中文題目: 巨細胞病毒在免疫不全病患的非典型影像表現

英文題目: Cytomegalovirus pneumonia mimicking lung tumor in systemic lupus erythematosus

作 者: 黃聖文 <sup>1</sup> 張維安 <sup>1.2</sup>

服務單位:高雄醫學大學附設中和紀念醫院 1內科部 2胸腔內科

## **Introduction**

Cytomegalovirus (CMV) pneumonia can be a life-threatening disease in immunocompromised patients such as transplant recipients, patients given immunosuppressive therapy and neonate. CMV pneumonia mimicking lung cancer with huge tumor had been reported in lung or heart transplantation patient group, but had not been reported in systemic lupus erythematosus with long-term steroid use. We describe a 48-year-old female who had systemic lupus erythematosus with a 5.3 cm mass in the right lower lobe of lung which was highly suggestive of lung cancer, but the pathology report showed CMV penumonia.

## **Case Presentation**

A 48-year-old female is a case of systemic lupus erythematosus (SLE) for 20 years with regular Hydroxychloroquine and Prednisolone control. She had right chest pain for 3 days was complained. The associated symtoms and signs was fever, dyspnea. We checked the the laboratory data showed no leucocytosis with mildly elevated CRP level (36.0 mg/L). The chest plain film showed right lower lung mass (Figure 1). We arranged chest computed tomography and the image suspected bronchogenic tumor in the right lower lobe of lung with visceral pleural invasion (Figure 2). However, we arranged further CT-guide biopsy and the result revealed no evidence of malignancy but immunohistochemical stain for Cytomegalovirus (CMV) was positive and inclusion body also had been seen under microscopic field. So the diagnosis of CMV pneumonia in SLE had been confirmed.







< Figure 2 >

## **Discussion**

Cytomegalovirus infection in immunocompromise patient like systemic lupus erythematosus with immunosuppresant use is relative frequent. But the lung infection presented as huge lung mass in SLE is rare. So when malignancy is taken into consideration, other virus infection should been on the list of differential diagnosis.

## **Reference**

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