causes clinical illness rangeing from mild cough and low-grade fever to stupor, respiratory failure and MOF Bloods: definition extrapulmonary Legionella causing myocarditis, pericarditis, - hyponatraemia is more common than other forms of pneumonia prosthetic endocarditis, sinusitis, cellulitis, pancreatitis, - CK is often elevated peritonitis & pyelonephritis have all been described - LFTs may be mildly deranged CXR - symptoms may precede CXR infiltrate Legionella pneumophila is a common cause of - 1/3rd of patients have pleural effusion community acquired pneumonia & accounts for 2-15% - immunosuppressed patients (esp those on steroids) of all community acquired pneumonia; it is also a cause develop distinctive nodular opacities which expand & cavitate of nosocomial pneumonia Sputum specimen investigations risk factors are: - diagnosis is suggested by leucocytes with an 1. smoking absence of organisms seen on gram stain 2. chronic lung disease aetiology Special tests: 3. immunosuppression (esp with corticosteroids) 1. urinary Legionella Ag 4. surgery is the major risk factor for nosocomial infection - only detects serogroup 1 with transplant recipients at the highest risk Legionella - sensitivity is 70% & specificity approaches 100% transmitted for inhalation of aerosols containing Legionella created by 2. Legionella serology or microaspiration of water contaminated with Legionella - requires acute and convalescent specimen Paul Young may be contracted from handling contaminated 3. PCR on BAL soil or from contaminated air conditioners 02/10/071 4. direct staining early symptoms include: 1. antibiotic therapy - fever - erythromycin is historically drug of choice but - malaise newer macrolides (esp azithromycin) have superior - myalgias in vitro activity and tissue penetration. Azithromycin, - anorexia clarithromycin & roxithromycin have all been used symptoms - headache - quinolones are effective and given interaction of treatment macrolides with immunosuppressives, they are first cough is only slightly productive; may be haemoptysis choide in transplant patients chest pain may be prodominant and can be pleuritic - therapy can be changed to oral when patient is afebrile GI symptoms are prominent with for 48hrs. Total therapy should be 10-14 days. 21 days watery diarrhoea occuring in 40% is recommended for severe disease and in immunosuppressed patients temperature often exceeds 40

signs

clinical signs of pneumonia - often bilateral

a disease caused by Legionella pneumophila which