

Distinguishing between an empyema and a peripherally located pulmonary abscess is essential.

Lung abscesses are usually managed with prolonged antibiotics and physiotherapy with postural drainage whereas an empyema usually requires percutaneous or surgical drainage.

Radiographic features

Plain film

shape abscess is usually round in all projections an abscess may form a acute angle with the costal surface / chest wall empyema is usually lentiform CT

relationship to adjacent bronchi / vessels abscesses will abruptly interrupt bronchovascular structures empyema will usually distort and compress adjacent lung split pleura sign thickening and separation of visceral and parietal pleura is a sign of empyema wall abscesses have thick irregular walls empyema are usually smoother angle with pleura abscesses usually have an acute angle (claw sign) empyema have obtuse angles

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Last update: **2024/06/07 02:54**

