

211차 심포지움 증례

중앙의대



Chief complaint

방광암 추적관찰 중 흉부전산화 단층 촬영에서
우연히 발견된 이상소견

Onset : 내원 4일 전



Present illness

64세 남자는 4년 전 방광암으로 수술을 받고 비뇨기과 외래에서 정기적인 복부 전산화 단층 촬영으로 추적 관찰을 하던 중 이상 소견 발견되어 흉부 전산화 단층 촬영 시행 후 호흡기 내과로 의뢰된 환자입니다.



Past medical history

Hypertension	(-)
DM	(-)
Pulmonary tuberculosis	(-)
Bronchial asthma	(-)
Hepatitis	(-)
Allergies	(-)
Any connective tissue disease	(-)
Interstitial cystitis	(+) : 5 years ago
Bladder cancer	(+) : 4 years ago
- TCC(transitional cell carcinoma, high-grade), Stage III(T4aN0M0)	
→ Radical cystectomy (Bricker's operation) with urethrectomy	

Social history

Smoking history	(-)
Air-pollutant s exposure	(-)
Alcohol history	(+) : social
Occupation	: 사무실 근무 회사원

Familial history

None



Systemic review

General

fever / chills	(-) / (-)
myalgia	(-)
general weakness	(-)
weight loss	(-)

HEENT

headache	(-)
dizziness	(-)
sore throat	(-)
rhinorrhea	(-)

Cardiopulmonary

dyspnea	(-)
chest pain	(-)
cough / sputum	(-/-)
hemoptysis	(-)

Gastrointestinal

abdominal pain	(-)
nausea	(-)
vomiting	(-)
diarrhea / constipation	(-/-)
hematemesis/melena	(-/-)

Genitourinary

flank pain	(-)
frequency/urgency	(-/-)
dysuria/hematuria	(-/-)

Back and extremities

pain / stiffness	(-/-)
swelling/ecchymosis	(-/-)



Physical examination

General

alert mental status

vital sign : 130/90 mmHg -80 $\bar{\bar{}}$ /min-20/min-36.1°C

relatively healthy looking appearance

HEENT

isocoric pupil and prompt light reflex

no throat injection / no tonsillar hypertrophy

not anemic conjunctivae

anicteric sclerae

Chest

symmetric chest wall expansion

clear breathing sound without crackle

regular heart beat without murmurs

no wheezing

no friction rub



Physical examination

Abdomen

soft and flat

normoactive bowel sound

no tenderness on whole abdomen/rebound tenderness

not palpable mass

no hepatomegaly no splenomegaly

Genitourinary

no costovertebral angle tenderness

Back and extremities

no pretibial pitting edema

no finger clubbing



Laboratory finding

ABGA : 7.411-37.4-70.4-23.9-94.6% (room air)

CBC : 8640/mm³ – 15.1 g/dL – 42.7% – 237000 /mm³

BUN/Cr : 17/0.8 mg/dL **Glucose** : 95 mg/dL

Na/K/Cl : 136/4.4/103mEq/L **HS-CRP**: 8.8 mg/L

TP/Alb : 6.4/3.3 g/dL **Bil T/D** :0.4 /0.1 mg/dL

AST/ALT/rGT/ALP : 25/22/20/51IU/L **LDH**: 229IU/L

IP/Ca : 4.4/9.5mg/dL **T-Chol** : 272mg/dL

PT : 130% (INR:0.88) **aPTT** : 28.8/36.5 sec

HBsAg/Ab/Anti-HBc: -/+/- **Anti-HCV**:- **HIV/VDRL**: -/-

Reumatic factor : negative

ANA : negative

U/A: protein/glucose(-/-) **RBC/WBC**:30-49/50-99 HPF



Pulmonary function test

FVC : 3.44 L (99 %)

FEV1: 2.89 L (116 %)

FEV1/FVC : 84%

FEF25-75% : 3.35 L/sec (129 %)

DLCO :19.4 mL/min/mmHg (110%)

