



## IMAGES IN INTENSIVE MEDICINE

### Spontaneous pneumothorax and massive subcutaneous emphysema in a patient with *Klebsiella pneumoniae* necrotizing pneumonia

### Neumotórax espontáneo y enfisema subcutáneo masivo en paciente con neumonía necrotizante por *Klebsiella pneumoniae*

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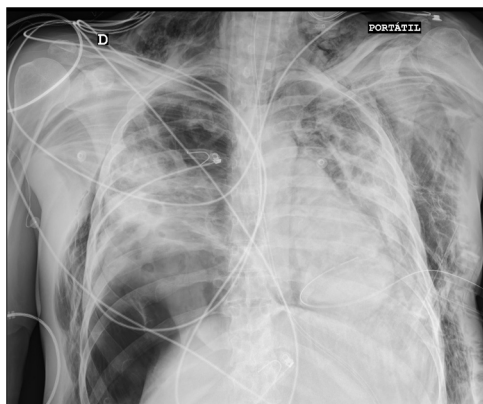


Figure 1

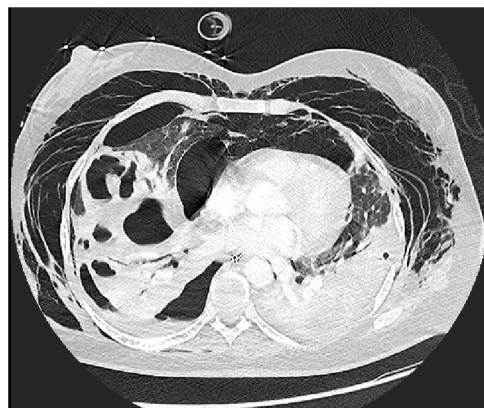


Figure 2

We report the case of a 49-year-old woman with a past medical history of asthma and type 2 diabetes who was admitted to the intensive care unit with diabetic ketoacidosis and bilateral pneumonia due to *Klebsiella pneumoniae* and required invasive mechanical ventilation. The patient exhibited good initial respiratory progress. However, after 8 days of mechanical ventilation, she developed a spontaneous left pneumothorax, which was drained and the chest drain kept in place. Twenty-four hours later, extubation was attempted, but reintubation was deemed necessary due to weakness and poor secretion management. Following reintubation, the patient exhibited hypotension and acute respiratory failure. A new left pneumothorax was seen, leading to the placement of yet another drainage tube. The thoracic x-ray performed (Fig. 1) revealed the presence of a re-expanded left lung, and a hypodense lesion in the right base and significant subcutaneous emphysema. The CAT scan performed (Fig. 2) with bilateral consolidation confirmed the presence of multiple cavitations consistent with necrotizing pneumonia.

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