

Was it really just an atelectasis? A rebuttal

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Dear Editor,

We would like to thank both you and Dr. Smargiassi for permitting us to gain further insight into the clinical case we reported in our article [1].

We totally agree with the observations produced by the colleagues [2]. The US pattern of interstitial syndrome with subpleural consolidation observed at the end of the procedure was related to an inflammatory process of the lung parenchyma due to coinfection by methicillin-resistant *Staphylococcus aureus* and *Acinetobacter baumannii* as revealed by culture of bronchial secretions. These pathogens were treated with vancomycin, levofloxacin and colistin, and the following course of the hospitalization was uneventful. The patient was discharged home after 20 days.

In our article, we did not focus on the underlying infectious process as we were mostly interested in showing the evolution of the US pattern during re-expansion of the lung parenchyma and that the presence of B lines is a clear marker of completion of this process. As known, obstructive atelectasis is frequently complicated by pneumonia,

and tracheostomized and ventilator-dependent patients are at risk of developing both pneumonia and atelectasis. When atelectasis is associated with pneumonia, B lines and subpleural consolidations may be found over the re-expanded lung parenchyma. Therefore we agree with Dr. Smargiassi and colleagues when they opined that a post-obstructive pneumonia was likely, and it was not possible to get a normal echographic lung pattern at the end of the procedure. Nevertheless, in our case, the real-time echographic assessment was useful in showing the resolution of the lung atelectasis and the re-expansion of the parenchyma.

Conflict of interest None.

References

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2. Smargiassi A, Inchingolo R, Valente S (2012) Was it really just an atelectasia? *Intern Emerg Med*. doi:10.1007/s11739-012-0855-0

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