Lipoid Pneumonia Due to Aspiration of Oil Products: Two Case Reports

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Citation: Perincek G, Avci S and Batmaz E. Lipoid pneumonia due to aspiration of oil products: Two case reports (2018) Nursing and Health Care 3: 69-70

Received: Oct 10, 2018
Accepted: Oct 15, 2018
Published: Oct 22, 2018

Abstract
Lipoid pneumonia is a rare disorder, results from accumulation of lipids in the alveoli. Lipoid pneumonia has two types; exogenous pneumonia which results from deposition of inhaled oil in the lung and endogenous pneumonia which results from breakdown of lung distal to obstructed airway. Tumor or bronchiolitis obliterans or following chemotherapy or radiotherapy lead to release of cholesterol and other lipids in alveoli. We report clinical and radiological findings of two cases with exogenous lipid pneumonia due to aspiration of oil products.

Keywords: Lipoid pneumonia, Aspiration, Oil products

Introduction
Lipoid pneumonia which is an uncommon disease, with a frequency of 1-2.5% caused by the presence of lipid in the alveoli [1,2]. Lipoid pneumonia is classified into two major groups; exogenous and endogenous/idiopathic pneumonia [2]. Acute exogenous pneumonia is typically caused by aspiration of a sum of petroleum-based products [2]. It is typical for children due to accidental poisoning [2]. Chronic exogenous pneumonia commonly results from recurrent episodes of animal fat, mineral or vegetable oils [2]. Exogenous pneumonia is typically for older patients but sometimes it can be seen in children suffering from aspiration [2]. Lipoid pneumonia commonly presents with subtle onset and respiratory symptoms such as cough, dyspnea, chest pain, fever, hemoptysis, systemic findings and radiological findings such as pulmonary opacities, consolidations, pneumomediastinum, pneumothorax, pleural effusions, pneumomatoceles and nodules [1,2]. We aim to present here two cases of exogenous pneumonia and their radiological findings.

Case Report 1
A 16-year-old boy admitted to emergency room (ER) with nausea, emesis, cough, sputum and chest pain. His medical history and family history were unremarkable. He said that he took diesel oil with a hose by mouth from the chemical reservoir and he aspirated it accidentally one day before. The patient's general condition was worsened during the examination and he was intubated in ER. In the respiratory system examination; inspiratory rales were heard more prominent in the on the right lung basal side. Figure 1a-1c show chest radiographs of him on the admission, 10th day and 30th day, respectively. The patient was given antibiotics (Meropenem 1 gram, three times a day) in the intensive care unit. The patient was extubated and taken to Respiratory medicine service on the 4th day of the treatment. Verbal consent was obtained from the patient for this case presentation.

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Chest computed tomography showed parenchymal consolidation areas containing air bronchograms at fat density. Density measurements were made in vertical, axial and sagittal sections. Figure 1d-1f show chest computed tomography findings of exogenous pneumonia for this patient. Antibiotherapy of the patient continued with ampicillin-sulbactam (4*1.5 gram intravenously for a day) and completed to 15 days. The patient with clinical and radiological improvement was discharged at the end of 15 days. After discharge, nodular sequela was seen on the patients chest tomography (Figure 1g and 1h).

Case Report 2
A 72-year-old man admitted to emergency room with cough, high fever and hemoptysis. The patient accidentally drank a glass of gas oil five days before. The patient had only hypertension disease. 4 hours after the incident, the patient was admitted to a hospital and treated with antibiotics.

Bronchoscopy revealed no endobronchial lesion. Mucosa of right middle and lower left lungs.

The patient was referred to our hospital due to persistent high fever and hemoptysis. The patient was conscious, cooperative, and poor in orientation. In the respiratory system examination, breathing sounds were reduced in both lungs and there were inspiratory rales in the right middle and lower left lungs.

The diagnosis of exogenous lipoid pneumonia is based on a history of exposure to oils and clinical findings, radiological findings, presence of lipid-laden macrophages on sputum or bronchoalveolar lavage [4]. In the literature, time of exposure, amounts of oils and quality of material vary according to case reports. Elder patients are more asymptomatic than early ages and also lipoid pneumonias are commonly chronic and progressive for geriatric patients [4]. Because of this reason, lipoid pneumonias are usually discovered by an autopsy finding [4]. Both of our patients presented to the emergency department with severe clinical presentation.

The treatment modalities of lipoid pneumonia are poorly defined. Treatment strategies may include whole lung lavage, supportive care, systemic corticosteroids and thoracoscopiy with surgical debridemen [6]. Antibiotics treatment may be given for complicated patients. Lipoid pneumonia is an uncommon disease encountered in all age groups. Physician should enquire about oil intake in all patients with persistent cough and chest symptoms. Treatment involves removal of the offending agent and supportive care.

References

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