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Cardiocentro ERNESTO CHE GUEVARA SANTA CLARA CUBA

IMAGES IN CARDIOLOGY

KLEBSIELLA PNEUMONIAE PNEUMONIA IN PATIENT WITH ACUTE MYOCARDIAL INFARCTION

NEUMONÍA POR KLEBSIELLA PNEUMONIAE EN PACIENTE CON INFARTO AGUDO DE MIOCARDIO

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67 year-old white female, ex-smoker, and with a history of coronary artery disease in two vessels (left anterior descending and circumflex), who was admitted in the Cardio-Surgical Intensive Care Unit with diagnosis of extensive anterior acute myocardial infarction and gets complicated by heart failure due to biventricular claudication and cardiac arrest in ventricular fibrillation, from which she was rescued, and consequently mechanically ventilated. During her evolution she had a prolonged stay in intensive care and had symptoms of persistent fever, leukocytosis in peripheral blood, and positive culture of secretions obtained by tracheal aspiration, with many leukocytes and bacteria in the Gram study (more than 40 polymorphonuclear and less than 6 epithelial cells per field). A chest x-ray (Figure) was performed, and a worsening 48 hours after starting with respiratory symptoms was found. Radiological studies showed a dense and homogeneous pneumonic opacity, which occupied the middle (lateral-medial segments) and upper (anterior and apical segments) lobes of the right lung.These multifocal opacities are consistent with nosocomial pneumonia caused by Klebsiella pneumoniae. The radiologic diagnosis was confirmed with the cultivation of tracheobronchial se-

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cretions performed by the microbiology laboratory. The patient died at 21 days of hospitalization despite the prescribed antibiotic therapy.socomial por *Klebsiella pneumoniae*. Unlike community-acquired pneumonia, nosocomial infections are most frequently caused by enteric gram-negative aerobic bacilli, mainly *Pseudomonas aeruginosa, Enterobacter spp.* and *Klebsiella pneumoniae*. It should always be kept in mind that these germs could vary with the duration of mechanical ventilation, local patterns of distribution, presence or absence of previous antibiotic treatment, presence of associated diseases in the patient and hospital stay. *Klebsiella pneumonia* represents approximately 7-9 % of hospital-acquired respiratory infections.