

113 年奇美醫院胸腔內科臨床病例討論會

日期：中華民國 113 年 02 月 20 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