



## IMAGES IN INTENSIVE MEDICINE

# Ultrasound assessment of pulmonary abscess Ultrasonido pulmonar para la evaluación del absceso pulmonar

S. Mongodi<sup>a,\*</sup>, S. Bonaiti<sup>a,b</sup>, F. Mojoli<sup>a,b</sup>

<sup>a</sup> Anesthesia and Intensive Care, Fondazione IRCCS Policlinico S. Matteo, Pavia, Italy

<sup>b</sup> Department of Clinical-Surgical, Diagnostic and Pediatric Sciences, Unit of Anesthesia and Intensive care, University of Pavia, Pavia, Italy

Available online 19 October 2022

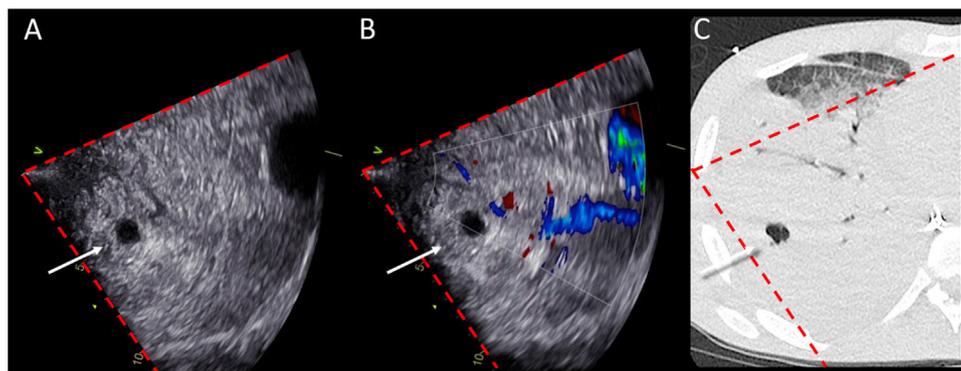


Figure 1

Lung ultrasound was used to monitor a patient admitted to ICU for acute respiratory distress syndrome secondary to Influenza A, requiring mechanical ventilation and veno-venous extra-corporeal membrane oxygenation for refractory hypoxemia. ICU stay was complicated by a *Staphylococcus aureus* ventilator-associated pneumonia. **Figure 1:** *Panel A* shows a small anechoic round image (white arrow) within a tissue-like pattern, compatible with both a pulmonary vessel in short axis and a lung abscess within a consolidated parenchyma (Video 1). A second larger anechoic round image is visualized in deeper fields. Color Doppler (*Panel B*) easily allows distinguishing abscess as non-pulsatile structures (Video 2). On the corresponding CT scan (*Panel C*), the red dotted lines delineate the ultrasound beam. Ultrasound well identifies lung abscesses within consolidations as round well-defined anechoic images with posterior enhancement and no pulsatility at colour Doppler; this simple bedside application avoids the need of traditional radiology and allows dynamic guidance to procedures, as needle aspiration.

## Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.medine.2021.09.003](https://doi.org/10.1016/j.medine.2021.09.003).

\* Corresponding author.

E-mail address: [silvia.mongodi@libero.it](mailto:silvia.mongodi@libero.it) (S. Mongodi).