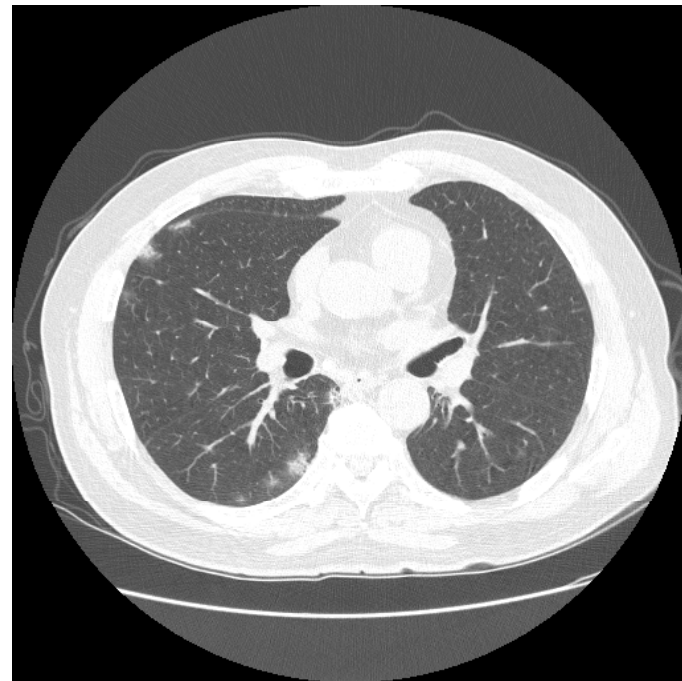
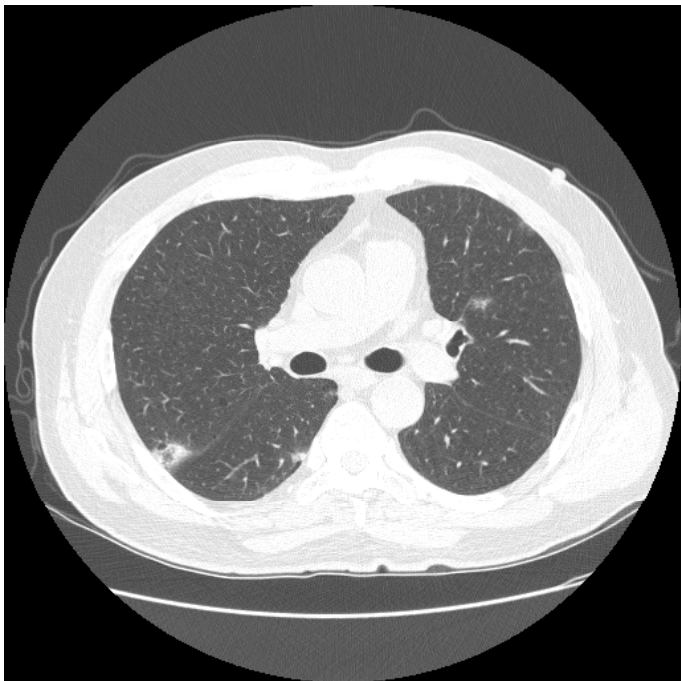
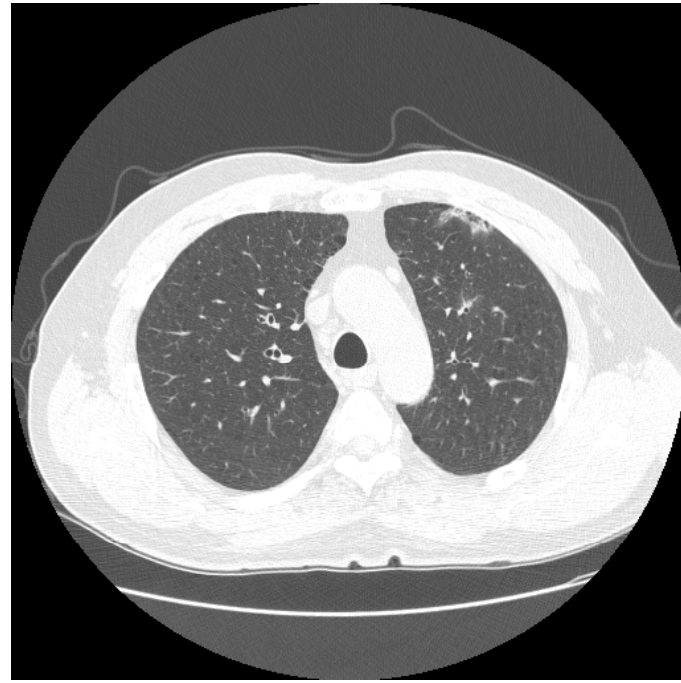
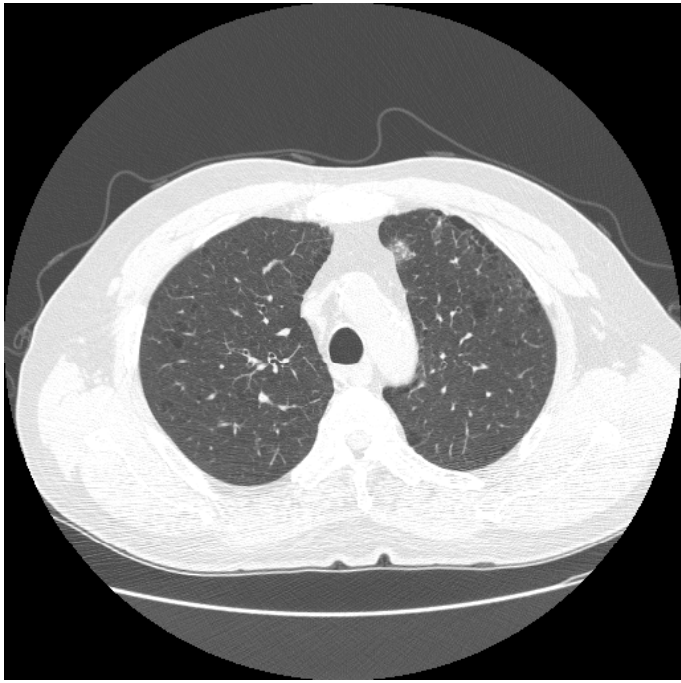
DLAdj :19.2 mL/min/mmHg (109%)

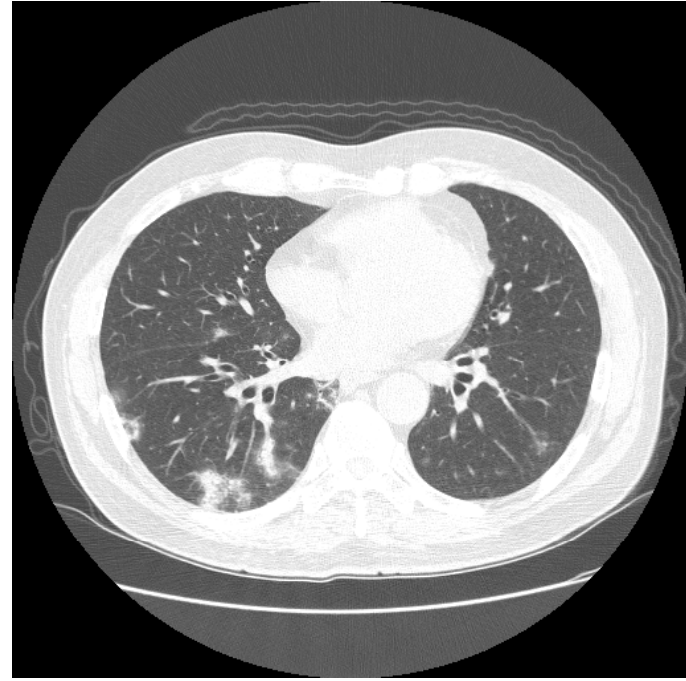
DLCO/VA : 4.09 min/mmHg (107%)

