

中文題目：隱球菌肺炎模仿肺癌

英文題目：Pulmonary cryptococcosis mimic lung cancer

作者：陳聿炆¹、朱逸羣²

服務單位：¹財團法人大林慈濟綜合醫院 內科部,²大林慈濟綜合醫院胸腔內科

Case report:

This 75 year-old woman, underlying right upper lung adenocarcinoma ,cT2aN3M1a,stage IV under Afatinib, Multiple myeloma,IgA-Lambda, Durie-Salmon System stage IIIB, International Staging System III, had chief complain of cough with sore throat for one week. She denied no fever, joint pain, muscle soreness. The chest radiography showed right upper lobe mass lesion. (Figure 1). The influenza rapid test showed flu A was positive. The lab data showed no leukocytosis but left shift. The chest computer tomography showed right upper lung mass. (Figure 2) Tracing from her past history, the right upper lung filed was no mass lesion at regular followed image study. (Figure 1). The recurrent lung cancer was suspected. The CT- guide biopsy for lung mass was done at on 2017/11/02

The pathology showed marked granulomatous inflammation with clusters of pale stained yeast cells in vacuolated clear spaces surrounded by histiocytes and multinucleated giant cells. The special stains (PAS and GMS) demonstrate yeast cells with stained capsules. There is no malignant tumor seen. The cryptococcosis antigen was positive 1:128(+). The lumbar puncture showed no evidence of meningitis.

The fluconazole 450mg QD since 2017/11/03 was prescribed. After treatment, the right upper lung lesion was improved at followed image study (Figure 3). We keep current treatment and OPD follow up.

Discussion:

This patient had lung cancer, stage IV under target therapy. We found new lung mass lesion. The recurrent lung cancer was suspected. But, after the CT guided biopsy, the pulmonary cryptococcosis was noted. We found that solitary pulmonary nodules in the chest CT, the pulmonary cryptococcosis should be kept in mind.

We search the CT finding in pulmonary cryptococcosis. From the review article, the cavitations within nodules/masses were more commonly seen in immunocompromised patients, especially AIDS patients, while air bronchograms were more commonly seen in immunocompetent patients.

We want to compare lung cancer and pulmonary cryptococcosis. But, from the review article, we noted that the most common HRCT findings about pulmonary cryptococcosis are solitary or multiple nodules with or without cavitation in the subpleural areas of the lung. The nodules so often resemble lung cancer or tuberculosis, that histologic confirmation is required.

Back to our patient, we may check cryptococcosis antigen before CT-guided biopsy. If we suspected the pulmonary cryptococcosis first and we start fluconazole treatment first. We closed follow up the imaged. If the lung mass was shrinkage in one month, the pulmonary cryptococcosis was most suspected. The CT guided biopsy maybe was not need.

But the CT finding often resemble lung cancer or tuberculosis. The risk and benefit should be discussed with patient and well documentation.

Figure 1

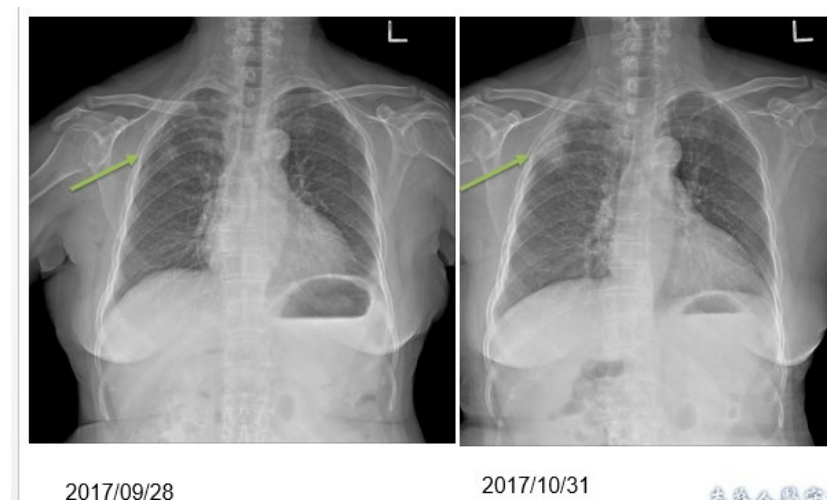


Figure 2

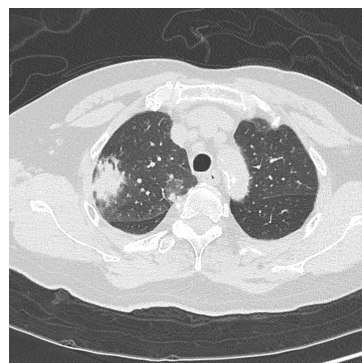


Figure 3



2017/10/31

2017/12/04

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Reference:

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Int J Clin Exp Med. 2015; 8(3): 3114–3119
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