

中文題目：以肺腺癌造成的心包膜填塞為初始表現的人類免疫缺陷病毒感染

英文題目：Lung Adenocarcinoma with Cardiac Tamponade as the Initial Presentation of Human Immunodeficiency Virus Disease

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摘要：

### **Case Presentation**

A 33-year-old man with an unremarkable medical history presented to the emergency department for progressive dyspnea with mild chest tightness and nonproductive cough. He was mildly hypotensive, tachycardiac, tachypnic, and afebrile. The initial physical examination revealed engorged jugular vein and distant heart sound. The chest radiograph revealed large cardiac silhouette with water-bottle appearance and wedge-shaped consolidation with partial atelectasis of the right upper lung. After emergent pericardial draining catheter placement with 650 ml of bloody effusion drained, his blood pressure rose to normal range and the tachycardia, tachypnea, and dyspnea subsided dramatically. The analysis of the pericardial effusion showed elevated cell count with mononuclear cell predominant, and no micro-organism was identified. Computed tomography of the chest revealed: probably bronchogenic tumor with probably lymphangitic carcinomatosis at the right upper lobe of lungs; multiple lymphadenopathy; pericardial effusion. The radiologist suggested that tuberculosis should be considered as well. Because tuberculous pericarditis was highly suspected, his serum was sent for screening of human immunodeficiency virus (HIV). His sputum was negative for acid-fast bacilli. The cytological examination of the pericardial drainage revealed adenocarcinoma of pulmonary origin. Because tests for HIV-1 showed positive result on western blot, highly active antiretroviral treatment (HAART) with lamivudine, zidovudine, ritonavir, and lopinavir were given. Pericardial window was performed. For his lung adenocarcinoma on stage IV, gefitinib was given initially as the patient's preference. Followed in the clinic, massive right pleural effusion developed about a month later. Because of the poor response to gefitinib, he was started on chemotherapy with pemetrexed and cisplatin. After a course of chemotherapy, he developed profound pancytopenia and died of severe sepsis with multi-organ failure.

### **Discussion**

Cardiac tamponade is a medical emergency related to accumulation of pericardial fluid causing reduced ventricular filling with subsequent hemodynamic compromise. It may result from various etiologies, including malignancies and viral infection. Here, we report a case about a young man presenting with cardiac tamponade related to lung adenocarcinoma as a debut form of his HIV disease.

To our knowledge, this is the first report describing cardiac tamponade related to lung adenocarcinoma as the initial presentation of HIV disease in the English medical literature, although a similar case has been reported in Spanish before. For a young patient presenting with massive pericardial effusion and lung mass, lung cancer with HIV disease should be considered as a potential underlying cause.