

# Case of death from community-acquired pneumonia with an abnormal clinical course

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**Conflict of interest:** none

**BACKGROUND.** Nosocomial infection of the lower respiratory tract ranks fourth among all causes of patient mortality and first among causes of infectious mortality. The relevance of the problem lies in the fact that in old age, atypical pneumonia clinic frequently occurs, often in combination with other diseases, which significantly complicates the diagnostic search and selection of the leading syndrome of the disease.

**OBJECTIVE.** To draw the attention of practicing doctors to the importance of timely establishing a clinical diagnosis of community-acquired pneumonia through adequate communication with patients and their relatives, correct collection of complaints, history and detailed physical examination.

**CLINICAL CASE.** Patient L., born in 1952, did not have typical complaints characteristic of respiratory system damage, only signs of a severe intoxication syndrome that gradually progressed. Community-acquired pneumonia, which was the main cause of the patient's death, was first diagnosed only after a chest X-ray during hospitalization. The relatives of the deceased patient received a complaint about the actions of the emergency medical team, which did not conduct an examination of the patient and did not explain the possible medical consequences of refusing hospitalization.

**CONCLUSIONS.** Elderly people often have an atypical course of community-acquired pneumonia, which can be combined with various pathologies, that complicates the diagnosis and requires a certain vigilance and a thorough physical examination of the patient. In practical medicine, the problem of frequent complaints and lawsuits from patients and their relatives of medical workers, who expect a professional attitude to their duties, is becoming more and more relevant.

**KEY WORDS:** death from pneumonia, community-acquired pneumonia, acute respiratory failure, refusal of hospitalization, moral and ethical aspects.