



Bilateral pneumothorax caused by methicillin resistance *Staphylococcus aureus*; a disastrous pneumonic sequence

Introduction

Methicillin - resistant *Staphylococcus aureus* (MRSA) is a relatively common pathogen responsible for skin and soft tissue infections. However, reports of this pathogen causing severe necrotizing pneumonia are rare and even scarcer to be complicated with bilateral pneumothorax [1-4]. This bacterium was first described in 1880's, in which was recognized to be a fatal pathogen able to caused death in immunocompromised and immunocompetent patients (**FIGURES 1-4**). We describe a case of a young adult with history of Hepatitis C

and intravenous drug usage of cocaine and heroine that came to our institution due to generalized malaise of one week of evolution associated with unquantified fever and chills, without chest pain or shortness of breath. Upon evaluation patient meeting sepsis criteria with leukocytosis, renal failure, multiple electrolyte disturbances, and imaging studies consistent with bilateral pulmonary infiltrates, that in a couple of days became complicated with bilateral pneumothorax with subsequent blood cultures positive for MRSA [5-8].

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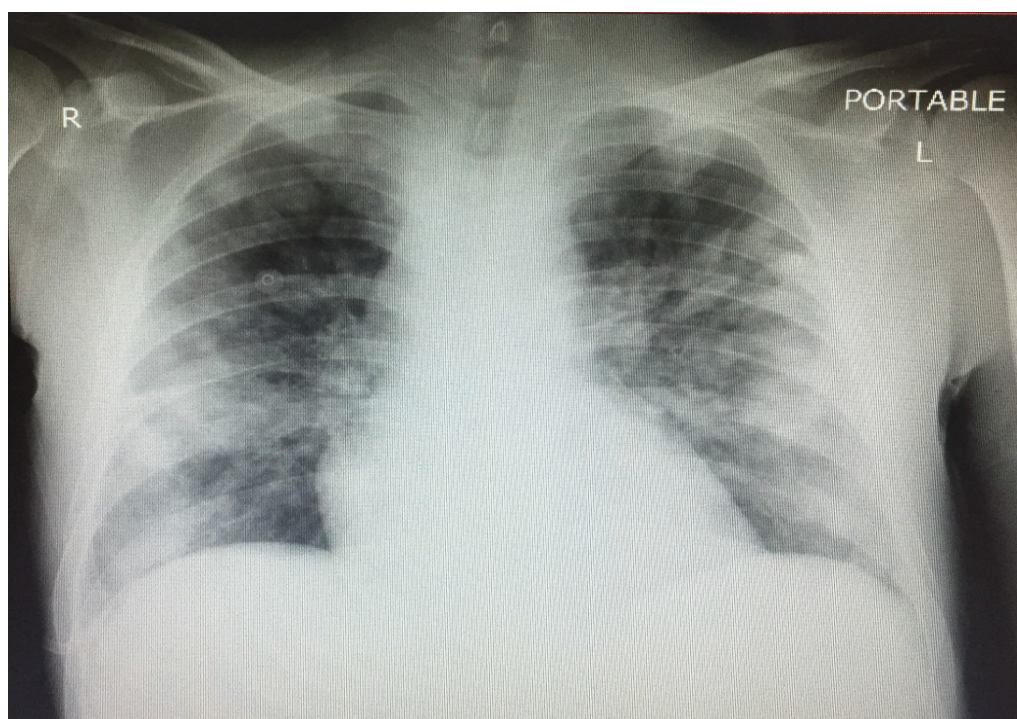


FIGURE 1. Portable chest x ray upon arrival to the ER. Bilateral pulmonary infiltrates with cavitations.

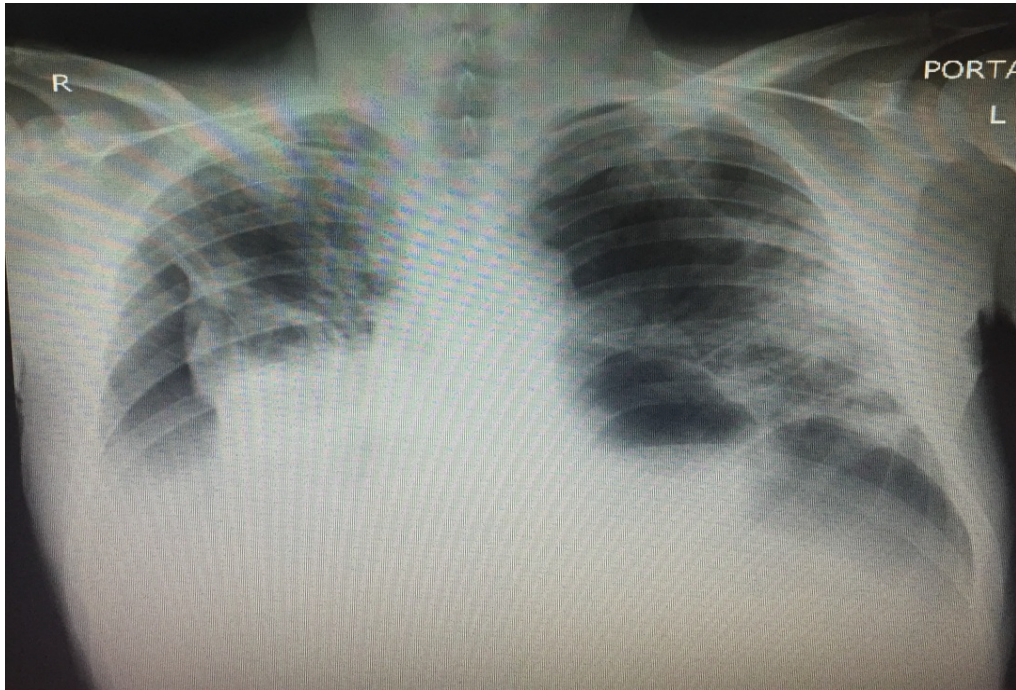


FIGURE 2. Portable chest x ray three days after admission. Bilateral pneumothorax.

