A 66-year-old woman with a history of mitral valve disease was hospitalized because of pneumonia of the right lung with bilateral pleural effusions. Antibiotic therapy was initiated, and a chest tube was placed into the right pleural cavity. The patient responded well to the treatment and was discharged 3 weeks later. Echocardiography performed during hospitalization showed that mitral valve replacement was indicated, and 7 weeks later, the patient underwent minimally invasive surgery with implantation of an artificial heart valve. The operation was successful, but due to postoperative bleeding, an emergency thoracotomy with medial sternotomy became necessary. On the following day, the patient developed septic shock. An empyema of the left pleural cavity was identified as the most likely focus of infection, and the empyema could not be removed by drainage alone, rethoracotomy was performed on days 91 and 105, respectively. Biopsy specimens were obtained during the surgical removal of pleural fibrosis, and histological examination revealed several egg-like objects (Fig. 1). The patient had lived all his life in Germany and had traveled once to South Africa, 10 years previously. The differential blood count showed no eosinophilia, and IgE levels were normal. Sonography of the abdomen showed a slight hepatomegaly and normal findings for spleen and kidneys.

What could these objects be?