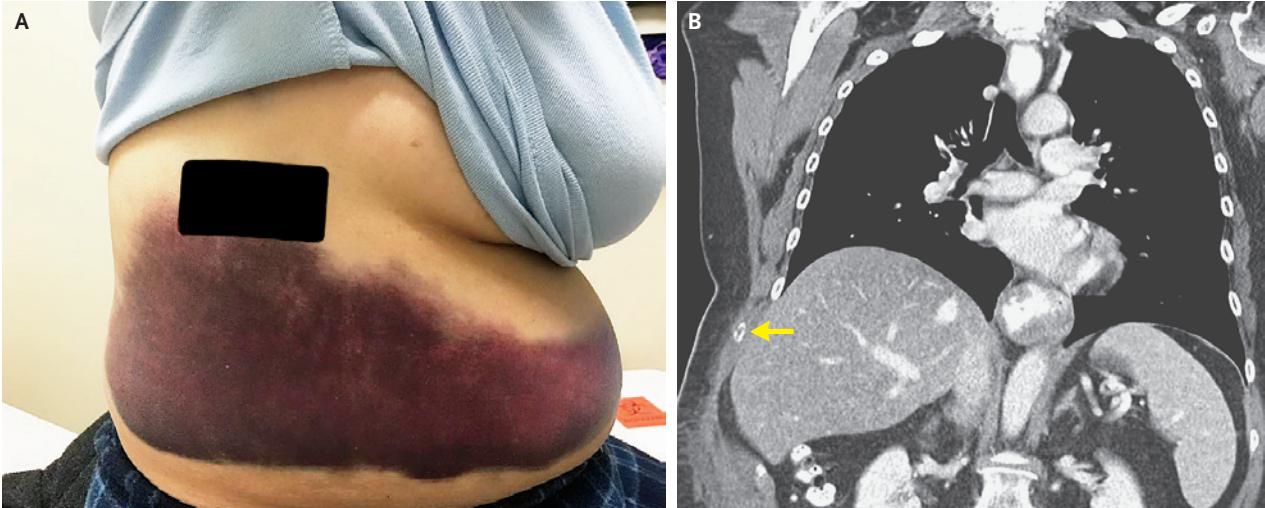


IMAGES IN CLINICAL MEDICINE

Chana A. Sacks, M.D., *Editor*Rib Fracture Associated
with *Bordetella pertussis* Infection

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A 66-YEAR-OLD WOMAN PRESENTED TO HER PRIMARY CARE PHYSICIAN'S office with a 2-week history of dry cough and severe pain in the right flank. Five days before presentation, she had received a diagnosis of viral upper respiratory tract infection, but her symptoms had not abated with supportive treatment. Physical examination revealed a large ecchymosis across her right flank (Panel A) and tenderness on palpation over the chest wall on the right side. Computed tomography of the chest and abdomen (Panel B) revealed a displaced fracture of the lateral aspect of the ninth rib on the right side (arrow). Nasopharyngeal culture confirmed infection with *Bordetella pertussis*. The patient reported no trauma; she had no known sick contacts and had received the tetanus–diphtheria–acellular pertussis vaccine 8 years earlier. Pertussis is associated with paroxysms of coughing, which when severe can lead to complications such as rib fractures and injuries to intercostal vessels. The patient was treated with azithromycin and underwent surgical repair of the fractured rib and an associated hernia in the chest wall. She had a full recovery. Postexposure prophylaxis with azithromycin was given to household contacts as well as to several members of the clinic staff who had come into close contact with this patient.

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