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Costal pain after hard movement. Pneumonia with pleural effusion

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Personal history: Female 52 years. Background without clinical interest.
Current Illness: Come to the emergency room for pain in the right hemithorax from a few hours ago after bending. Refer to the clinic gets worse with deep inspiration. Refer sensation of dyspnea and associated fever.
Physical examination:.Taquipnea. O2 saturation 92%. Fever 38.4ºC. Auscultation: right basal hypoventilation with crackles in the middle third of the right lung.
Investigations: Blood test: leukocytosis 24800. D Dimer 1732 (normal <500). 90.6 PCR. Rx thorax: pleural significant law with underlying lung collapse spill is appreciated.
Evolution: The patient was admitted to observation area where she underwent thoracentesis and enters plant. The pleural fluid culture showed growth of Morganella morganii. The CT scan of the chest with right pleural effusion with atelectasis / condensation of the underlying lung. Perihepatic slight amount of free fluid is noted, showing a accumulation of the fluid in the post-liver and right kidney region, extending from the posterior subphrenic spaces. Treatment was initiated with antibiotics. At 3 weeks of income is chest CT scan of control: improvement of the right pleural effusion. Remains discreet packaging and average condensation of the right lung. Stay organized collection in the posterior subphrenic spaces. At discharge continues with periodic ultrasound controls disappearing collection at 4 months of income.
Diagnosis: right basal pneumonia with pleural effusion (empyema). Subphrenic abscess contiguity.
Conclusion: The initial clinical patient made us suspect a pathology of muscle characteristics. A proper physical examination directed us to an infectious disease. The additional tests in the emergency completed the study of the patient to an appropriate approach.