

Metastatic inflammatory pseudotumor

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Introduction: Inflammatory pseudotumor (IPT) is a rare disease in the lung and histologically characterized by proliferation of spindle cells with various degree of inflammatory cells infiltration. Although IPT could be regarded as a benign inflammatory process pathologically, it can manifest clinically as locally invasive and metastatic disease in malignant variants. Herein, we report a rare case of pulmonary IPT with extensive metastasis. **Case:** A 66-year-old male presented with cough and hemoptysis for 3 weeks. Chest X-ray showed right hilar enlargement and contrast-enhanced chest computed tomography (CT) demonstrated a 4.4 × 5.3cm mass in the right lower lobe (RLL) with enlargement of lymph nodes (LNs) involving mediastinum and both supraclavicular areas. Bronchoscopic examination displayed complete obstruction of superior segment of RLL bronchi. A biopsy of the lesion only revealed nonspecific chronic inflammation. Additionally, characteristic profiles of enlarged mediastinal LNs via endobronchial ultrasound suggested the presence of malignancy; however, aspiration cytology demonstrated nonspecific lymphadenitis. Bone scintigraphy suggested a metastatic lesion in 12th thoracic vertebra. Enlarged periportal LNs were also detected in abdominopelvic CT. Collectively, a radiologist suggested the primary lung cancer with extensive metastasis. Thus, transthoracic needle biopsy for the RLL mass was performed. Histopathologic examination demonstrated abundant proliferation of fibroblasts and concurrent infiltration of plasma cells and various inflammatory cells. There was no evidence of cancer cells. Based on these findings, a pathologist suggests the diagnosis as metastatic IPT. Anaplastic lymphoma kinase (ALK) gene rearrangement in the specimen was negative. Thereafter, the patient was treated with macrolide and anti-inflammatory drugs including glucocorticoids based on previous reports.

A Case of Acute Lung Injury By Inhalation of Mercury Vapor

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The inhalation of mercury vapor is very hazardous condition leading to fatal consequences such as ARDS or death. However, there was no clear clinical guideline for treatment of mercury vapor poisoning. We here present a case of acute mercury inhalation poisoning successfully treated with D-penicillamine and corticosteroid. A 62-year-old woman was referred to our emergency department with complaints of dyspnea and cough. She bought mercury at local traditional market to treat her leg paresthesia and was exposed to mercury vapor following burning of mercury. Radiologic examination showed bilateral patchy consolidation, ground glass opacities with air-bronchogram, and right pleural effusion. Bronchoscopic examination showed endobronchial bleeding from right upper lobe. The initial blood and 24-hour urine mercury concentration was elevated to 102.7 ug/L and 217.5ug/L respectively. Under the diagnosis of mercury intoxication, she was treated with oral D-penicillamine (500 mg four times per day) and IV methylprednisolone (2 mg/kg/day) at intensive care unit. After 5 days of treatment with D-penicillamine, dyspnea has improved to allow tapering to oral corticosteroids and follow-up radiologic examination showed progressive improvement of chemical pneumonitis. She was referred to general ward on the 7th day of admission without respiratory or renal failure. Long-term complications in renal or nervous system were not observed during follow-up. Herein, we report an interesting and rare case successfully treated with D-penicillamine and corticosteroid.

