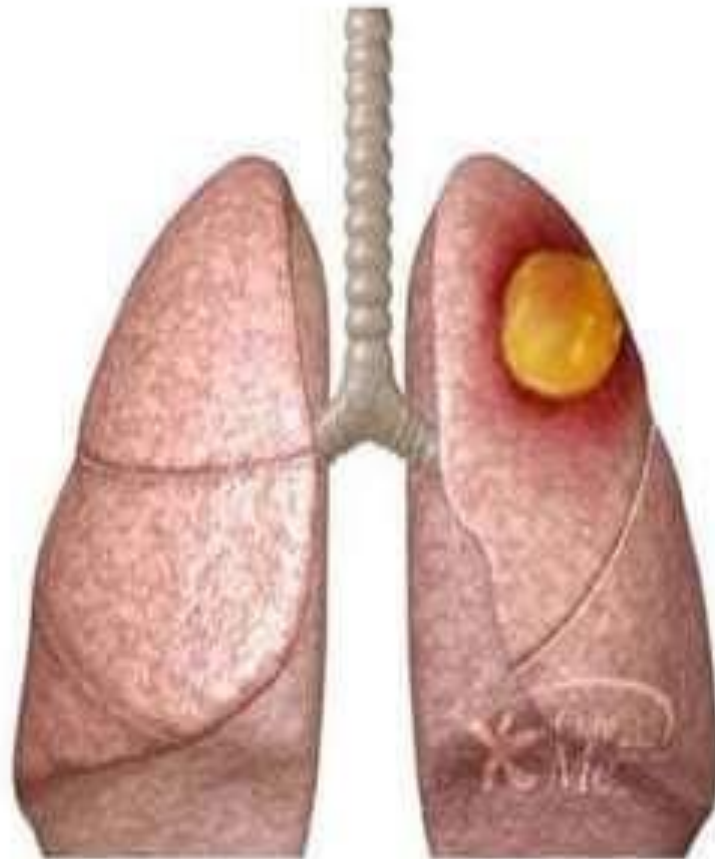


LUNG ABSCESS



PRESENTED BY-

DEFINITION

- Lung abscess is a pus containing lesion of the lung parenchyma that gives to a cavity.
- The cavity is formed by necrosis of the lung tissue



RISK FACTORS/CAUSES

- Most lung abscess are caused by aspiration of material from the GI tract into the lungs.
- Risk factors for aspiration include –
 - 1) Alcoholism.
 - 2) Seizure disorder.
 - 3) Neuromuscular disorders.
 - 4) Drug overdose.
 - 5) General anaesthesia.

CONTI..

- Infectious agents generally cause lung abscesses. The organisms involved generally cause infection and necrosis of the lung tissue.
- Examples: gram negative organisms (Klebsiella, S. aureus) and anaerobic bacilli.
- Malignant growth.
- TB.
- Various parasitic and fungal disease of the lung.

CLINICAL MANIFESTATION

- Cough with purulent sputum
- Haemoptysis
- Fever
- Chills
- Pleuritic chest pain
- Dyspnoea
- Weight loss

On physical examination :

