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H1N1 Presenting as Necrotizing Pneumonia

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Abstract:

We report a case of a 10 month old female child who presented to us with 8-day history of fever, cough and respiratory distress. There was no past history of similar complaints or history suggestive of congenital heart disease, asthma or gastroesophageal reflux. There was no history of TB contact. Measles vaccine and other optional vaccines were not received. On examination, child was febrile with tachycardia, tachypnea and severe respiratory distress. There was no cyanosis or clubbing. Pulse oximetry was 98% on 100% oxygen. Respiratory system examination revealed decreased air entry on the left side with a dull note. Rest of the systemic examination was unremarkable. A chest radiograph showed left sided moderate pleural effusion. Pleural fluid aspiration was suggestive of empyema. An intercostal tube drainage (ICD) was done and patient was started on IV antibiotics. In view of suspicion of H1N1 influenza, oral oseltamivir was started and a throat swab was sent, which was positive. Respiratory distress subsided and ICD was removed. Subsequent chest X-ray revealed left lung collapse and consolidation with left sided pneumatocoles, which was confirmed by a CT chest (Fig 1). Child received 4 weeks of IV antibiotics and was discharged.

