

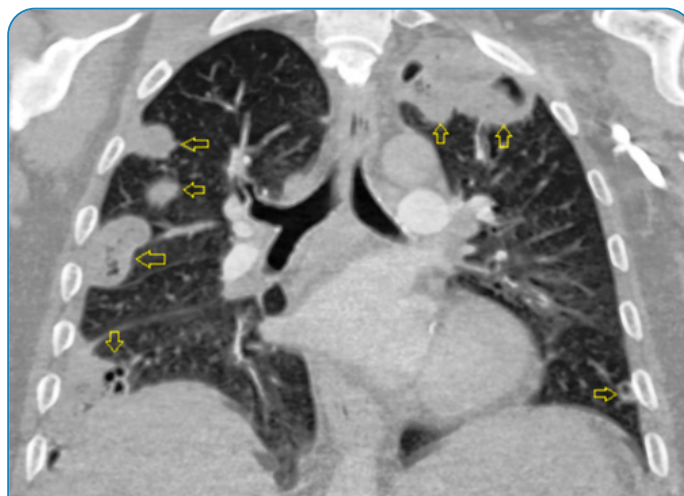
## Images in Infectious Diseases

# Septic embolism of the lung due to spondylodiscitis

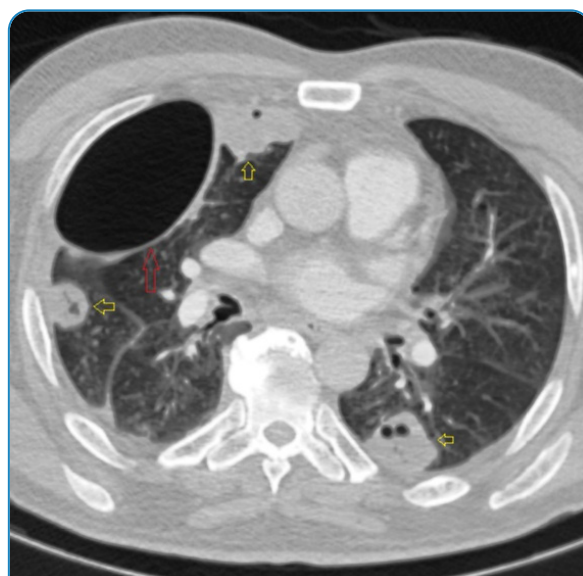
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A 57-year-old male with respiratory distress and back and chest pain was admitted to the respiratory disease clinic in September 2021. He was referred from another hospital for right-sided spontaneous pneumothorax on radiographic examination. On arrival, he was tachypneic, and laboratory studies showed leukocytosis ( $32 \times 10^3 \mu\text{L}$ ) and an elevated level of C-reactive protein (214 mg/L). Computed tomography (CT) of the thorax revealed right-sided pneumothorax and bilaterally distributed multiple nodules with cavitation (**Figures 1-2**). Antibiotics were started and a chest tube was inserted. Blood cultures were negative, but the bronchial lavage culture revealed *Staphylococcus aureus*. The biopsy of the lung nodules showed lymphoplasmacytic infiltration and inflammation. A week after admission, the patient complained of leg numbness. Lumbar magnetic resonance imaging revealed spondylodiscitis of L3-4 and S1 (**Figure 3**). After 6 weeks of treatment with levofloxacin, the pulmonary lesions regressed. The patient refused surgery for spondylodiscitis.



**FIGURE 1:** Coronal reformatted chest CT shows peripherally distributed nodules with or without cavitation (open yellow arrows).



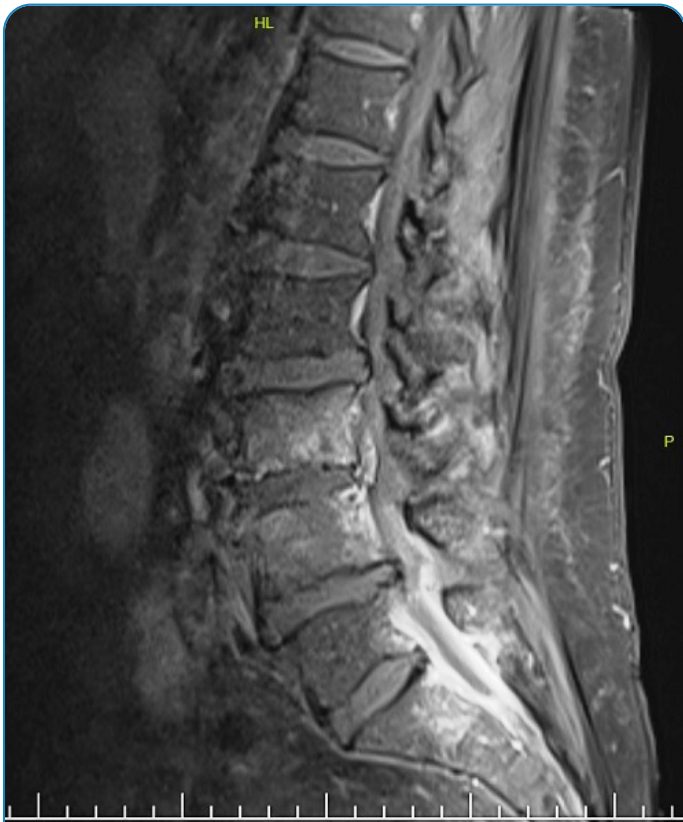
**FIGURE 2:** Axial chest CT shows cavitory subpleural nodules (open yellow arrows) and residual pneumothorax (open red arrow).

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**FIGURE 3:** Contrast-enhanced T1-weighted fat saturated magnetic resonance imaging shows L3-4 and S1 spondylodiscitis with epidural enhancement.

Septic pulmonary embolization is a rare condition that is difficult to diagnose due to nonspecific clinical and radiological findings. Indwelling catheters, drug abuse, and infective endocarditis are risk factors for this condition<sup>1</sup>. The CT appearance of septic emboli includes well-defined peripherally located nodules with or without cavitation or wedge-shaped peripheral lesions<sup>2</sup>. Feeding vessel signs were also observed.

Patients rarely present with spontaneous pneumothorax<sup>3</sup>. In patients with spondylodiscitis and peripherally distributed cavitory nodules on CT scan, septic lung emboli should be suspected.

#### ACKNOWLEDGMENTS

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