

Picture of the Month

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AN 8-YEAR-OLD BOY FROM BOTSWANA WAS referred to a tertiary-level center with a 1-day history of fever, dry cough, headache, shortness of breath, and chest pain. One month prior, he had a similar episode and was treated for a left-sided pneumonia. A chest radiograph at the time revealed a homogenous opacification in the left lower zone. He was otherwise healthy; human immunodeficiency virus testing results were negative. On admission, the child was ill-appearing, febrile (38.9°C), tachypneic (respirations, 53/min), and hypoxic (percutaneous oxygen saturation, 93% on room air). A

pulmonary examination revealed mild subcostal retractions and decreased air entry in the left lower zone with dullness on percussion. Chest radiography (**Figure 1**) showed an encapsulated structure in the left lower zone with an air-fluid level. Abdominal computed tomographic scan detected a single well-defined cyst in the right lobe of the liver. On day 3 of admission, he developed acute respiratory distress and was unable to complete a sentence. Examination showed tracheal deviation to the right with resonance and absent breath sounds over the left lung field. A repeated chest radiograph (**Figure 2**) revealed a left-sided tension pneumothorax.

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See <http://www.archpediatrics.org> for the Picture of the Month Web Quiz: What is your diagnosis?

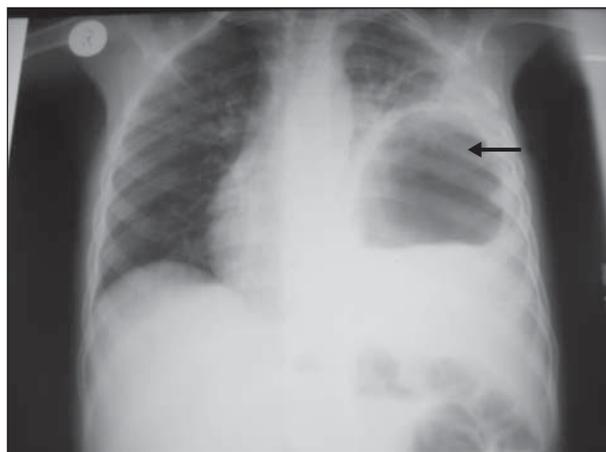


Figure 1. Chest radiography on presentation showing an encapsulated structure (arrow) in the left lower zone with an air-fluid level.

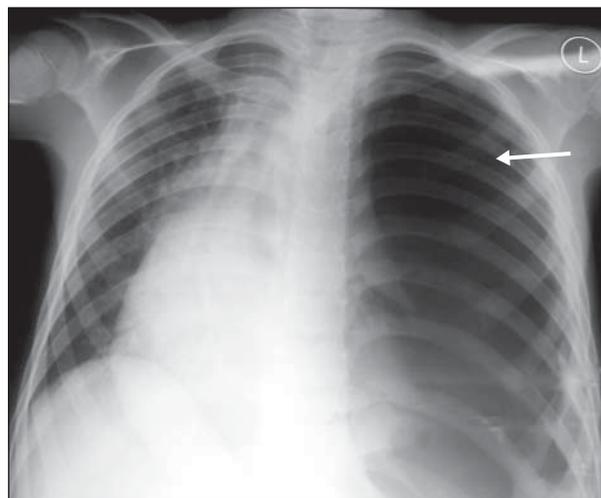


Figure 2. Chest radiography was repeated following the development of acute respiratory distress and revealed a tension pneumothorax (arrow pointing at an absence of lung markings on the left side of the chest). L indicates left.