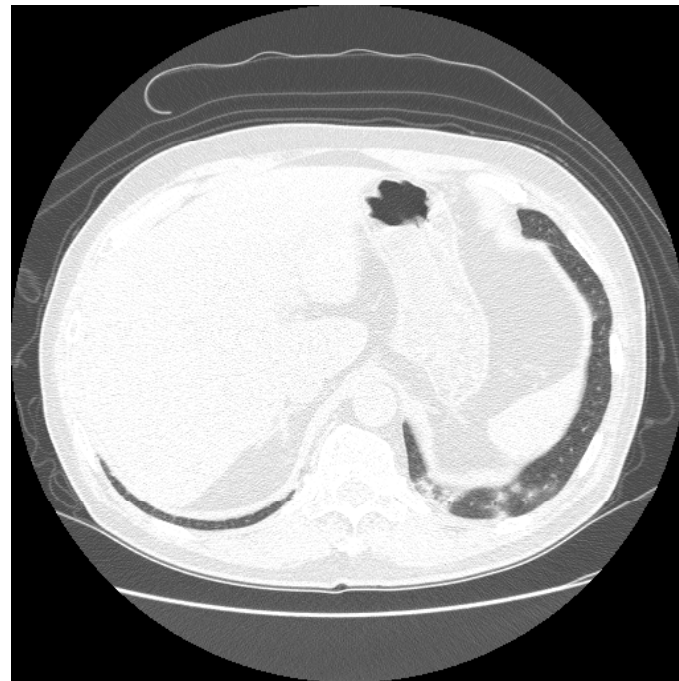
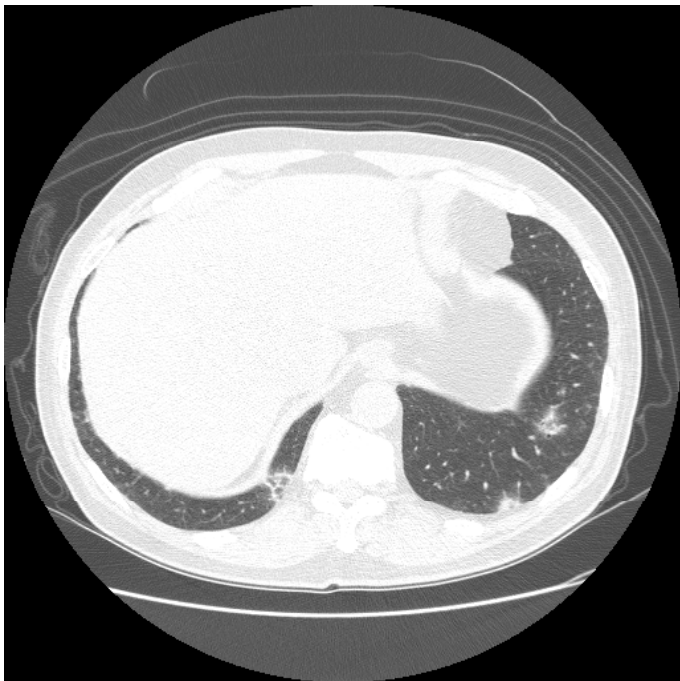
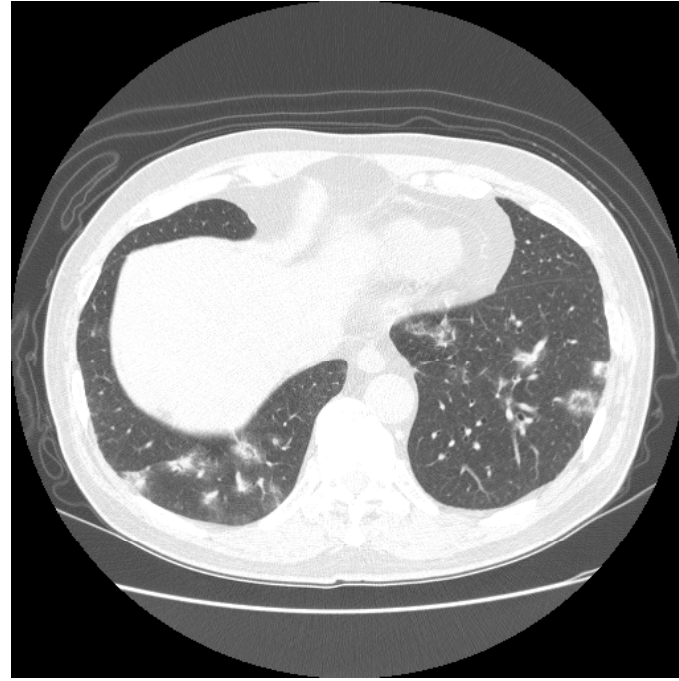
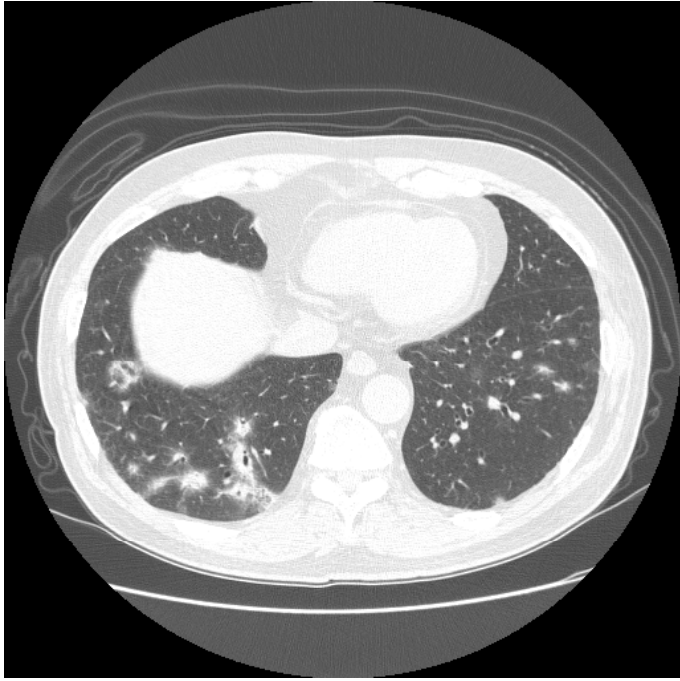


