the differential diagnosis.