

Into the Abscess: A 50 Year-Old Man with Empyema Necessitans

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A 50-year-old man presented with two months of malaise, weight loss, and back pain after an accidental aspiration. Labs showed a neutrophilic leukocytosis of 23,000/uL. Imaging revealed a large pleural and paraspinal fluid collection (Figures 1-3), extending down to the pelvis, consistent with empyema necessitans and paraspinal

abscess. Cultures grew *Streptococcus anginosus* (also known as *Strep. milleri*). He received antibiotics and drainage, with course complicated by malnutrition, tracheostomy, and encephalopathy. His care was eventually transitioned to comfort-focused. Commonly causing brain and abdominal abscesses, *S. anginosus* uncommonly causes empyema, usually from aspiration [1]. It produces hyaluronidase, allowing for liquefaction of and extensive spread through tissues [2].



Figures 1: Coronal chest CT views showing a complicated right-sided basilar pleural and paraspinal fluid collection (red arrows) consistent with empyema necessitans.



Figures 2: The collection extends from the chest wall to the pelvis.



Figure 3: Extension of the fluid collection (red arrow) into the thoracic and lumbar paraspinal soft tissues (green arrow) as seen on sagittal chest CT.

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