Interesting case

Empyema thoracis
• Female 35 years old.
• 1 month => Fever+Cough+Dyspnea.
• Admitted at Krabi hospital and Dx pneumonia with Rt parapneumonic effusion. Sepsis with DIC with respiratory failure.
• Pleural effusion analysis => Exudate profile. Numerous WBC.
• CT chest => Massive Rt pleural effusion => ICD insertion => Pus content 850 cc.
• Pus culture => A. Baum MDR.
• ATB => Meropenem
• F/U CT chest 2 weeks after ATB.
  • Moderate amount of Rt hydro-pneumothorax with thickened enhancing pleura.
  • Air-fluid filled cavitary lesion replacing lung parenchyma.
• Refer to PSU for proper management.
• History of smoking for 3 years
• History of alcohol addiction for 5 years
• BP 100/60 mmHg, HR 100 /min, BT 38.5°C, RR 22 /min, SpO2 92% RA

• HEENT : Not pale. No jaundice.

• No lymphadenopathy.

• Heart : Normal S1S2. No murmur.

• Lungs : Marked decreased BS at Rt lung.

• Abd : Soft. Not tender. No hepatosplenomagaly.

• Ext : No edema
Set OR for thoracotomy with decortication

Thoracoplasty
Rib bone graft
Serratus anterior muscle
Serratus anterior muscle

Rib bone graft
Rib bone graft
Immediate postop
Postop day 3
Postop 3 months