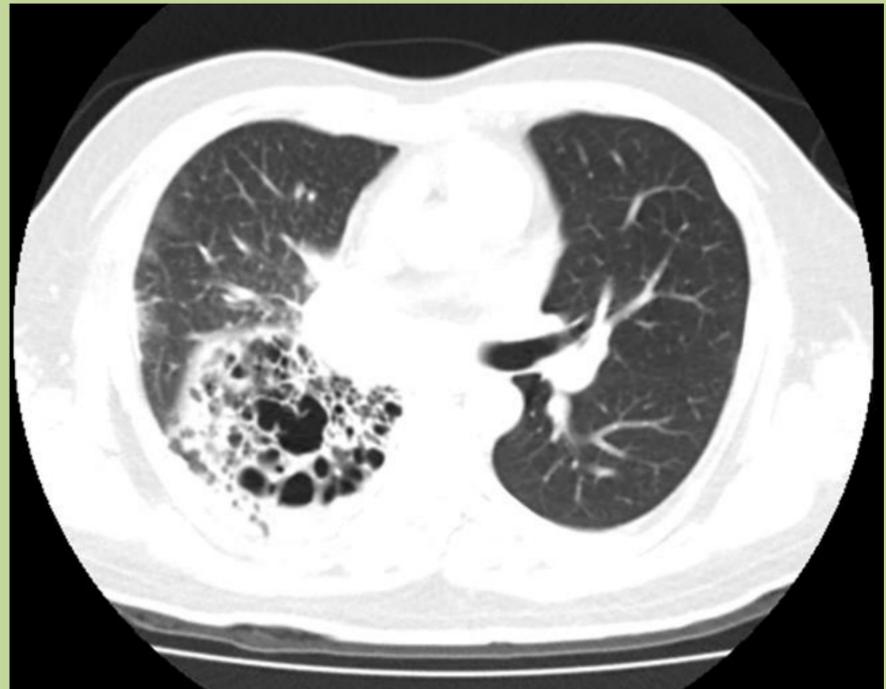
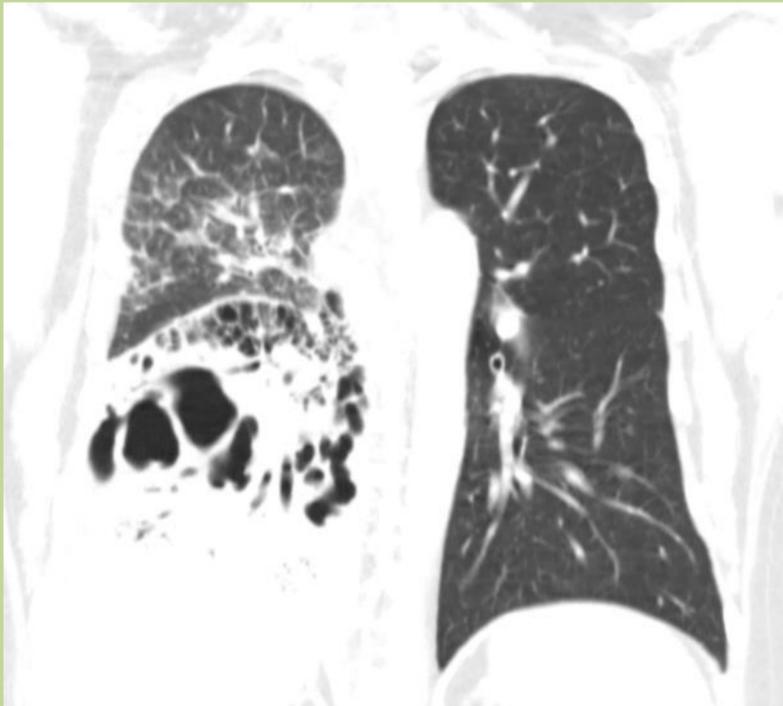




