

AN INTERESTING CASE OF AN ADULT PRESENTING WITH MUMPS PNEUMONIA A FORGOTTEN ENTITY



BACKGROUND

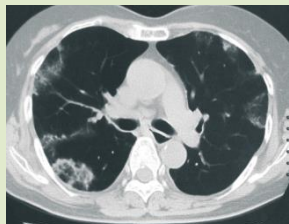
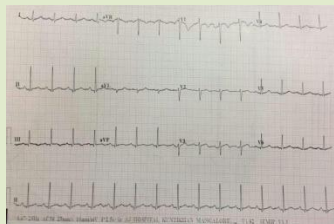
- The acute illness caused by the mumps virus is usually self-limiting and primarily affects young children.
- It is highly contagious, spreading through direct contact, respiratory droplets, and contaminated surfaces.
- The mumps virus mainly impacts the parotid glands.
- Diagnosis can be made easily in an outpatient setting through clinical examination, and treatment is symptomatic, similar to other viral infections.
- Mumps infection is rare in adults.
- Common severe complications include orchitis, meningitis, and encephalitis.
- A rare and unexpected presentation of mumps is pneumonia; we are reporting a case of mumps complicated by pneumonia.

CASE REPORT

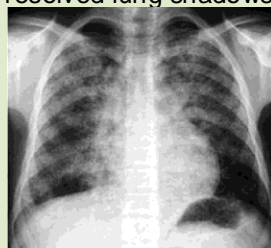
➤ A young adult male with no known underlying conditions presented with a 10-day history of fever and 7 days of swelling in the right cheek. An ultrasound of the neck revealed a "bulky right parotid gland with enlarged intraparotid lymph nodes." An ultrasound-guided FNAC suggested reactive lymphadenitis. The patient was treated with antibiotics and supportive care.

➤ On the second day, the patient experienced sudden breathlessness, chest pain, and desaturation, and was started on oxygen. An ECG revealed an S1Q3T3 pattern with sinus tachycardia, raising suspicion of pulmonary thromboembolism (PTE). Elevated D-dimer levels were noted, but a 2D echocardiogram (2D ECHO) was normal.

➤ A computerized tomography pulmonary angiogram (CTPA) revealed no pulmonary thromboembolism but showed bilateral lower lobe patchy consolidation and multiple parenchymal nodular lesions in the upper lobes -likely infective etiology.



- On the fifth day, he developed tachypnea and further worsening of desaturation, repeat CXR revealed bilateral alveolar infiltrates suggestive of pneumonia with ARDS.
- The patient was moved to the ICU, where arterial blood gas analysis (ABG) confirmed hypoxemia and acute respiratory distress syndrome (ARDS). Non-invasive ventilation (NIV) was initiated, antibiotics were adjusted, and the patient showed improvement. Mumps IgM was positive. Evaluation for other mumps complications like orchitis, encephalitis, and myocarditis were negative. Next few days, the patient's symptoms improved, and he was shifted to the wards. A repeat chest X-ray showed resolved lung shadows, and the patient was discharged.



INVESTIGATIONS

- Covid-19 real-time polymerase chain reaction (RT-PCR) was negative
- RT-PCR for Influenza virus was negative.
- Mumps IgM was reported as positive.

TREATMENT

- Empirical antibiotics like Piperacillin-tazobactam and Metronidazole.
- Symptomatic treatment with analgesic and anti-inflammatory drugs
- He was given positive pressure ventilation with NIV in the ICU.

CONCLUSIONS

- This case report shows that mumps can be contacted even by adults who have taken the mandatory mumps, measles, and rubella (MMR) vaccine in childhood.
- It also outlines one of the uncommon manifestations of the mumps virus, which is mumps pneumonia with ARDS.
- Suspecting mumps is important even when an adult patient presents with fever and parotid swelling.

REFERENCES

1. Dayan GH, Rubin S. Mumps outbreaks in vaccinated populations: Are available mumps vaccines effective enough to prevent outbreaks? Clin Infect Dis 2008;47:1458-67
2. Gupta RK, Best J, MacMahon E. Mumps and the UK epidemic 2005. BMJ 2005;330:1132-5