Radiologic findings











Impression and Plan

R/O Cryptogenic organizing pneumonia

R/O Lung metastasis of bladder tumor, less likely

→ Transbronchial biopsy and bronchoalveolar lavage

→ VATS (Video-Assisted thoracoscopic Surgery)

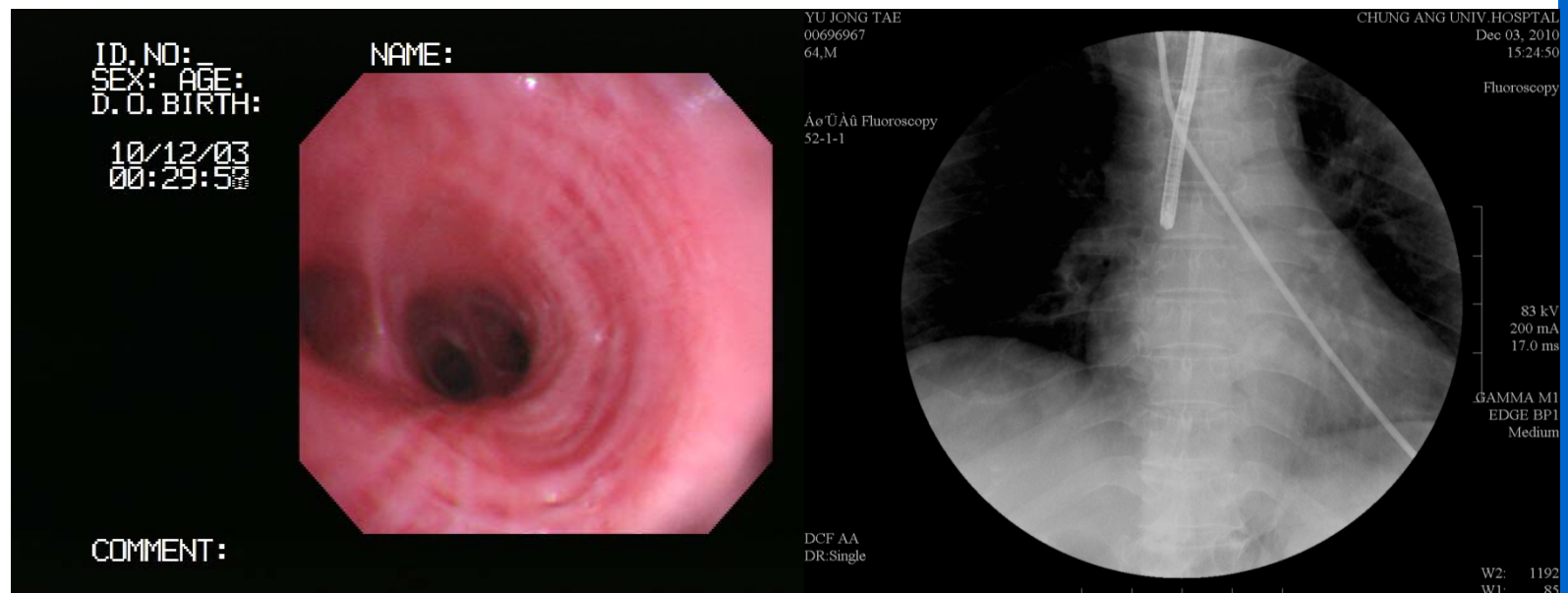


Hospital day #2

- A) R/O Cryptogenic organizing pneumonia
R/O Lung metastasis of bladder tumor, less likely

