

Making the Right Call With Community-Acquired Pneumonia

1. Is a chest radiograph necessary to substantiate a diagnosis of pneumonia?

Yes. A clinical diagnosis of pneumonia is inaccurate and must be substantiated by a chest radiograph. However, the chest radiograph may be negative and the patient could still have pneumonia. If your clinical suspicion of pneumonia is high and the radiograph is negative, repeat it in 48 hours or perform a CT scan of the chest (if you have the local resources to do this).

2. What is the most common cause of CAP?

Streptococcus pneumoniae accounts for 60% of all cases of bacteremic pneumonia and about 50% of all cases of pneumonia requiring admission to hospital. It probably accounts for fewer cases of pneumonia treated on an ambulatory basis.

For an in-depth look at pneumonia, please go to page 96.

Based on an article by **Thomas J. Marrie, MD**

3. How often are blood cultures positive in patients who are admitted to hospital with CAP?

The exact rate varies somewhat with patients (e.g., the rate of bacteremic pneumococcal pneumonia is higher in patients with HIV infection). In general, 6% to 8% of patients with CAP have positive blood cultures.

4. Should patients with pneumonia have their urine tested for Legionella?

The Legionella urinary antigen test is expensive (approximately \$40 per test) and only L. pneumophila serogroup 1 is reliably detected. It is best to reserve the test for patients who have severe pneumonia with negative blood and sputum cultures.