

中文題目：以肺實質氣囊併感染為表現的支氣管源性囊腫 – 病例報告

英文題目：Infected intraparenchymal bronchogenic cyst mimicking pneumatocele with secondary infection: a case report

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Background: Bronchogenic cysts are cystic malformation of the bronchial tree, budding from primitive ventral foregut. It is uncommon for it to present during adulthood. The air-filled cystic structure with mostly located in the middle mediastinum, with or without air-fluid level is usually discovered as radiographic features. Here we presented a case of interest because pneumatocele with secondary infection was firstly diagnosed under clinical pictures and all radiographic images, while the final pathological result revealed bronchogenic cysts.

History: A 72-year-old woman without smoking history has suffered from chronic cough and came to our Chest outpatient department since 2013. In 2013, Lung function test and chest CT were done which disclosed small airway obstruction with positive Methacholine Provocation test and bronchiectasis with a cystic lesion at left lower lobe respectively. During 2013 to 2019, the condition is under medicine control till July of 2019, when left lateral flank and chest pain occurred. She then came to ER. There's no leukocytosis but with high level of CRP. The Chest X-ray was done, of which large air-fluid level containing lesion in left lower lobe, in suspicion of pneumatocele was found. After admission, we arranged Chest CT for further evaluation, where infected pneumatocele with bloody fluid content at left lower lobe and left complicated parapneumonic effusion were found. We used Augmentin first. Yet, for the followed-up Chest X-ray revealed no improvement, we changed the antibiotics to Piperacillin. Despite the broad-spectrum antibiotics was prescribed, there's limit change for both the clinical condition and the radiographic images. We then consulted Chest surgeon and hybrid Lobectomy of lung under Video Assisted Thoracoscopy was done. The final pathology surprisingly disclosed bronchogenic cyst exhibiting hemorrhagic necrosis. After the operation, the patient recovered without significant complications and discharged soon. Currently, she is under smooth condition.

Conclusion:

1. The diagnosis of air-fluid cystic lesions requires comprehensive comparison of patient's history, clinical pictures, and characteristics of the radiographic images.
2. We highlight the diagnostic difficulty in the cystic lesions with air-fluid level of the lung parenchyma, that one should take bronchogenic cysts into consideration.