In the United States, causative pathogens are not often considered in cases of community-acquired pneumonia (CAP) and empiric therapy generally consists of β-lactam and macrolides or respiratory fluoroquinolones. In contrast, the classification of bacterial pneumonia or atypical pneumonia is well-established in Japan.

Although the English literature on this particular topic is very limited, we believe that evaluating lung volume is useful for identifying the pathogens involved in CAP (Picture). For example, in patients with *Klebsiella pneumoniae* pneumonia (Picture A), an increase in lung volume has been reported to be a bulging fissure sign (1) (→). In contrast, a decrease in lung volume, as suggested by elevation of the diaphragm (Picture C, ⇔), is frequently observed in patients with *Mycoplasma pneumoniae* pneumonia (Picture C) due to the presence of peribronchial infiltration and peripheral atelectasis (Picture D). Upon treatment, the lung volume is known to return normal (Picture B).

Picture summarizes the various pathogens or conditions involved in CAP that may influence lung volume.

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**Key words:** community-acquired pneumonia, lung volume, *Mycoplasma pneumoniae*, *Klebsiella pneumoniae*
The authors state that they have no Conflict of Interest (COI).  

Reference  