females with an average age of 9 years old. The rural environment was found in 21 patients having close contact with dogs.

Clinically, 12 patients presented respiratory symptoms varying from simple dyspnea and cough to hemoptysis and infectious signs. 8 patients reported only chest pain with no other signs. The diagnosis was accidentally in 3 cases. The pulmonary localization was found in 20 cases associated to hepatic hydatidosis in 8 cases. 2 patients had cerebral localization. The kidney and the pericardium were affected in 1 case each. The average size of the cysts was 7 cm. Hydatid serology was removed after 5 days. The infant was extubated a day after antibiotic therapy. Follow up chest radiography showed pneumatocele. The evolution was favorable. Chest tube was set up. Drainage of the pleural cavity brought a purulent fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus.

Mechanic ventilation was then started and a chest tube was done. Control chest radiography showed a huge pneumothorax. After admission the infant developed cyanosis an acute dyspnea with cefotaxim and vancomycin was started. Six hours later the antibiotic therapy was set up. Drainage of the pleural cavity brought a purulent fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus. The same germ was found in the nasopharyngeal swab fluid. Bacteriological examination of the pleural fluid revealed Staphylococcus aureus.

The diagnosis of staphylococcal necrotizing pneumonia must be kept in mind every time one of these following signs is associated: viral infection preceding the onset, hemoptisis, rapid worsening, multilocular infiltrates, pneumatocele, pleural effusion or leucopenia. Moreover an association of anti-staphylococcal and anti-toxin antibiotic must be started even before bacteriological confirmation.