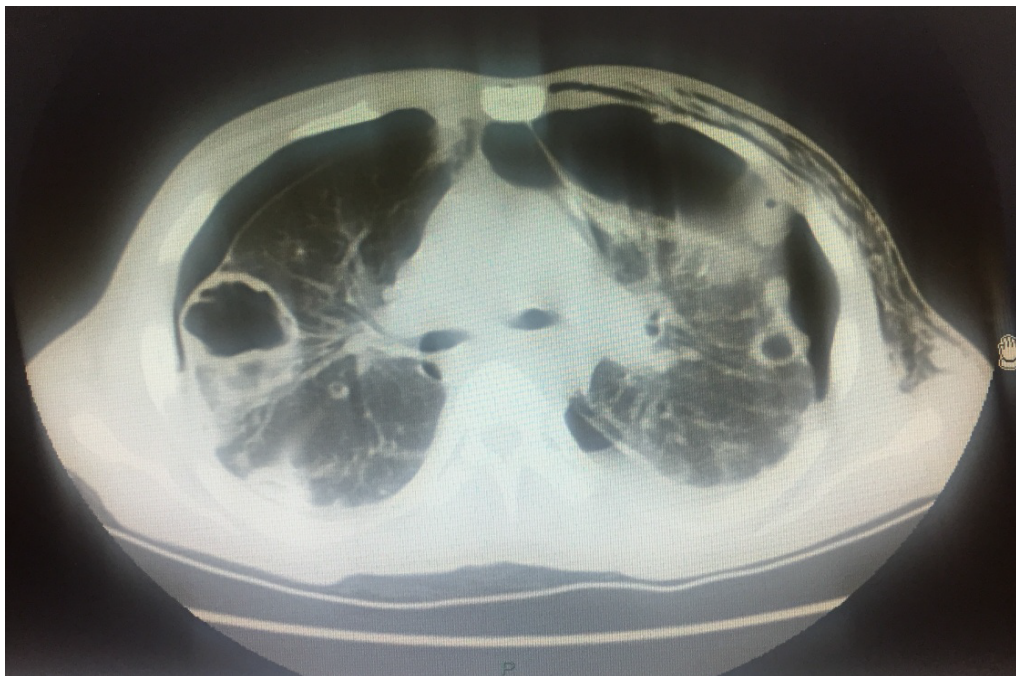


FIGURE 3. Chest CT Scan after chest tube placement. Bilateral pneumothorax with subcutaneous emphysema and multiple cavitations. Right and left chest tubes in place.

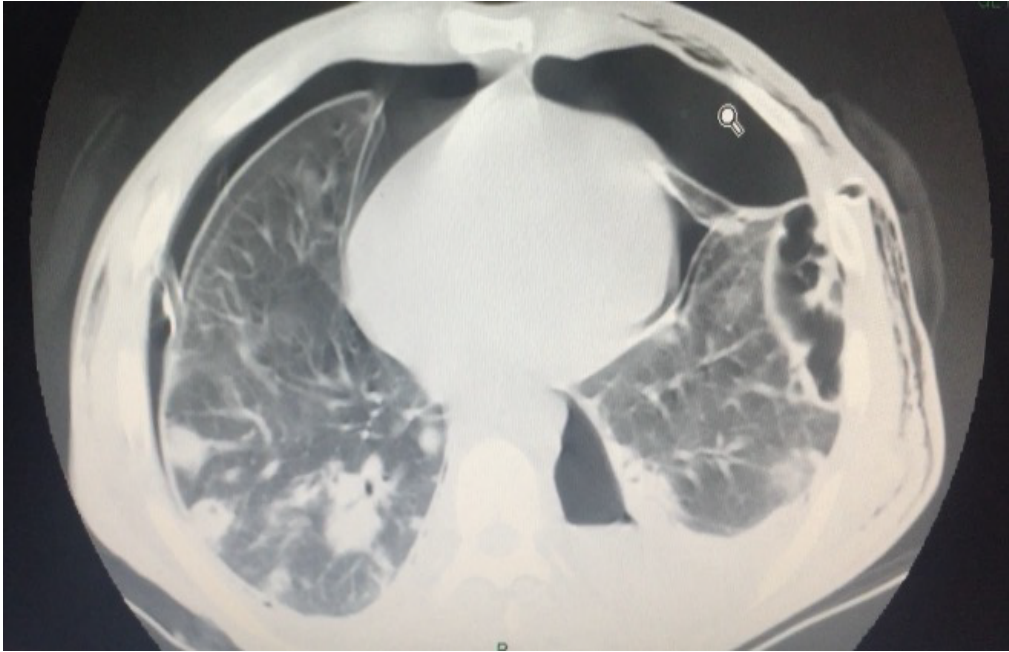


FIGURE 4. Chest CT Scan after chest tube placement. Bilateral pneumothorax with subcutaneous emphysema and multiple cavitations. Right and left chest tubes in place.

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