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Initial Presentation of Pneumonia Mimics Hampton's Hump

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Case Description

A 75 years old man, who was admitted for hepatic arterial infusion chemotherapy, had previously undergone a total right lobectomy and cholecystectomy for a hepatocellular carcinoma. He completed four cycles of trans-arterial chemo-embolization and was started on targeted therapy with lenvatinib 4 months ago. He presented with chest pain after a 6 days course of intra-arterial chemotherapy with cisplatin, mitomycin, and fluorouracil. His heart rate was 100 bpm and his oxygen saturation level was 100% on room air. On physical examination, he did not display signs of fever, productive cough, palpitation, diaphoresis, or dyspnea [1].

His condition rapidly deteriorated, and he developed hemoptysis and intolerable pleuritic pain 3 hours later. His oxygen saturation level dropped to 88% on room air, and oxygen therapy with Venturi mask (15 L/min) was initiated. Follow-up blood gas analysis showed hypoxia and elevated D-dimer levels (>10000 mg/mL) with unremarkable white blood cell count, troponin levels, and renal function. Chest radiography performed 4 hours later revealed rapid progression of the dome-shaped opacity with emphysematous change and a bulging fissure sign Computed tomographic pulmonary angiography revealed the presence of large areas of airspace consolidations and ground-glass opacities in the right lower lobe and right upper lobe. No filling defects in pulmonary arteries were noted.

A diagnosis of pneumonia by *Klebsiella pneumoniae* was confirmed via sputum culture analysis. The patient was started on antibiotic therapy according to antibiotic sensitivity report with a plan of pulmonary rehabilitation therapy [2]. He was successfully extubated on the 34th day of admission (Figure 1).

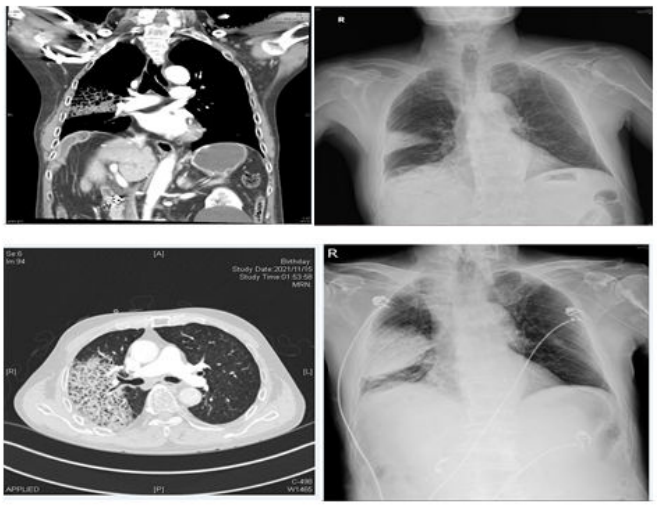

Figure 1: Presentation of pneumonia mimics hampton's hump.

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2. Kawasaki MC, Mizumoto J (2022) Hampton's hump: hypoxia with lung consolidation mimicking pneumonia. JMA J. 5:135-136