

A 20 year old male patient was hospitalized with the complaints of left sided pain, cough and sputum expectoration. Postero/anterior chest x-ray showed a large opacity which occupied approximately whole part of the upper lobe of the left lung (Figure 1). No pathologic findings determined on physical examination. His general health status, fever, and the other laboratory findings did not support a pneumonia clinic. A thorax CT was obtained. There was a 7 to 8 cm consolidation area next to the pleura with an irregular edge which caused atelectasis of some segments of left upper lobe (Figure 2A, 2B). So we performed an ultrasonography guided transthoracic needle aspiration biopsy. No malignancy was determined. From the beginning of hospitalization antibiotics (claritromycine) were applied. Control chest x-ray (Figure 3) was showed a significant regression of consolidation after approximately 20 days of antibiotic therapy. This regression was also shown on a control thorax CT. Interestingly a cystic bronchiectasis of left upper lobe was presented by this tomography (Figure 4A, 4B).

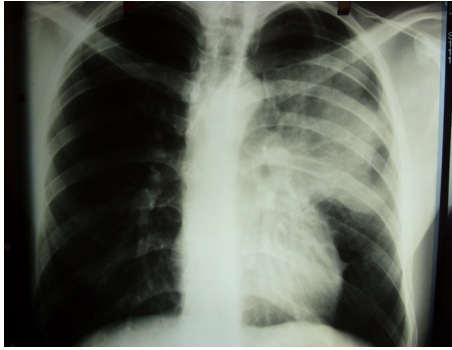


Figure 1. The P/A chest x-ray of the patient at the beginning of hospitalization.

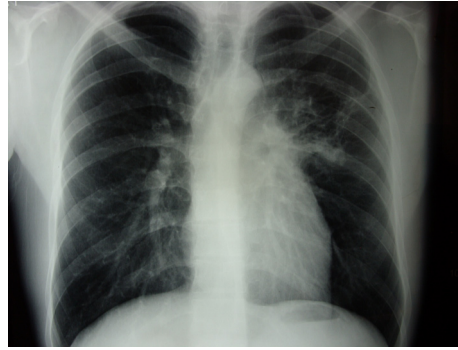


Figure 3. The P/A chest x-ray taken after therapy.

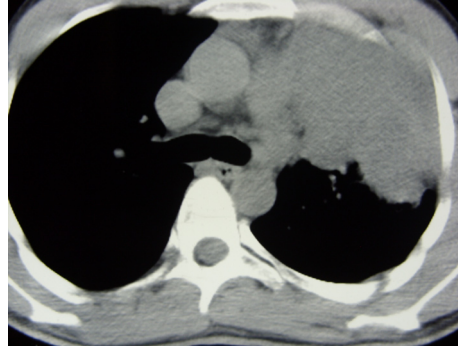
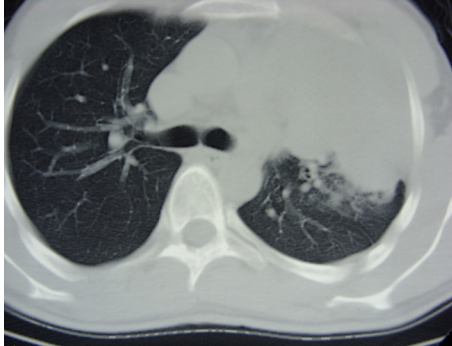


Figure 2. The parenchymal (2A) and mediastinal (2B) view of the thorax computerized tomography before taken before therapy.

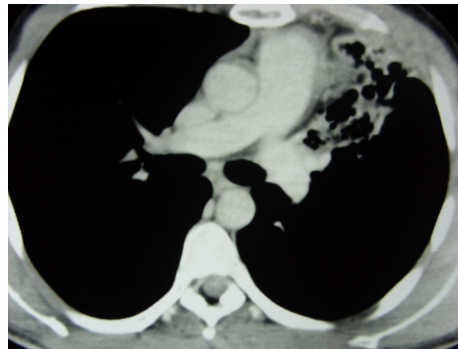
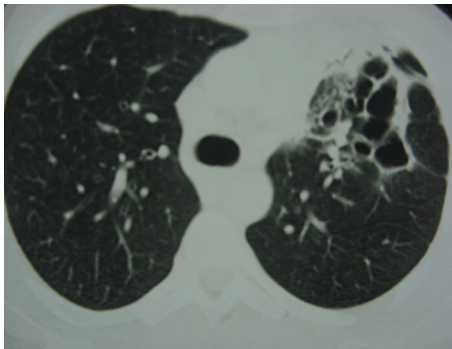


Figure 4. The cystic bronchiectasis on the thoracic computerize tomography (4A, 4B) taken after therapy.