

花蓮慈濟醫院影像診療研討會

日期：2025 年 03 月 14 日
時間：08：00 - 09：00
地點：花蓮慈濟醫院大愛七樓 702 教室

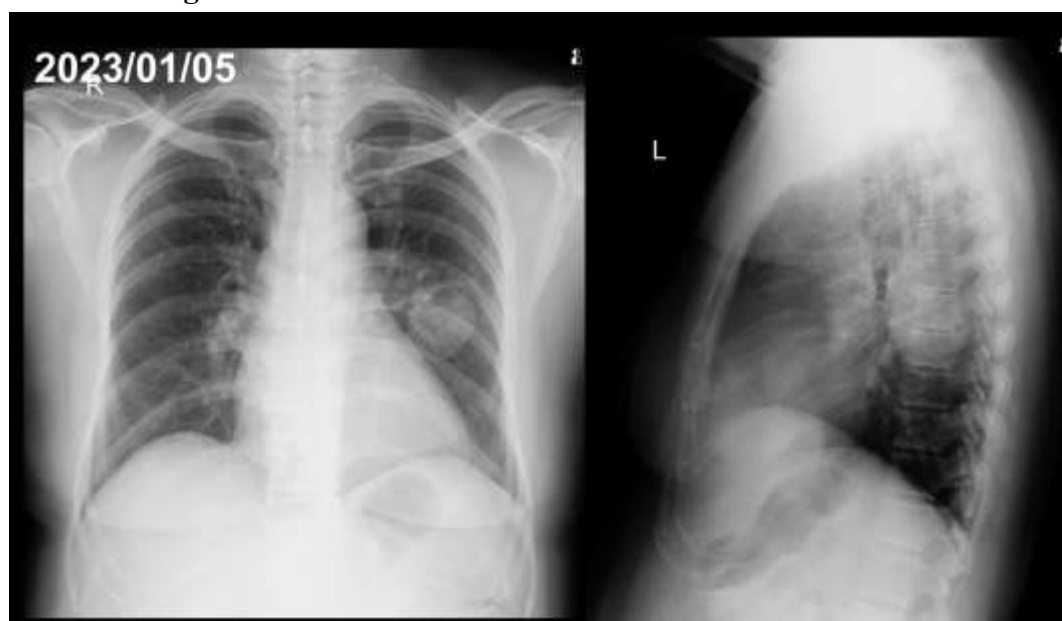
時間	題目	主講人
08:00-09:00	個案討論	李沛東

Patient Profile

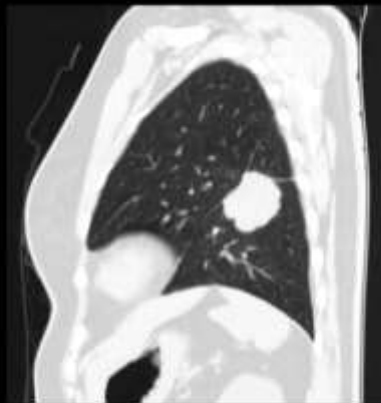
- 58 y/o female
- Relevant PHx: HTN, DM, dyslipidemia, COVID-19 infection in 2022/09
- Admission date: 2023/02/26
- CC: dry cough for 2 months
- Social history:
alcohol(-), betel nut(-), cigarette(-)
- Family history: HTN, DM (mother)
- No known food or drug allergy

Presenting Illness

- Chest OPD on 2023/01/06: dry cough for 2 months
- No unexplained weight loss, fever, dyspnea, rhinorrhea, sputum or hemoptysis.
- For the symptoms and CXR image on 01/05(新城健康站), chest CT was arranged.



2023/01/06



Lung mass in LLL, LAPs in Lt. pulmonary hilum and mediastinum.

- Under the impression of LLL mass r/o malignancy, she was admitted to our ward for further evaluation on 01/08.

AST (GOT)	20	U/L
ALT (GPT)	15	U/L
BUN	10	mg/dL
CRE		
CRE	0.67	mg/dL
eGFR	95.75	mL/min
Na	138	mmol/L
K	4.5	mmol/L

HbA1c		%
HbA1c	6.5	%
eA GLU	140	mg/dL

CEA	17.5	ng/mL
SCC	0.3	ng/mL
CA 125	12.7	U/mL
CA 19-9	5.7	U/mL

PT		sec.
PT	10.9	sec.
Control	10.4	sec.
INR	1.05	
APTT		sec.
APTT	23.7	sec.
Control	27.0	sec.