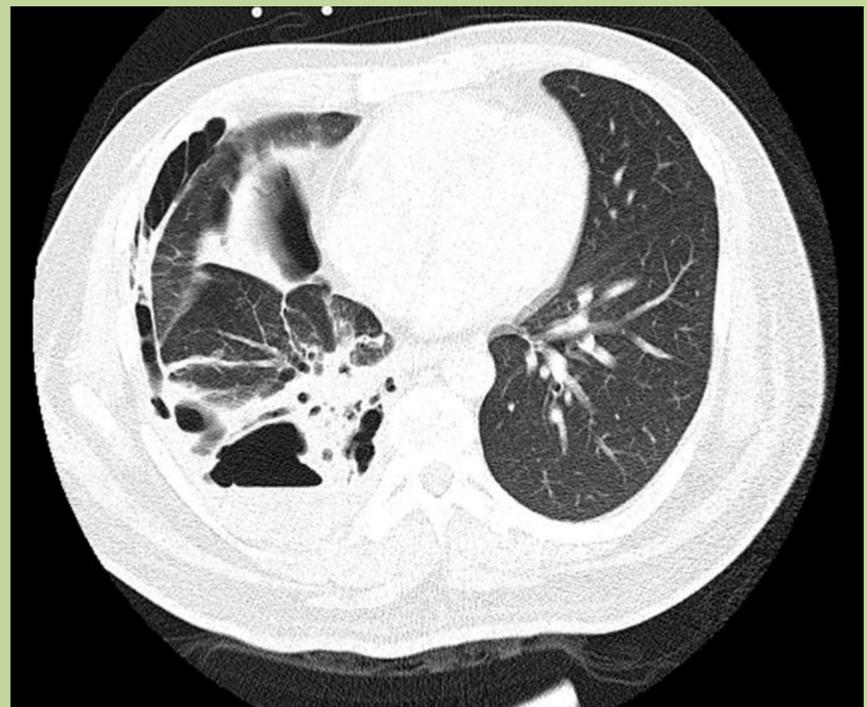
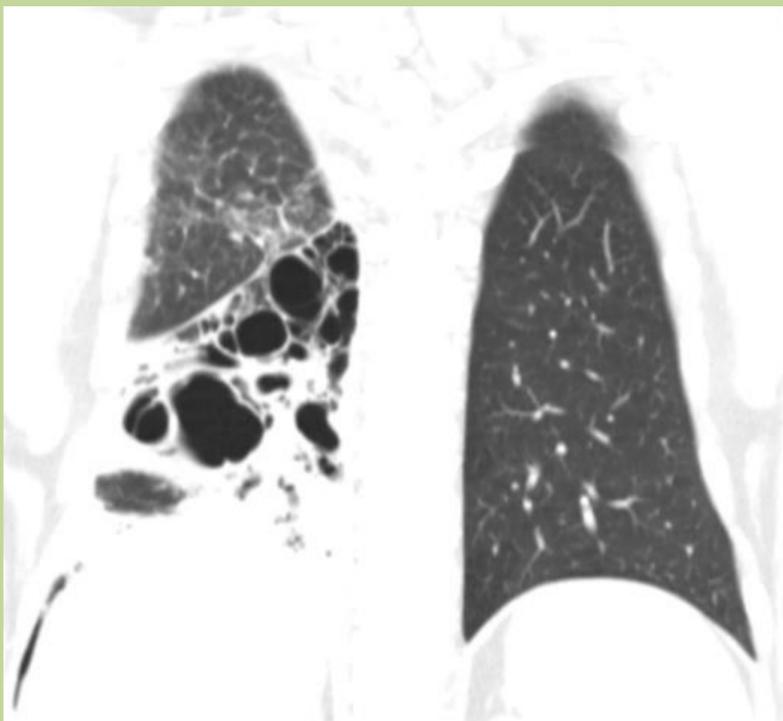
# Necrotizing pneumonia

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CASE: Male patient 36 years old with no history of importance except filing burn in your hands by electricity, admitted with symptoms 20 days of evolution characterized by fever, cough and yellowish expectoration, being treated with common antimicrobials previously, developed persistent fever so as right pleuritic pain, so entered, diagnosis protocol which only evinced leukocytosis of 13,500 / mm<sup>3</sup> without respiratory, kidney or liver involvement starts. Smears are performed in series of 3 being negative, a first scan, which reports pneumonic process 70%, with diffuse cavitary lesions in addition to air bronchograms (March 14), started treatment with imipenem and vancomycin is performed.



The report cultivation expectoration was *Staphylococcus epidermidis* coagulase negative resistant to vancomycin handling adjusted with linezolid, a second tomography was performed which demonstrated increased cavitary, extended zones into the pleural cavity with multiple septums and fluid levels, so as destruction of lung parenchyma in middle and lower lobe of the right lung (March 20); by poor evolution of painting it was decided to send chest surgery, but was managed conservatively, died after 5 days in the service management.



CONCLUSION : this case has clinical significance, since it illustrates the severity of necrotizing pneumonia, also aggressiveness with coagulase-negative germs, referred to as nosocomial pathogens emergency epidemiological displayed. the importance of pulmonary tomography for the diagnosis and therapeutic decisions also emphasized that in this case was fully indicated the surgical management, primordial mainstay of treatment of necrotizing pneumonia, combined with the antimicrobial medical treatment.

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