

CASE REPORT

Parasitic Infection Misdiagnosed As Bacterial Pneumonia: A Case Report

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ABSTRACT

Bacterial pneumonia is a common lung disorder, and the pathogenesis remain elusive. Parasitic infections of the lung are able to affect the respiratory system, and the clinical features could mimic tuberculosis and malignancy. Therefore, it is essential to identify parasitic pneumonia at early stage, and most cases are curable with medical intervention. In this study, one case of parasitic pneumonia

was misdiagnosed as bacterial infection, revealing the importance of pathological biopsy and MDT, especially when clinical features are not typical and routine tests are not specific. Therefore, more paragonimiasis cases can be diagnosed more effectively by the clinicians and misdiagnose should be avoided in future clinical practice. (*Altern Ther Health Med.* 2021;27(4):54-57).

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Bacterial pneumonia is a common lung disorder, and the pathogenesis remain elusive.¹ Parasitic infections of the lung are able to affect the respiratory system, and the clinical features could mimic tuberculosis and malignancy.^{2,3} Therefore, it is essential to identify parasitic pneumonia at early stage, and most cases are curable with medical intervention. In this study, one case of parasitic pneumonia was misdiagnosed as bacterial infection, revealing the importance of pathological biopsy and MDT, especially when clinical features are not typical and routine tests are not specific. Therefore, more paragonimiasis cases can be diagnosed more effectively by the clinicians and misdiagnose should be avoided in future clinical practice.

As the life quality is improved and modern therapeutic methods are developed, the incidence of pulmonary parasitoses is dramatically reduced.⁴ However, as raw food are consumed by more and more people, the overall occurrence of paragonimiasis is increased annually.⁵ Because the symptoms are not obvious and the duration is long, and

the clinical and radiographic characteristics vary dramatically, it is always misdiagnosed with other pneumonia infections.⁶ In our case study, one patient with parasitic infection was misdiagnosed as bacterial pneumonia.

CLINICAL DATA AND METHODS

General data

Male, 54 years old, was hospitalized at Daping Hospital on 17/04/2017 due to recurrent cough and spike fever (up to 40°C) since one month ago. The patient showed abovementioned symptoms, which were relieved after being treated at another hospital. Ten days prior to hospitalization, the patient caught a cold and the symptoms were worsened. A chest CT scan was performed at our Outpatient department, revealing chronic bronchitis with chest infection, pulmonary emphysema and bullae. The patient was treated with the combination of levofloxacin and piperacillin-tazobactam for six days. However, spike fever was still observed, then the patient was hospitalized for further treatments.

Medical history

The patient was diagnosed with gallstones and underwent the surgery 30 years ago, and he is a carrier of Hepatitis B virus. He has a 20 pack year history of smoking and no history of alcohol consumption.

Diagnosis

Routine physical exam was carried out on the patient, and body temperature (36.4°C), pulse (81 bpm) and blood