- P) Transbronchial lung biopsy
Bronchoalveolar lavage

: No growth of pathologic organism
: Negative for malignant cells

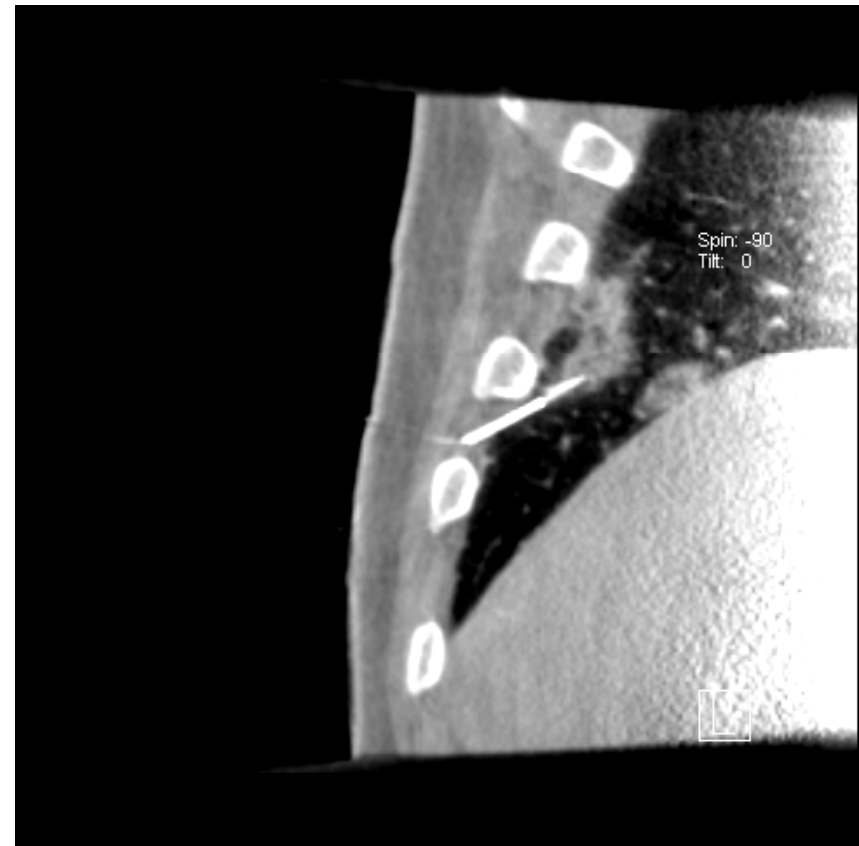




HD #8

