# 112 年奇美醫院胸腔內科臨床病例討論會

日期：中華民國 112 年 11 月 21 日(星期二)

時間及地點：16:00-17:00

課程活動題目：**Systemic lupus erythematosus in CXR**

主講人:謝俊民主任

主辦單位：奇美醫院胸腔內科

課程地點：10 樓討論室

教育積分：台灣胸腔暨重症加護醫學會

參加對象：主辦單位所屬院內醫師

聯 絡 人：楊穎潔（06-2812811-57132）

摘要:

- Pulmonary:
  - pleuritic chest pain extremely common. May be due to a serositis in which case may be accompanied by a pleural rub or an effusion. Pulmonary embolus and infarction need to be excluded in view of the increased risk in patients with SLE
  - pneumonia
  - acute lupus pneumonitis
    - uncommon
    - no specific clinical characteristics distinguish it from pneumonia and it is essential to rule out infection
    - clinical features include fever, dyspnoea and hypoxia
    - CXR: alveolar infiltrates - usually basal
    - biopsy may be helpful in distinguishing it from pneumonia
  - pulmonary haemorrhage
    - rare overall but not uncommon in those patients requiring ICU admission
    - clinical features: dyspnoea, severe hypoxia, sudden drop in haemoglobin, haemoptysis (not invariable)
    - treatment: pulsed methylprednisolone, pulsed cyclophosphamide and plasma exchange
  - pulmonary hypertension
    - 17-40% of unselected patients with SLE
    - more common in patients with Raynauds
    - not responsive to corticosteroids except in the rare patients in whom it is due to an arteritis