

## A Case of the 10 days

### Case 381

A sixty-six-year-old male presented in our hospital for persistent cough of approximately 2 weeks, inducing hard to sleep well. The local otolaryngologist told him to get chronic sinusitis. Past illness history depicted he previously had hemoptysis from a mycotic infection. Laboratory test revealed white blood cells  $13910/\text{mm}^3$ , eosinophils 30.3% ( $4173/\text{mm}^3$ ), non-specific IgE 668 IU/mL. He took chest CT for further investigation (Fig. 1). Twelve days later, he took chest CT again for worsening cough and fever (Figs 2-4).

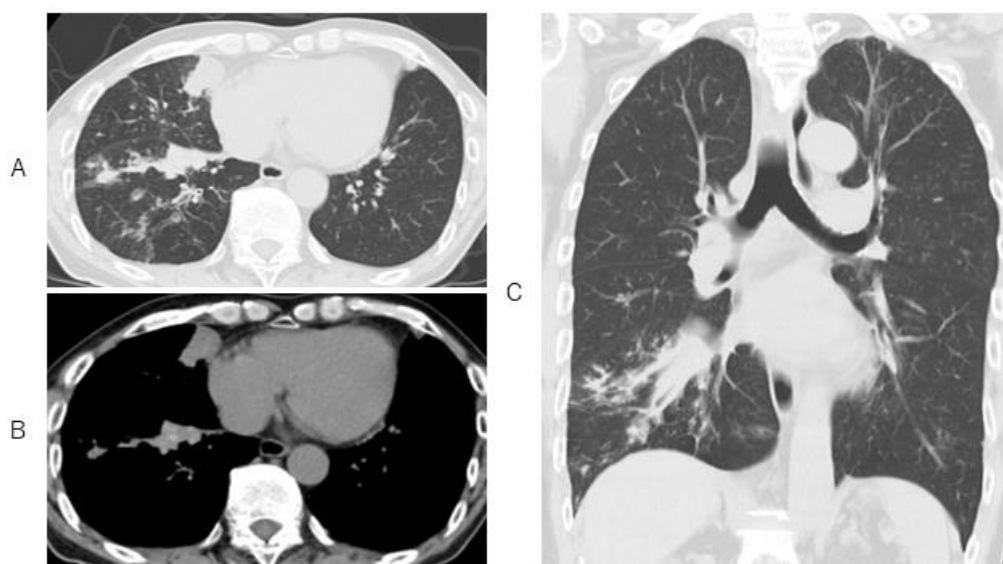


Fig. 1 Consolidation along with right lower bronchus is depicted on chest CT (A-C). Note high-attenuation mucus plug in right lower bronchus on axial chest CT with mediastinal level(B).

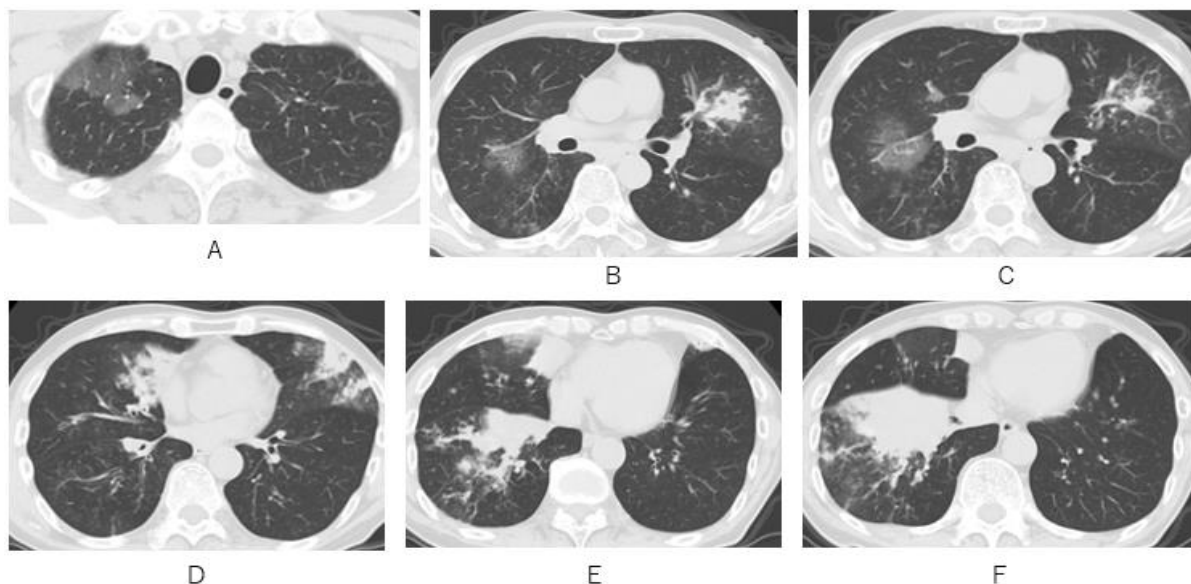


Fig.2 Twelve days later, ground glass opacity and relatively massive consolidation along with bronchus in left upper lobe and right lower lobe are depicted on axial chest CT.