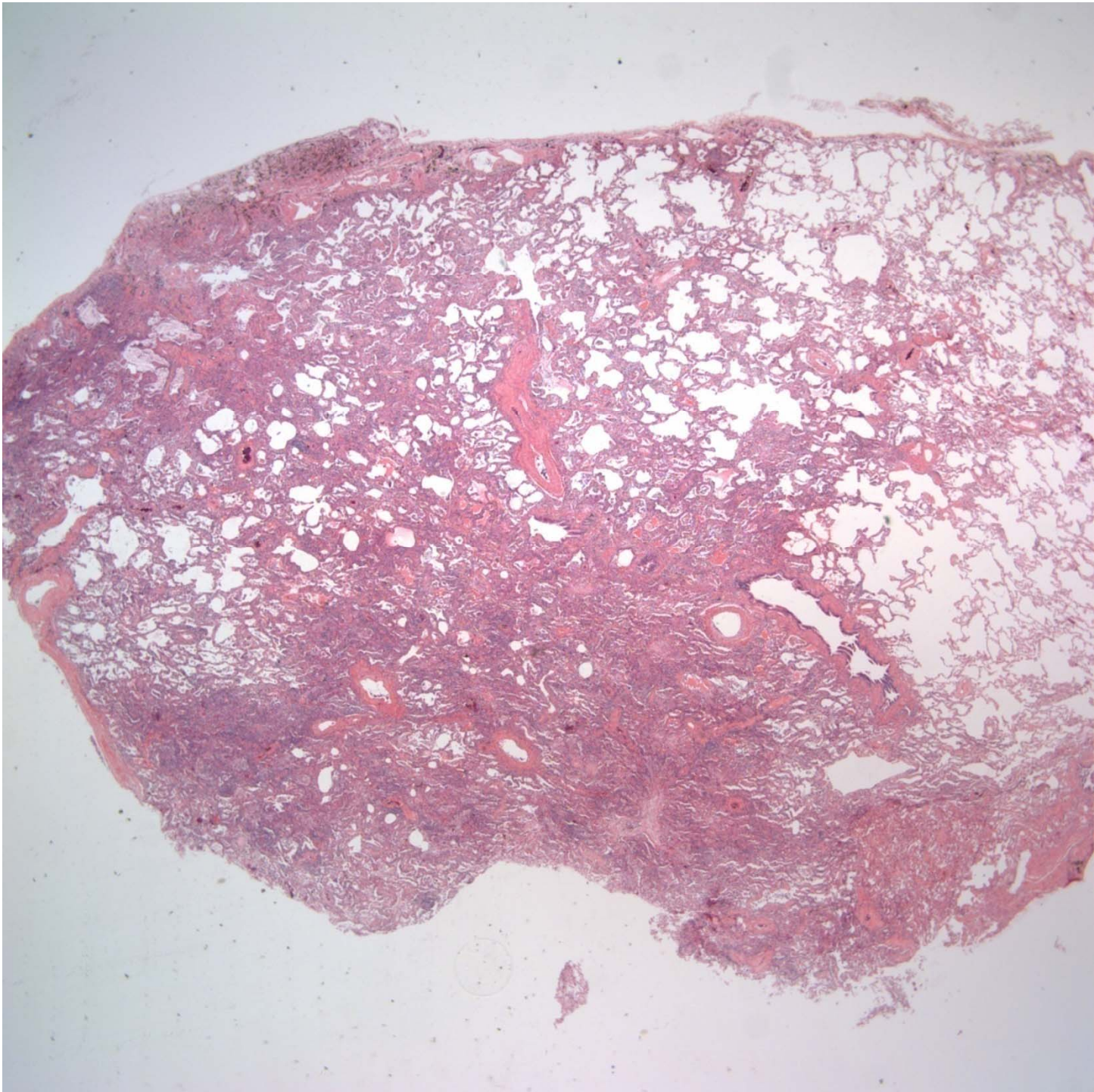
A) R/O Cryptogenic organizing pneumonia
R/O metastatic lung cancer

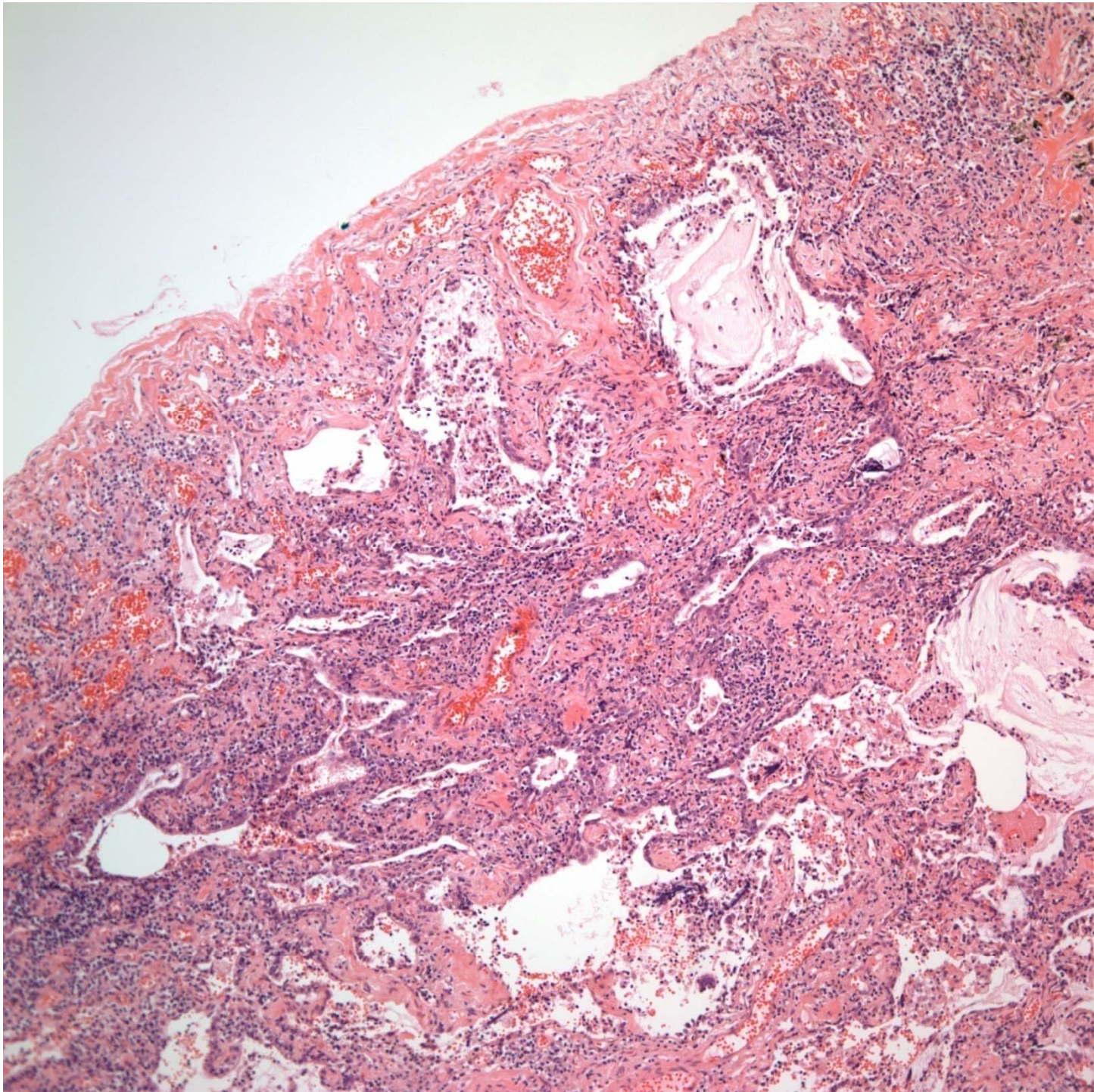
P) VATS lung biopsy
- Biopsy : Upper and middle lobe

