A 28-year-old male injection drug user presented with right-sided chest pain and malaise. His last use of heroin was 3 days before presentation, and he reported injecting into the left side of his groin. The computed tomographic scan seen in Fig 1 was obtained and clearly demonstrates a right middle lobe consolidation with central thin linear hyperdensity measuring approximately 1 × 11 mm. The hyperdensity is evident in the course of the distal pulmonary artery. On further questioning, the patient remembered recently having a needle fragment break. He wished to have this removed and thus was taken to the operating room where a right video-assisted thoracic operation was performed. The middle lobe was found to be adherent to the chest wall; it was taken down by cautery, and a small wedge resection was performed. The needle fragment was found in the specimen and sent to the pathology department. The patient recovered uneventfully; his specimen was cultured and 3 isolates of Staphylococcus aureus were identified, including 1 type with a vancomycin minimum inhibitory concentration of 4 μg/mL, meeting criteria for vancomycin intermediate S aureus, which is highly unusual in our region. He had follow-up in the infectious disease clinic and was started on a 14-day course of oral cephalexin. He has had no further problems.