114 年奇美醫院胸腔內科臨床病例討論會

日期：中華民國 114 年 10 月 07 日(星期二)

時間及地點：16:00-17:00

課程活動題目：Ankylosing spondylitis in CXR

主講人　：柯獻欽醫師

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：

Idiopathic acute eosinophilic pneumonia is characterized clinically by an acute febrile illness lasting one to five days. Affected patients have myalgias, pleuritic chest pain, and the rapid onset of hypoxemic respiratory failure often requiring mechanical ventilation. The disorder may be a hypersensitivity reaction to a specific agent, but not etiology has been demonstrated. Histologically, there is edema and eosinophils within the alveolar space, and to a lesser degree within the interstitial space. Lung injury results from release of eosinophilic granules. Bronchoalveolar lavage will demonstrate an abundant eosinophilia (over 20%). Peripheral blood eosinophilia may be absent initially, but is elevated during the subsequent clinical course . Patients have a rapid (within 3 days) and complete response to treatment with corticosteroids. Relapse following cessation of steroid therapy is not common.

X-ray:

CXR: On CXR there is initially subtle bilateral interstitial abnormalities (reticular densities) which progress rapidly (over 6 to 48 hours) to a diffuse interstitial and airspace disease (similar to pulmonary edema in appearance). Pleural effusions are also commonly found in up to two-thirds of cases.

Computed tomography: CT scanning frequently demonstrates the presence of bilateral patchy areas of ground-glass density accompanied by interlobular septal thickening. Areas of patchy consolidation can also be identified. The findings may difficult to distinguish from adult respiratory distress syndrome, overhydration pulmonary edema, or an atypical bacterial or viral pneumonia.