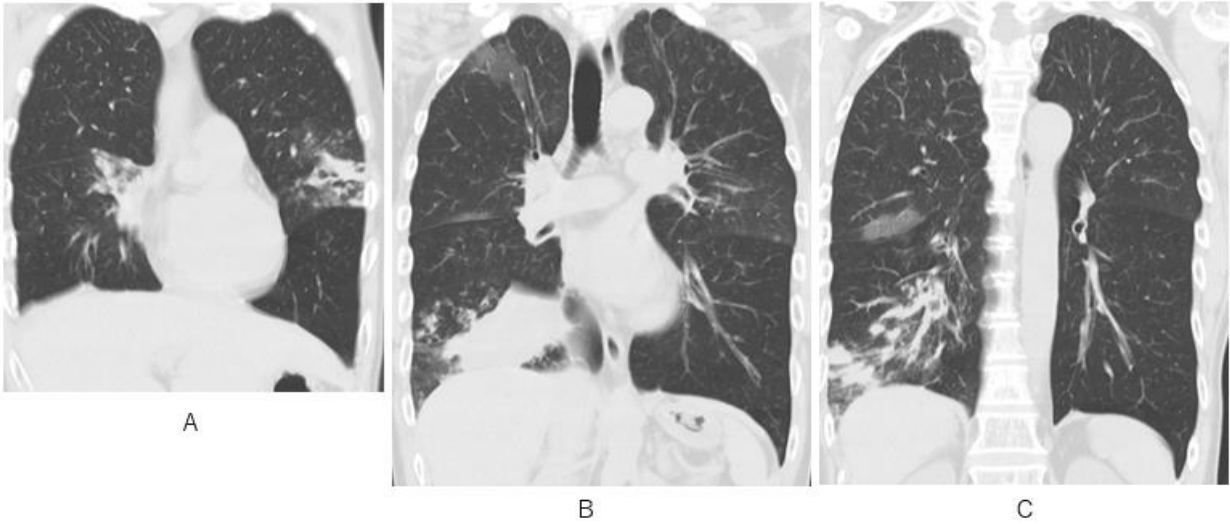


Fig. 3 Twelve days later, ground glass opacity and relatively massive consolidation along with bronchus in left upper lobe and right lower lobe are depicted on chest coronal CT.

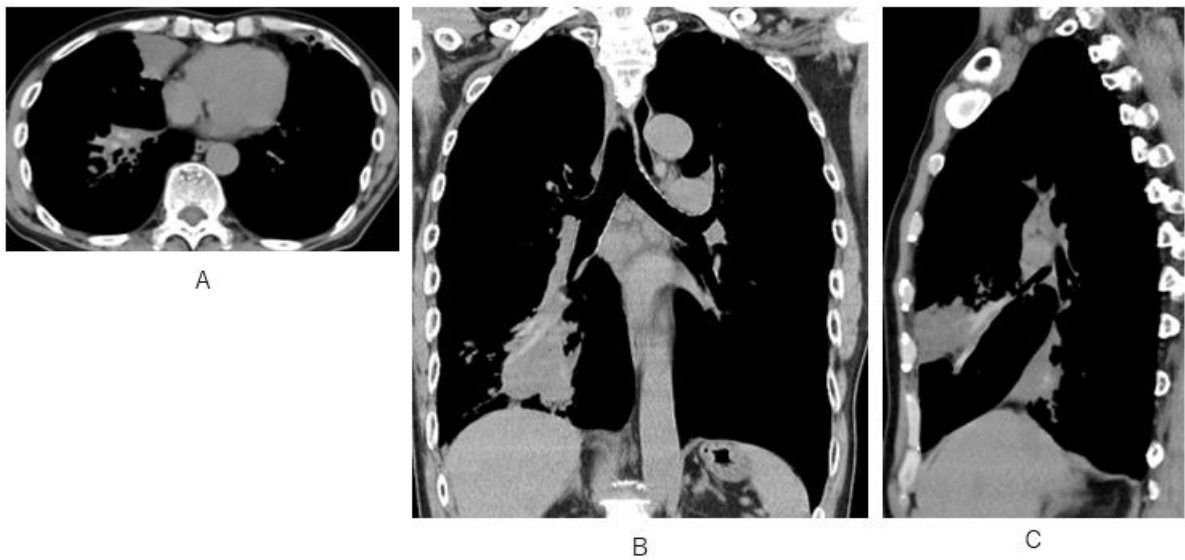


Fig. 4 Twelve days after, massive consolidation in right middle lobe and lower lobe with high attenuation mucus in bronchi on chest CT with mediastinum level (A-C).

What is the imaging diagnosis?

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1. **Bacterial Pneumonia**
2. **Viral pneumonia**
3. **Mycoplasma pneumonia**
4. **Eosinophilic pneumonia**
5. **Allergic bronchopulmonary aspergillosis**

answer

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