



# A Difficult Disease to Diagnose: Pulmonary Actinomycosis

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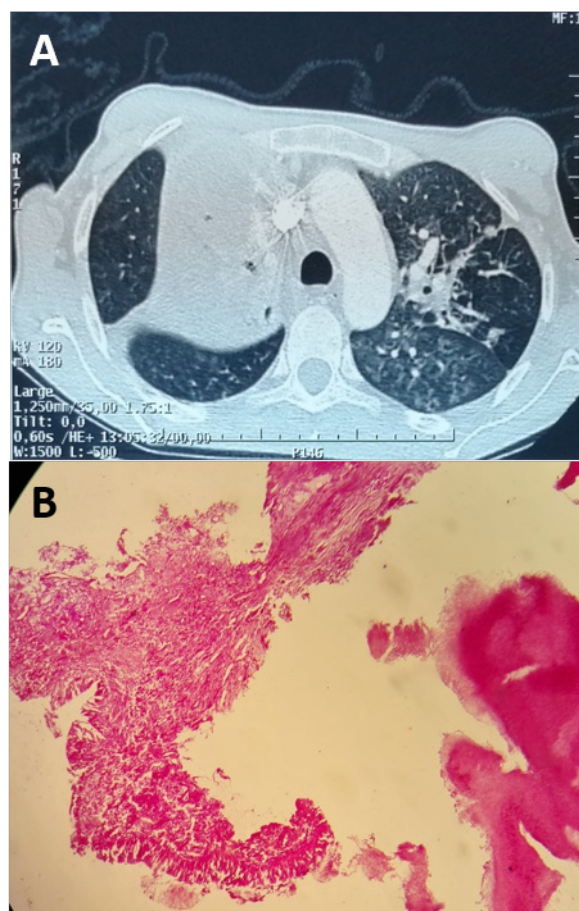
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## Clinical image

A 38-year-old man was admitted to the pneumology department for a productive cough and moderate hemoptysis, with a history of treated pulmonary tuberculosis and weight loss. He was diabetic, alcoholic and a heavy smoker. The patient was afebrile with mild dyspnea and normal breath sounds on lung auscultation. Chest CT revealed right upper lobar condensation (**Figure A**). The bronchial biopsy showed a hyperplastic bronchial epithelium with numerous inflammatory elements and necrotic foci rich in filamentous structures (**Figure B**). The diagnosis of pulmonary actinomycosis was made, it is an uncommon bacterial infection, caused by actinomyces species, difficult to diagnose with a high probability of false and delayed diagnosis due to its anaerobic nature and slow reproduction, manifested by the formation of multiple abscesses and sulphur granules in infected tissues. The patient received a 4-week course of high-dose intravenous penicillin, dying from fulminant hemoptysis.



**Figure A:** Right upper lobar condensation.

**Figure B:** hyperplastic bronchial epithelium rich in filamentous structures.



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