

Chemical pneumonitis due to contrast medium aspiration

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A 75 year-old man presented progressive dysphagia of solids during one month. He suffered vomiting and dyspnea after undergoing an esophagogastroduodenogram. He was attended in the emergency department where physical examination showed a temperature of 39 °C, without respiratory difficulty and with oxygen saturation of 98%. Chest x-ray (Figure 1, left) showed the silhouette of the trachea, bronchi, bronchioles and alveoli, predominantly in the right lung, due to barium sulphate inhalation. Treatment was started with amoxicillin-clavulanate, clindamycin and prednisone (1 mg per kg body weight) plus bronchioalveolar lavage of the affected area. The patient evolved satisfactorily, with a slight radi-

ographic improvement at 3 months of admission (Figure 1, right).

In intestinal transit studies, barium sulfate suspension or water-soluble iso-osmolar contrast medium are used because they irritate the bronchial mucosa to lesser extent than other media. In cases of inhalation, there are multiple clinical and radiological manifestations, varying from asymptomatic local inflammatory reactions to serious disease with respiratory failure that may be life-threatening. The most important complication is pulmonary infection. The most commonly affected parts of the lung are the posterior segment of the superior lobes and the upper segment of the inferior lobes.

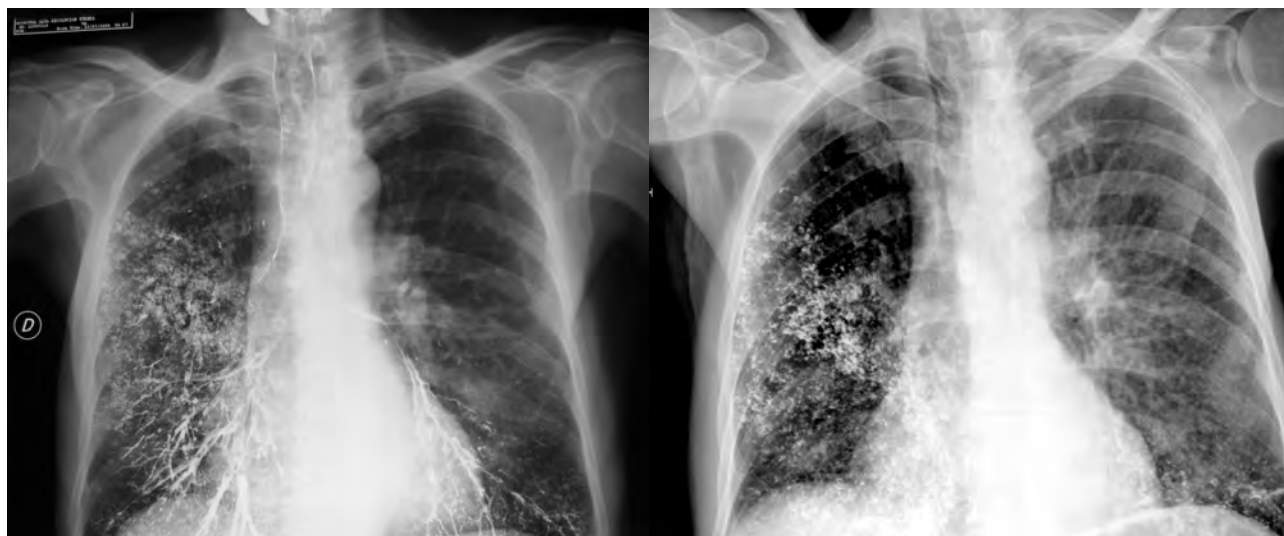


Figure 1. Left: X-ray showing the silhouette of the trachea, bronchi, bronchioles and alveoli, predominantly in the right lung, due to barium sulphate inhalation. Right: X-ray of the same patient at 3 months showing persistence of predominantly alveolar infiltrate.

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RECEIVED: 9-4-2011. **ACCEPTED:** 22-4-2011. **CONFLICT OF INTEREST:** None.