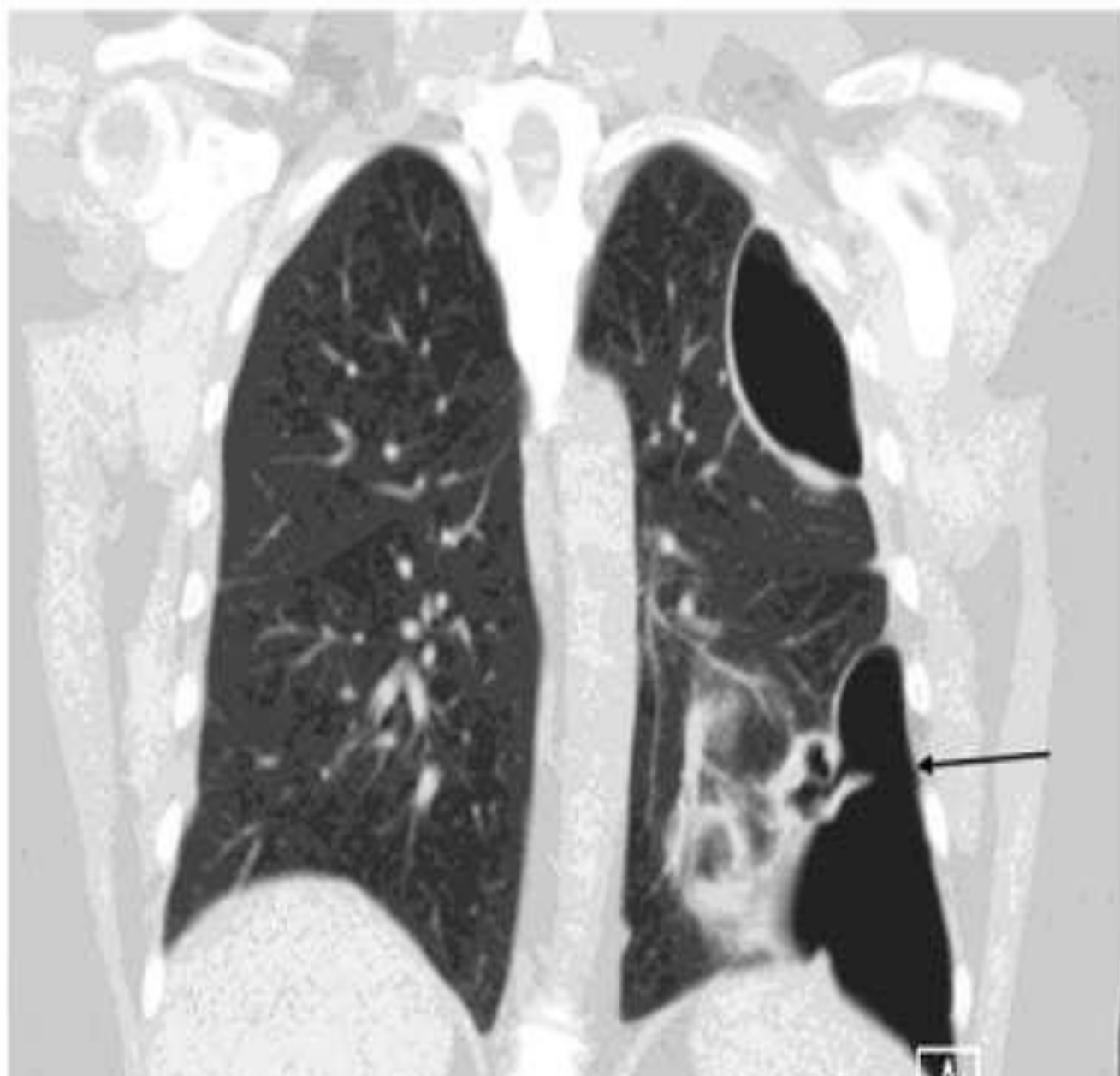
- 1) Dullness to percussion.
- 2) Decreased breath sounds on auscultation over the segment of lung involved.
- 3) Crackles

DIAGNOSTIC EVALUATIONS

- History Collection
- Physical examination
- CT Scan
- MRI
- Chest X-ray
- Sputum culture
- Pleural fluid and blood culture
- Bronchoscopy

COMPLICATIONS

- **Chronic abscess:** That's what it's called if it lingers for more than 6 weeks.
- **Empyema:** This is when an abscess breaks into the space between your lungs and chest wall and fills the space with pus.
- **Bleeding:** It's rare, but sometimes an abscess can destroy a blood vessel and cause serious bleeding.
- **Broncho-pleural fistula:** This is an opening between the tubes in your lungs and layers that cover them.



MANAGEMENT

Medical Management

- Antibiotics given for a prolonged period (up to 2-4 months) are usually the primary method of treatment.
- Penicillin has historically been the drug of choice because of the frequent presence of anaerobic organisms.
- According to the recent studies Clindamycin has been shown to be superior to penicillin, and is the standard treatment for anaerobic lung infection.

SURGICAL MANAGEMENT

- **Drainage:** You may need this if your abscess is 6 centimeters or more in diameter. Doctor will use a CT scan to guide him as he inserts the drain through your chest wall into the abscess.
- **Surgery:** It's rare, but some people need surgery to remove the part of the lung with the abscess. Sometimes the entire lung has to come out to get rid of the infection. Surgery can also help remove a foreign object.

NURSING MANAGEMENT

- Because of the need for the prolonged antibiotic therapy, the patient must be aware of the importance of continuing the medication for the prescribed period.
- The patient must know about the side effects that need to be informed to the health care members.
- Sometimes patients are asked to come for routine check ups.
- The patient should be taught how to cough effectively, and how chest physiotherapy and postural drainage are helpful in their disease process.
- Rest, good nutrition and adequate fluid intake are all supportive

NURSING DIAGNOSIS

- Ineffective breathing pattern related to decreased lung expansion as evidenced by dyspnoea
- Impaired gas exchange related to capillary membrane changes as evidenced by air hunger
- Activity intolerance related to hypoxemia as evidenced by gasping
- Imbalance nutrition less than body requirement related to less intake of food as evidenced by weight loss

THANK YOU