Migratory Pneumonia Without Eosinophilia*

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Migratory pulmonary infiltrations with eosinophilia is a well-known clinical entity. The patient is rarely if ever severely ill and there is always a peripheral eosinophilia. This case, however, differs from those usually classified as Loeffler's syndrome by reason of its rather severe clinical course, and the absence of eosinophilia.

Mrs. K. S., a 56-year old housewife entered Irvington General Hospital on May 19, 1949 with complaints of fever and a dry, hacking cough of about 10 days duration. Until this entry, she could not recall any previous febrile illness, nor indeed, any illness since childhood. There was no history of allergy. She could not remember when she had last consulted a physician, but believed not since at least 30 years.

Physical examination revealed a middle-aged woman acutely ill, but in no apparent distress. Her temperature was 101.8 degrees F. Many rales were heard in both lower lung fields. There were no other findings that were deemed important. The diagnosis was primary atypical pneumonia.

For the 37 days this patient remained in the hospital, only during the last three was she afebrile. The first 34 days she suffered malaise, weakness, and fatigue. Her appetite was poor and she had a dry cough.

After the first week marked bronchial breathing was heard in the right lower lobe. This finding persisted until about one week before she was discharged.

At the end of the third week cyanosis of the lips became evident, and persisted for a few days during which time she appeared to be critically ill.

Because sputum was scanty, specimens were obtained with difficulty. Gastric aspiration was refused. For a certain period potassium iodide was administered in an attempt to increase the amount of sputum, which was found to contain no acid-fast bacilli and no fungi.

On the day of admission penicillin was administered, and three days later streptomycin was begun as well. On the 16th day after the first administration of penicillin, and the concurrent course of streptomycin, both antibiotics were discontinued since they appeared to have had no beneficial effect. Twice a course of aureomycin was begun, and twice it was discontinued because the patient's low tolerance for this antibiotic caused nausea, and it appeared that she was receiving no benefit from the drug. Chloromycetin was administered, but that too was discontinued after a trial which showed no beneficial result.

Blood smears taken on the second hospital day showed 2 per cent eosinophiles, with a total white count of 12,400. On the 15th hospital day results of laboratory tests showed that the eosinophile count remained

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at 2 per cent, with 10,800 leukocytes. Several blood cultures were found to be sterile. Heterophile antibody reaction was negative on the 20th day.

On the 34th day she became afebrile, and her temperature did not rise again. Her malaise cleared, and her appetite improved so that within a few days she felt well enough to be discharged. About this time all physical signs in the chest cleared as well.

After discharge she remained afebrile. For a short time she suffered weakness, but soon regained strength, and though her general improvement was so gradual as to make convalescence protracted, when last seen about three months following discharge, she claimed to be feeling well.

The x-ray film of the lungs taken on admission showed a light diffuse infiltration of the right lower and middle lobes (Figure 1a). There was some dense consolidation in the left lower lung field. The x-ray film of
May 31 (Figure 1b) showed a shadow on the right to be a little lighter; that on the left seemed denser and slightly more extensive. The June 6th film (Figure 1c) shows the process on the right to be extending upward. Consolidation in the left base still appears dense, and has extended somewhat. The June 16th film (Figure 1d) shows the right upper lobe to be definitely involved, while the lesion in the lower part on the right appeared to be clearing. There seemed to be a slight diminution in density of the lesion on the left.

On July 2, 1949, eight days after her discharge further x-ray films were made. In Figure 2a it may be noted that the lesion in the right upper lobe has apparently cleared, but there is little change in the lower part of that lung. The consolidation in the left lung, however, has extended upward. Considerable clearing of the right lung is evident (Figure 2b) in the July 16th films. There now remains but a small infiltration at
the base. The left lung, however, shows a clear base with widespread dense consolidation of the upper portion. On August 6th (Figure 2c) the base of the right lung still showed considerable consolidation, with tenting of the diaphragm at one point. The consolidation previously seen on the left had largely cleared.

This patient was last seen in September 1949. X-ray films taken on the day of her examination, September 12th, showed regression of all lesions that had been noted previously. A few scattered linear markings could be seen. Both diaphragms were smooth and no tenting was evident. Agglutination tests made on that day were negative for typhoid, paratyphoid, brucella OX2 and OX19. Complement fixation for "Q" fever was also negative.

The patient declared herself to be in excellent health, and claimed she felt as well as she had before the onset of her illness.

**SUMMARY**

1) An illness characterized by migratory pulmonary consolidation without eosinophilia is described.

2) Contrary to those cases usually classified as Loeffler's syndrome, in which the clinical course is not severe and there is always peripheral eosinophilia, this patient had a rather severe clinical course with a complete absence of eosinophilia.

3) Antibiotics were ineffective; the etiology remains unknown.

**RESUMEN**

1) Se describe un mal caracterizado por una consolidación pulmonar migratoria sin eosinofilia.

2) Contrariamente a aquellos casos que generalmente se clasifican como síndrome de Loeffler, en los que el curso clínico no es grave y en los que hay siempre una eosinofilia periferal, este paciente tuvo un curso clínico bastante grave con una ausencia completa de eosinofilia.

3) Los antibióticos fueron ineficaces y la etiología queda desconocida.

**RESUME**

1) Description d'une affection caractérisée par des infiltrats pulmonaires labiles sans éosinophilie.

2) Ces malades ont été atteints d'une affection assez sévère avec absence complète d'éosinophilie. Ces faits sont en opposition avec les observations habituellement considérées comme appartenant au syndrome de Loeffler; dans ce cas en effet, l'évolution est en général bénigne, et il existe toujours une éosinophilie sanguine.

3) Les antibiotiques furent sans action. L'étiologie demeure inconnue.