CBC & PLT		
WBC	6.85	*10 ³ /nL
RBC	4.64	*10 ⁶ /nL
Hb	12.6	g/dL
Ht	37.7	%
MCV	81.3	fL
MCH	27.2	pg
MCHC	33.4	%
PLT	255	*10 ³ /nL
RDW-CV	13.5	%

2023/01/09

- Bronchoscopic Ultrasonography was failed due to active bleeding.

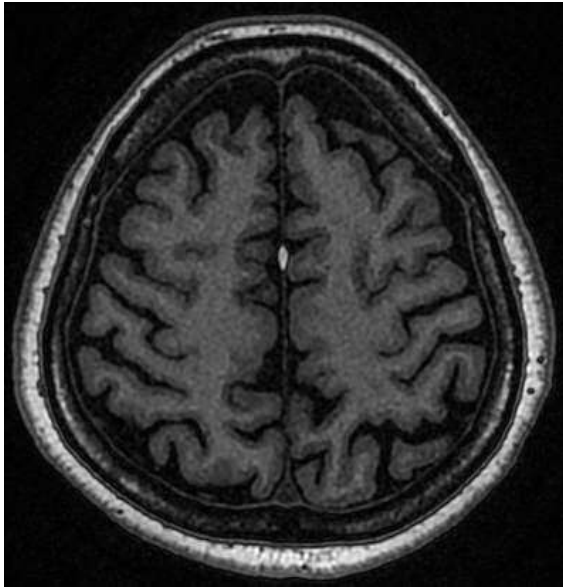
2023/01/10

- EBUS+Transbronchial node aspiration

Pathologic report(01/12):

1. suspicious for malignancy

2. IHC of TTF-1 show equivocal faint staining in suspicious cell nests.



A small nodule, 2.5 mm, in the left frontal high convexity, suggestive of a meningioma.

2023/01/16

- **She was admitted to our ward for CT guide biopsy.**

2023/01/17

- **CT guide biopsy**

Pathologic report(01/20): suspicious for adenocarcinoma.

2023/01/18



Borderline cardiomegaly.

Lobulated mass in left mid lung.

2023/01/30

- **She visited ER for chest pain, no other discomfort.**

TPR: 36/79/18 BP: 148/76mmHg

- **Lab data:**

WBC	7.44	*10 ³ /uL	Na	135	mmol/L
RBC	5.12	*10 ⁶ /uL	K	3.8	mmol/L
Hb	13.7	g/dL	GLU	181	mg/dL
Ht	41.2	%	CRE		
MCV	80.5	fL	CRE	0.72	mg/dL
MCH	26.8	pg	eGFR	88.12	mL/min
MCHC	33.3	%	ALT (GPT)	16	U/L
PLT	336	*10 ³ /uL	hs Tn.I	2.8	pg/mL
RDW-CV	13.3	%	CRP	<0.10	mg/dL
WBC DC		%			

2023/02/02

- She was admitted to CS ward for CT guide rebiopsy for tissue prove.

名称/值	Range	1120202	1120109
CEA	0~3.0	17.5	17.5

- Lab data:

2023/02/03

- CT guide biopsy

Pathologic report(02/08): adenocarcinoma in acinar pattern.



Border line cardiomegaly. Lobulated mass in left parahilum.

2023/02/07



Impression:

Left lung cancer

cT2bN3M0, stage IIIB

2023/02/11

- EGFR: A deletion was detected at exon 19 of EGFR gene.
- Additional report: Immunohistochemical stain shows ALK(D5F3) (-), ROS1 (-) and PDL1< 1%.

2023/02/20

- At OPD, discuss with patient for EGFR-TKI or CCRT. She chose CCRT.

2023/02/26

- This time, she was admitted to our ward for CCRT.

Clinical course

2023/02/26

- Lab data:

AST (GOT)	13	U/L
ALT (GPT)	11	U/L
LDH	124	U/L
BUN	13	mg/dL
CRE		
CRE	0.79	mg/dL
eGFR	79.17	mL/min
Na	138	mmol/L
K	5.0	mmol/L
Ca	2.32	mmol/L
Mg	2.2	mg/dL

CBC & PLT		
WBC	6.39	*10 ³ /uL
RBC	4.68	*10 ⁶ /uL
Hb	12.5	g/dL
Ht	39.0	%
MCV	83.3	fL
MCH	26.7	pg
MCHC	32.1	%
PLT	247	*10 ³ /uL
RDW-CV	14.3	%

2023/03/01

- Port-A implantation



Final diagnosis

- **Lung adenocarcinoma, cT3N3M0 stage IIIC**
- **Hypertension**
- **Diabetes mellitus**
- **Hyperlipidemia**