

Lung ultrasounds in the primary care setting could save time in the diagnosis of community-acquired pneumonia

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Researchers in Spain have conducted a study to compare the diagnostic accuracy of lung ultrasounds (LUS) performed in the primary care

setting to chest X-rays (CXR) performed by a radiologist when diagnosing community-acquired pneumonia (CAP). While previous research demonstrates that ultrasounds are a useful tool to diagnose pneumonia in the hospital setting, most studies have not addressed diagnosis in the primary care setting where patients often present with less severe symptoms.

Over a seven month period, physicians at 12 primary care clinics performed LUS, followed by CXR, on 82 patients with clinically suspected CAP. Researchers then compared each LUS finding with the corresponding CXR report. Their findings suggest that for [pneumonia](#) cases detected by LUS, the test's high specificity could mean it is safe for [primary care physicians](#) to directly prescribe antibiotics, thus reducing patients' exposure to X-ray radiation and saving time and money.

All study participants had performed [ultrasound](#) in other areas of medicine, including abdominal ultrasound, and were able to achieve a high level of diagnostic accuracy after receiving only five hours of LUS training. Because the test can typically be performed in 10 minutes or less, the authors posit that incorporating LUS into daily practice may be a time- and cost-saving measure for patients and physicians alike.

The study is published in *The Annals of Family Medicine*.

More information: Francisco Javier Rodríguez-Contreras et al, Lung Ultrasound Performed by Primary Care Physicians for Clinically Suspected Community-Acquired Pneumonia: A Multicenter Prospective Study, *The Annals of Family Medicine* (2022). [DOI: 10.1370/afm.2796](https://doi.org/10.1370/afm.2796)

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