


# BMJ Case Reports


Search the world's largest collection of clinical case reports.











 Institution Page


 Azeglio Marcio Ana...

 Activity Stream

 Courses

 Organizations

 Calendar

 Messages

 Grades

 Tools

 Sign Out

Login to the Blackboard using your own account then click "Institution Page"

### E-Library

(How to access to Wheelers ePlatform eBooks (for STAFF))

ProQuest Education Journal with ERIC

ProQuest EBook Central

EbscoHost Dentistry & Oral Sciences Sources

VitalSource E-textbook

Taylor & Francis eBook

BMJ Case Reports

Cambridge Core

Ebsco Ebook Collection

[Show All \(24\)](#)

Click BMJ Case Reports

### Journal List

History of Photography

Human Communication Research

Optician

Journal of Communication

Journal of Computer-Mediated Communication

Journal of Curriculum Studies

Journal Film and Video

Journal of General Physiology

Journal of Heritage Tourism

[Show All \(38\)](#)



# BMJ Case Reports

[Latest content](#) [Archive](#) [For authors](#) [About](#) [Help](#)

[Email alerts](#)

## Search the world's largest collection of clinical case reports

[Advanced search](#)

*Sharing and learning through experience*

Browse case reports by: [Specialty](#) | [Latest content](#) | [Most read](#) | [Responses](#) | [Images](#)

Enter the journal title in the basic search field. For example, type 'clinical'.

### Publish in BMJ Case Reports

[Instruction for authors](#)

### Global Health Case Reports

These are case reports that focus on the causes of ill health, the social determinants of health and access to healthcare services, prevailing local and national issues that affect health and wellbeing, and the challenges in providing care to vulnerable populations or with limited resources.

## Search results

25,203 results for term "clinical"

Results/page

Order by



Amin Gadit

### [Possession: a clinical enigma](#)

BMJ Case Reports Jan 2011, 2011 bcr0120113725; DOI: 10.1136/bcr.01.2011.3725

...of such episodes is at least three times a week. The family members took her to several faith healers with no improvement in her condition. On the suggestion of a family friend, the patient was brought in for consultation in the psychiatric clinic. The patient remained a diagnostic dilemma though there has been ...

Raj Kumar Mani, Vipul Mishra, Prashant Kumar Singh, Debakanta Pradhan

### [Pulmonary actinomycesis: a clinical surprise!](#) **FREE**

BMJ Case Reports Jan 2017, 2017 bcr2016218959; DOI: 10.1136/bcr-2016-218959

...presented with a brief febrile illness, extreme debility and respiratory distress. X-ray chest showed a right lower lobe consolidation. A clinical diagnosis of severe community-acquired pneumonia was made for which he required antibiotics, non-invasive ventilatory support and admission to intensive care ...

Click the journal title and make sure the word "FREE" to enable you to download the PDF format.

# BMJ Case Reports

Latest content

Archive

Global health

Authors

About

Help

Home / Archive / Volume 2017, Issue

Email alerts



Article Text



Article info



Citation Tools



Share



Rapid Responses



Article metrics

## Pulmonary actinomyces: a clinical surprise! FREE

Raj Kumar Mani, Vipul Mishra, Prashant Kumar Singh, Debakanta Pradhan

Correspondence to Dr Raj Kumar Mani, [raj.rkmjs@gmail.com](mailto:raj.rkmjs@gmail.com)

<https://elib.segi.edu.my:2062/10.1136/bcr-2016-218959>

### Statistics from Altmetric.com



Posted by 1 X users

12 readers on Mendeley

See more details



PDF

Click the PDF link to start download.

## Pulmonary actinomycosis: a clinical surprise!

Raj Kumar Mani, Vipul Mishra, Prashant Kumar Singh, Debakanta Pradhan

Department of Pulmonology  
Critical Care, Nayati Multi  
Super Speciality Hospital,  
Mathura, India

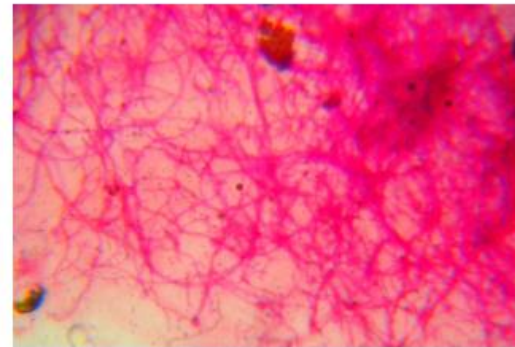
**Correspondence to**  
Dr Raj Kumar Mani,  
raj.rkmjs@gmail.com

Accepted 14 January 2017

### DESCRIPTION

A 65 year-old man with diabetes presented with a brief febrile illness, extreme debility and respiratory distress. X-ray chest showed a right lower lobe consolidation. A clinical diagnosis of severe community-acquired pneumonia was made for which he required antibiotics, non-invasive ventilatory support and admission to intensive care for a week. Nasopharyngeal swab was positive for influenza A by real-time PCR. The patient made apparent clinical recovery but a persisting right lower zone infiltrate. At follow-up as an outpatient 2 weeks later, he was stable haemodynamically but continued to have low-grade fever, mild hypoxia and a weight loss of 14 kg since illness onset. He was edentulous but had good oral hygiene. Chest X-ray (figure 1) and CT showed dense consolidation in the right lower lobe. Bronchoalveolar lavage showed non-acid fast, Gram positive, branching, filamentous bacteria, identified as actinomycetes in culture on blood agar (figure 2), while other stains and cultures were negative. Speciation of the organism was not achieved. Treatment was with intravenous ampicillin that was switched to oral dose after 1 week. Follow-up at 2 months after discharge showed marked clinical and radiological resolution.

Pulmonary actinomycosis can be a difficult condition to diagnose with delayed diagnosis or misdiagnosis being common.<sup>1</sup> Isolated pulmonary involvement is rare. Diagnosis of actinomycosis hinges on clinicomicrobiological correlation and response to specific treatment. Viral illness and



**Figure 2** Bronchoalveolar lavage showed non-acid fast, Gram positive, branching, filamentous bacteria, identified as actinomycetes in culture on blood agar.

diabetes are not known to predispose to this infection; however, pathogenesis is linked to the disruption of mucosal barrier and aspiration. Actinomycosis as a cause for non-resolving pneumonia in an otherwise immunocompetent patient was a clinical surprise.

### Learning points

- ▶ Pulmonary actinomycosis although rare should still be included in the differential diagnosis of non-resolving pulmonary infections.
- ▶ Diagnosis will require clinical correlation with bronchoalveolar lavage or biopsy.

The journal is  
now ready to  
be read.