

中文題目：Q熱合併肺結核感染：一罕見病例報告

英文題目：Q fever combined with pulmonary tuberculosis : A rare case Report

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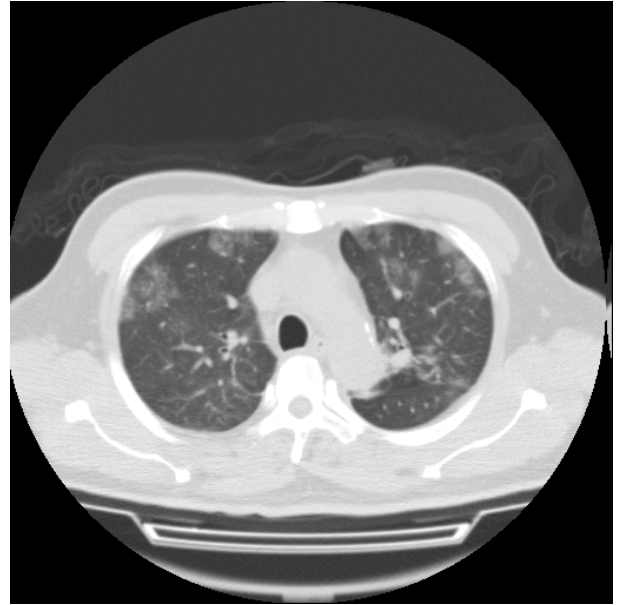
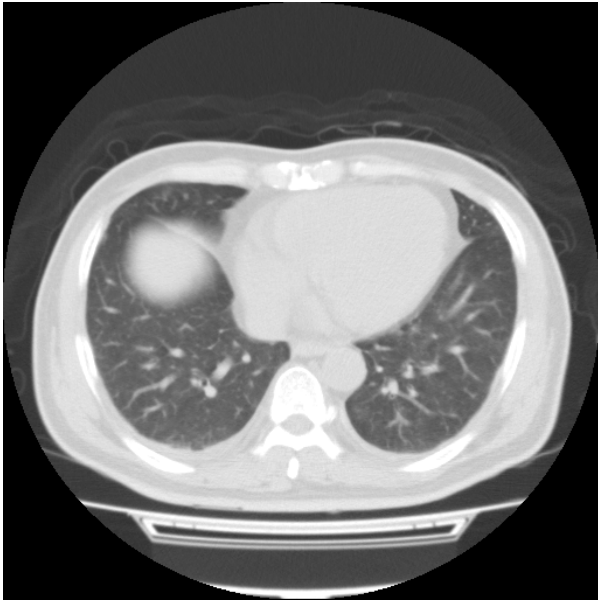
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**Background:** Intracellular bacteria are common causes of community-acquired pneumonia such as Legionella pneumophila, Mycoplasma pneumoniae, Chlamydia pneumoniae, and Coxiella burnetii including Mycobacteria tuberculosis. We report a case with underlying disease, diabetes mellitus , type II with poor control , present Coxiella burnetii infection and pulmonary tuberculosis, proved by Q fever serology and sputum tuberculosis culture.

**Case Report:** A 57-year-old man presented to our hospital with fever and headache for three days. Underlying disease with diabetes mellitus but poor control. Physical examination revealed a temperature of 39.°C, a heart rate of 94 bpm, a respiratory rate of 20 breaths per minute and a blood pressure of 110 /70 mmHg. A white blood-cell count of 4810/uL, a platelet count of 282,000/uL and a hemoglobin level of 13.1 g/dL were noted. Fasting sugar 383 mg/dl, GOT: 127 U/L, GPT: 82 U/L. Chest X-ray revealed mild both lower lung infiltrations. The computed tomography of the chest revealed bilateral upper lung infiltrations (Fig 1). Brain CT scan performed due to fever with headache but negative finding. Atypical pneumonia was highly suspected due to fever, headache, liver function impairment. Q fever with positive serology proved by CDC report ( Fig 2), but sputum tuberculosis smear positive and culture was noted later. The patient was responded by doxycycline and anti-Tuberculosis therapy.

**Conclusion:** Atypical pneumonia with intracellular pathogens account about 20~30 % of community acquired pneumonia. Pulmonary tuberculosis was high prevalence in Taiwan. Review the article, combined with Q fever and tuberculosis was rare. We present the rare case of clinically early suspicious in patient with immunocompromised status.

Fig 1:



Bilateral upper lung pulmonary infiltration

Fig 2:

性別	男	出生日期	民國45/
身分證號碼	S120720000	病歷號碼	
地址	高雄市仁武區中華里	採檢日期	民國102/04/15
發病日期	民國102/03/27	檢體種類	血清
送驗檢體不良狀況		衛生局收件日	民國102/04/15
疾管局收件日	民國102/04/16	所屬危險群	
個人危險群項目		旅遊地區	
回國日期		最近六個月接種疫苗名稱	
送驗疾病	Q熱(0830)	檢驗單位	研究檢驗中心(疾管局)
檢體編號	1020627	送驗次數	2
檢驗結果登錄日期	民國102/04/22	再採檢日期	
再採檢原因		綜合檢驗結果	陽性
驗出其他傳染病或(病原體)		其他傳染病備註	
血清學檢驗方法及結果登錄1	間接螢光免疫分析-IgG(IFA-IgG) / 陽性>320//民國102年4月19日 15:19:29	血清學檢驗方法及結果登錄2	間接螢光免疫分析-IgM(IFA-IgM) / 陽性///民國102年4月19日 15:19:29
血清學檢驗方法及結果登錄3		血清學檢驗方法及結果登錄4	

Q fever proved with serology by CDC report