

中文題目：結核病治療中逆向反應之案例分析

英文題目：Paradoxical response occur during anti-TB management – new appearance pulmonary mass

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【前言】 Tumor size at presentation is indecisive sign for pathology of lung parenchymal mass, Of importance tumor volume doubling time, which increase in diameter, of less than 25 days or greater than 2 years is generally recognize as benignity .The surveillance of lesion feature that was non-neoplastic such as calcification within neoplasm related.

【材料與方法】 Case Presentation

A 48-year-old male with a present illness of anti-tuberculosis therapy for six months on account of TB pleurisy. He denied history of smoking, malignancy, diabetes but allergic rhinitis and pneumoconiosis. .Laboratory results were within the normal ranges. HIV test was negative. Since serial sputum AFS and culture were negative he patient started medication consisting of isoniazid, rifampicin, ethambutol, pyrazinamide. During regular routine checkup. a growing mass appeared on chest CT about RUL6.4cm × 6.1cm in the right upper lobe was found(6.0cm x4.7 cm 5monthes before). The patient denied fever, chest pain cough just mildly dyspnea and accepted CT-guided lung biopsy.

【結果】

Lung RUL ,biopsy: chronic granulomatous inflammation with calcification, acid-fast stain(+) favored Mycobacterial infection with multinuclear- giant cells with central caseous necrosis ,PSA(-),GMS(-),TTF-1(+),CK7(+)no malignant cell PR was speculated and the patient continued on the original therapy. Currently, the patient is asymptomatic, and the original medication kept with streptomycin adding. Following-up by CXR 2monthes later, the RUL mass was significantly absorbed.

【結論】 Paradoxical response may occur during anti-TB management. It represents either a paradoxical worsening of pre-existing tuberculosis lesions or development of new lesions in patients after effective anti-TB treatments. Deterioration of TB-related symptom or radiological findings, drug resistance, poor adherence, drug side effects and other infections should be excluded.. Paradoxical response can occur with variety of PR in the respiratory system is often manifested by new appearance of tuberculous effusion, pulmonary mass is infrequent and may occur in the patients with tuberculous pleural effusion. Differential diagnoses should be taken into consideration included fungal infection. A large cohort of study has demonstrated that pulmonary tuberculosis is a risk factor for subsequent lung cancer in all age groups, especially in the youth patients. Some patients without apparent clinical

progression continued on the original anti-tuberculosis treatments, and their pulmonary masses were diminished. The course of treatments should be based on the patient conditions. Extension treatment time according to the patients' absorption of the pulmonary masses is advisory.