

# Case report



# Patient; male, 62 years old

## Suspected of VAP

- trauma
- non-smoker
- no indication
- non-immunocompromised
- no antibiotics
- mechanically ventilated for > 3 days



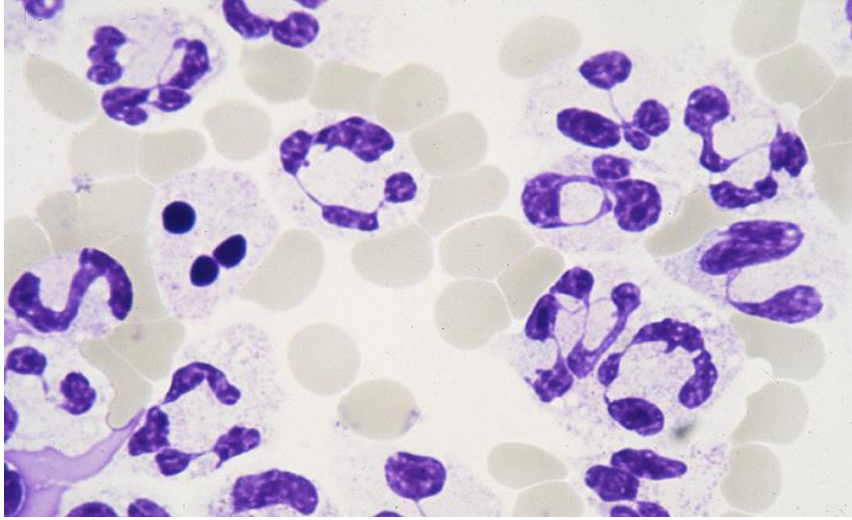
# Patient; male, 62 years old

- Recovered volume: 80ml
- Total cell count: 1,580,000/ml

AMs	2.4%
Lym	1.2%
PMN	94.2%
Eos	0.2%
Mc	0.0%

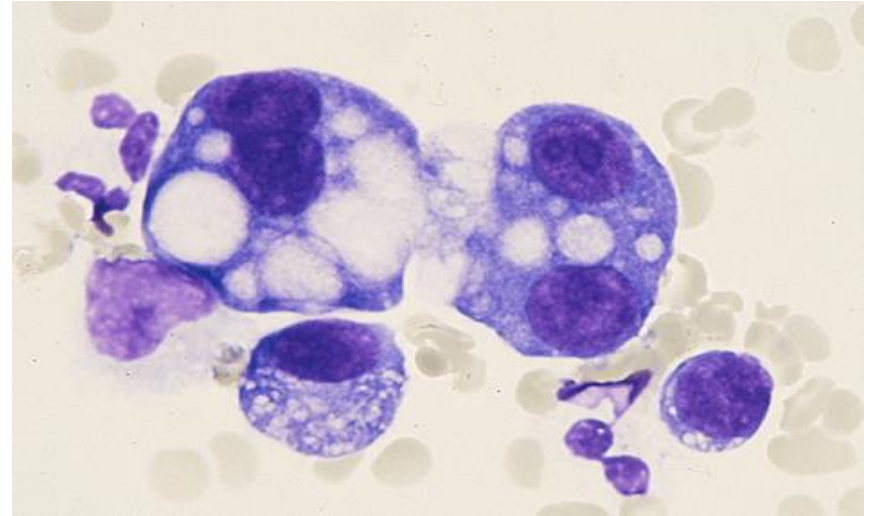
SEC 4/500

BEC 12/500



May-Grünwald Giemsa

May-Grünwald Giemsa



# Patient; male, 62 years old

- Recovered volume: 80ml
- Total cell count: 1,580,000 /ml

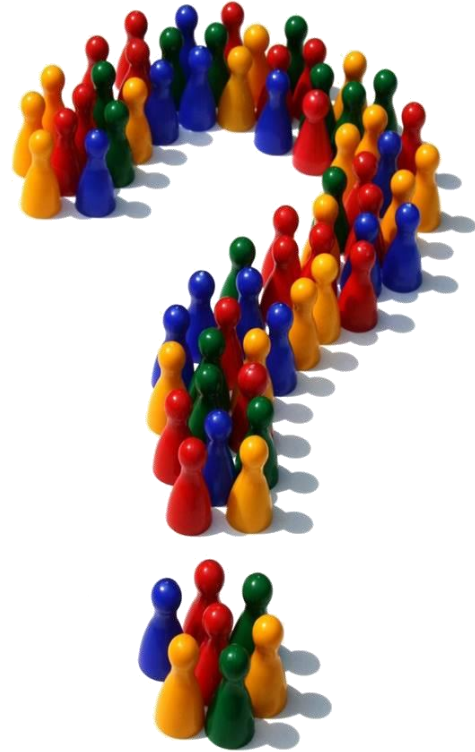
AMs	2.4%	
Lym	1.2%	SEC 4/500
PMN	94.2%	BEC 12/500
Eos	0.2%	
Mc	0.0%	<b>ICO 0%</b>

Culture: Oral flora  $10^3$  CFU/ml

Iron staining: negative

# Differential diagnosis

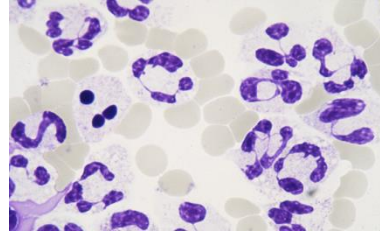
1. Infection
2. Drug-induced pneumonitis
3. ARDS
4. Diffuse alveolar hemorrhage



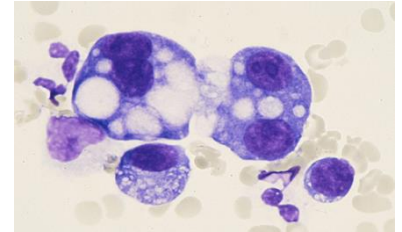
Which diagnosis is most likely?

# Diagnosis: ARDS

1. high total cell count  
high % PMN



2. presence reactive type II pneumocytes



1 + 2 = nonspecific findings

Antibiotic use does influence culture results,  
but does not influence % ICO

# Antibiotic use does influence:

1. Culture results

a ☐ yes

b ☐ no

1. Percentage ICO

a ☐ yes

b ☐ no





# Antibiotic use does influence:

1. Culture results

a ☐ yes

b ☐ no

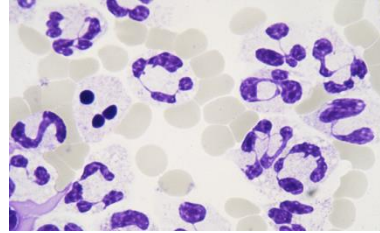
1. Percentage ICO

a ☐ yes

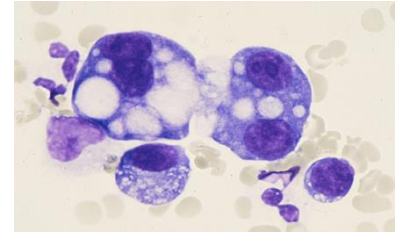
b ☐ no

# Diagnosis: ARDS

1. high total cell count  
high % PMN



2. presence reactive type II pneumocytes



1 + 2 = nonspecific findings

Antibiotic use does influence culture results,  
but does not influence % ICO

# PhD theses dealing with BAL

