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Title: Pneumatocoeles that required surgery in childhood: Report of 2 cases

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Body: Pneumatocoeles are thin-walled filled with air cystic lesions that have been recognized as a potential complication of pneumonia. Although, they are usually asymptomatic, they may enlarge and compress the adjacent lung and mediastinum. The aim of this report is to describe 2 cases of severe pneumonia complicated by pneumatocoeles that required surgical intervention. Case 1 A one year old girl presented with a 2 day history of pyrexia. Radiological investigation revealed a right sided consolidation with pleural effusion. Pleural fluid culture revealed staphylococcus aureus. Antibiotic treatment and drainage failed and a CT scan on day 21 revealed an enlarging pneumatocoele on the right causing mediastinal shift. The child developed acute respiratory failure; Successful decompression of the pneumatocoele was achieved after initial urgent needle aspiration. Radiologic resolution was complete 2 months post initial presentation. Case 2 A previously healthy 8 month old boy was admitted to our institution with a tension pneumatocoele following a severe necrotic pneumonia. Blood culture was positive for Pneumococcus type 3F. On auscultation there was dramatically decreased air entry on the left side. CXR and CT revealed hyperinflation, large air cyst causing mediastinal shift to the right. Conservative management was initially attempted, but when oxygen saturation decreased dramatically surgical excision (pneumonectomy) was decided. The patient is now asymptomatic 2 months post discharge Conclusion Tension pneumatocoeles, although rare, are a serious complication of pneumonia that may need surgical intervention when the patient is in critical condition.