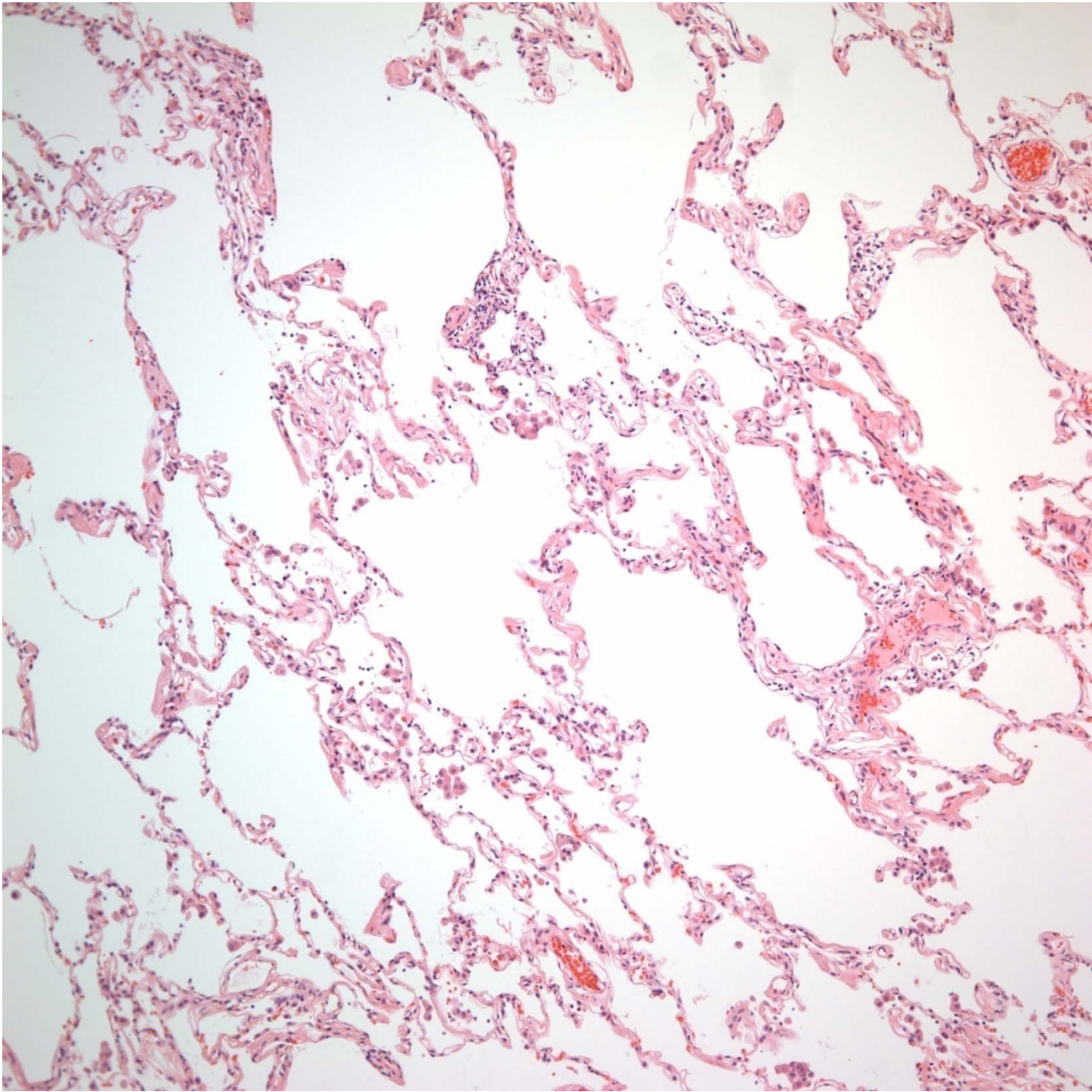


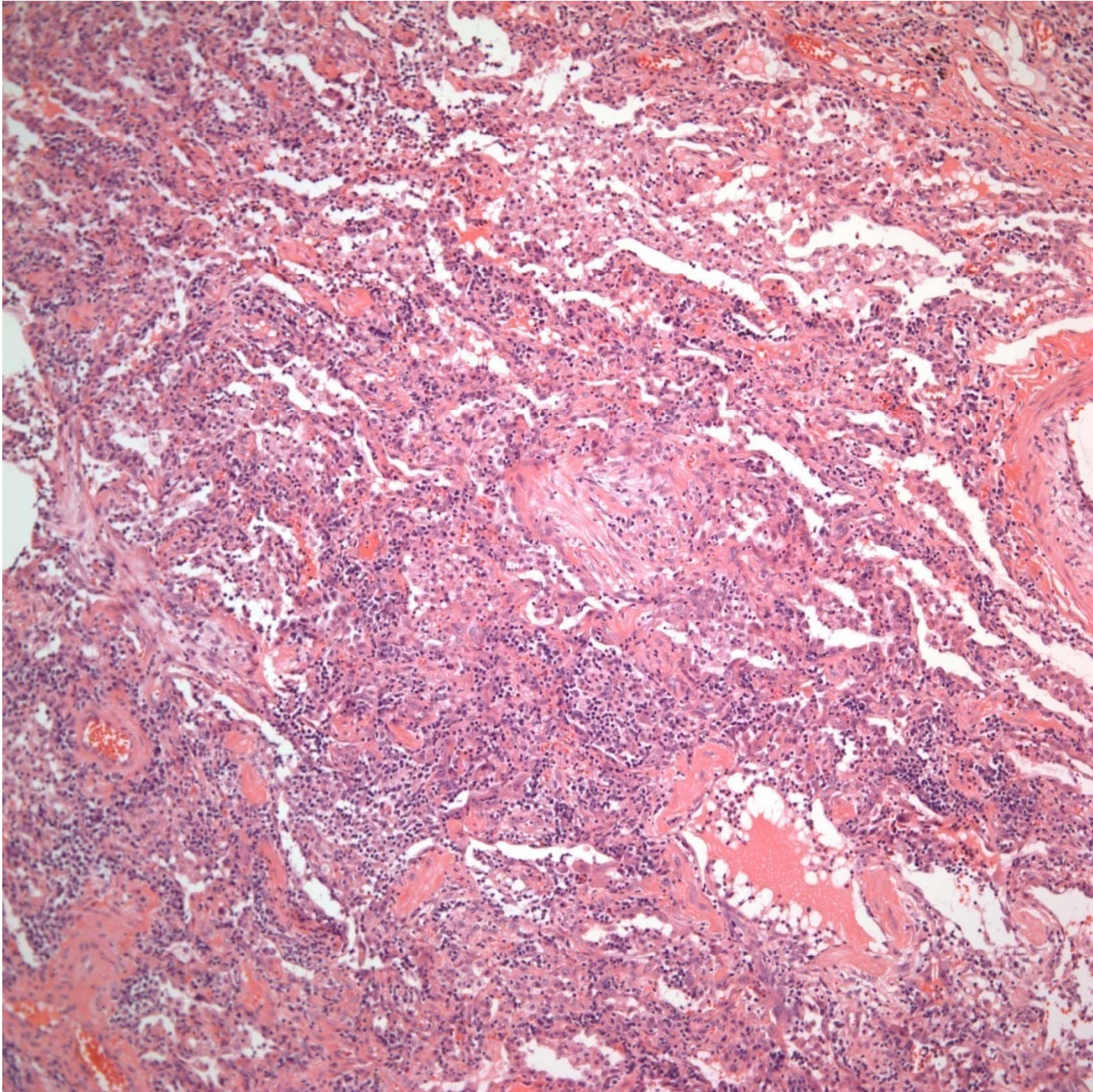


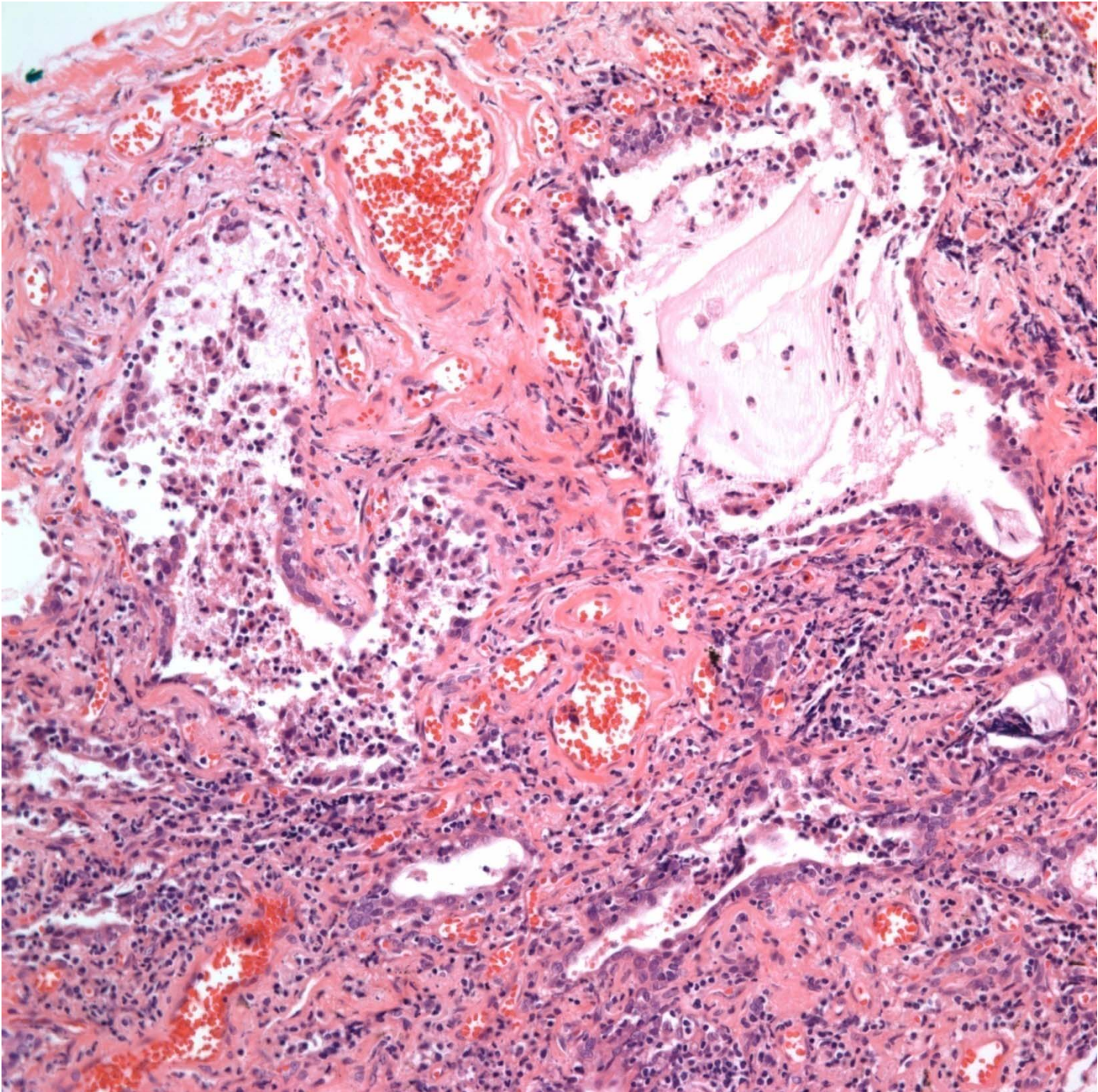
Pathologic findings

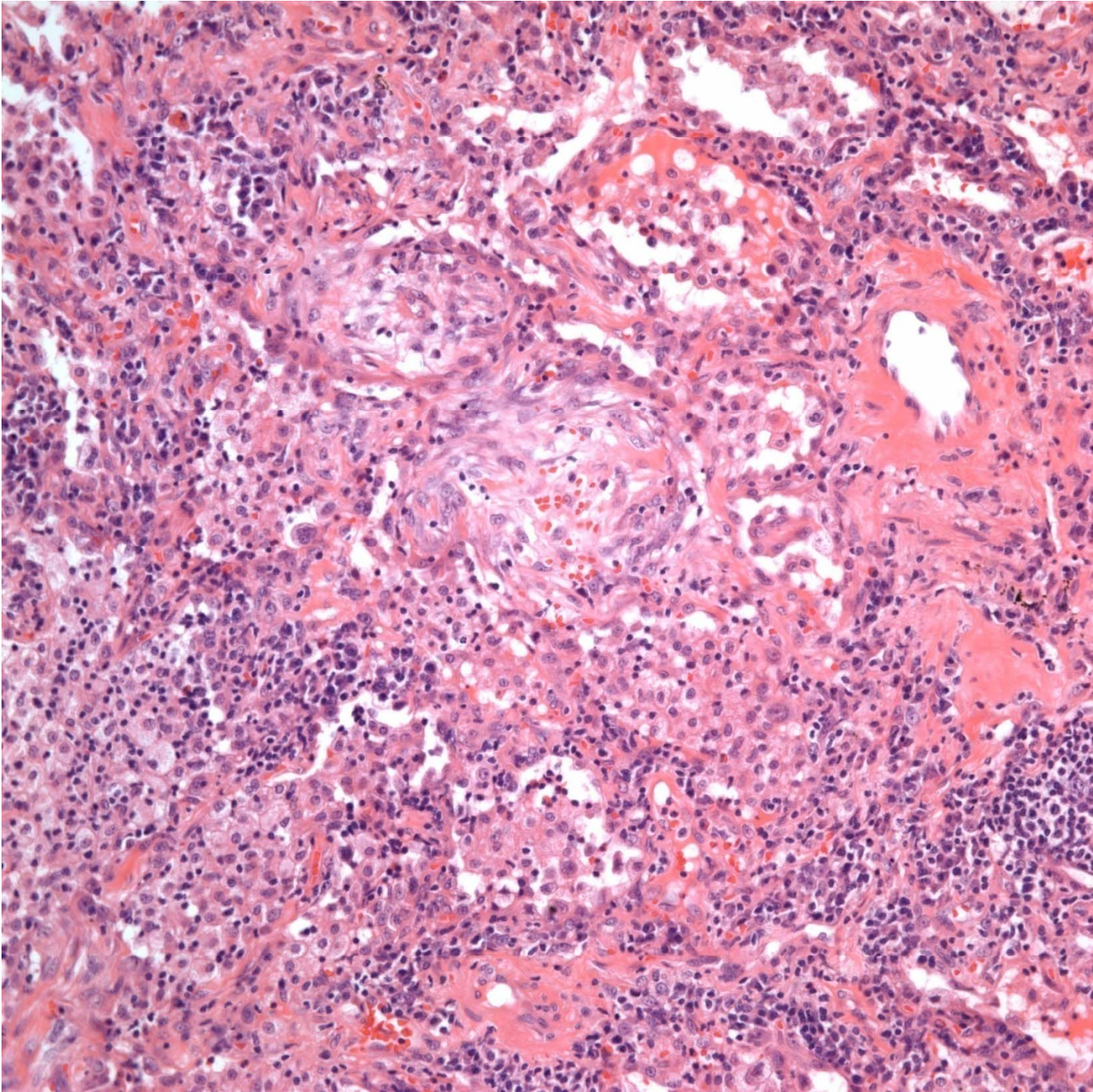














Diagnosis & Management

Idiopathic pulmonary fibrosis

→ Steroid + *N*-acetylcysteine 600 mg three times daily

→ Progression after 2 month-Tx.



Case-Review

Idiopathic Interstitial pneumonia (IPF)

Treatment

- **Immunization** for influenza and pneumococcus
- **Oral corticosteroid (+ azathioprine) (+ N-acetylcysteine)**
 - Better preservation of PFT results after 1 year of treatment
 - Oral prednisone
 - : initiated at 0.5 mg/kg/day (ideal body weight) per day during the first month and tapered to a maintenance dose of 0.1 to 0.2 mg/kg/day or 10 mg/day for 3~4 months
 - Azathioprine
 - : maintenance dose of 2 mg/kg/day (ideal body weight) or 100 to 150 mg/day
 - N-acetylcysteine
 - : 600 mg three times daily
- **Interferon gamma-1b** may be useful (further study needed !)
- **Lung transplantation**
 - : Older than 60 to 65 years, which is a relative contraindication !

Thank you !!