

中文題目：在一位甲狀腺癌術後的中年女性出現多發性肺結節 - 不常見的 IgG4 的肺疾病而非肺轉移

英文題目：Multiple Lung Nodules Developed in a Patient with Thyroid cancer s/p Thyroidectomy – An Unusual Presentation of IgG4 related Pulmonary Disease instead of Lung Metastasis

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Introduction

Multiple lung nodules in a patient with cancer always regarded as lung metastasis or infectious process such as pulmonary tuberculosis, Aspergillosis or cryptococcosis in a relatively immunocompromised status. However, tissue proof is still the gold standard in such patients. Herein, we presented a 62-year-old female who had thyroid cancer s/p thyroidectomy and presented as multiple lung nodules and the final diagnosis was IgG4 related pulmonary disease based on pathological evidence.

Case presentation

A 62-year-old female with a medical history significant for papillary thyroid carcinoma, post thyroidectomy and radioiodine therapy. She received a low dose CT in a health exam and visited our chest clinic due to multiple subsolid nodules with bilateral lung ground glass opacity and the maximal one was 1.5 cm in diameter over left lower lung. Laboratory test showed unremarkable tumor markers. PET/CT showed low grade FDG-avid lesions (SUVmax 2.5) in left lower lung and left upper lung. Owing to explore the real answer, Video-assisted Thoracic surgery (VATS) were done thereafter. Pathology report revealed lymphoplasmacytic hyperplasia with increase of IgG4-positive plasma cells. Increased IgG4-positive plasma cells (30/HPF) and IgG4-positive / IgG ratio (30%) were noted. According to the pathology report and diagnostic criteria, IgG4 related pulmonary disease was impressed. Prednisolone was therefore applied. Shrinkage of the residual nodules was revealed in the follow-up chest CT scan.

Discussion

Multiple lung metastasis should be considered as thyroid cancer with lung metastasis but careful tissue proof is crucial to exclude other etiology. IgG4-related

disease (IgG4-RD) is an autoimmune disorder characterized by substantial infiltration of plasma cells with IgG4 in target organs. The real prevalence of IgG4 disease was undetermined due to rare entity. The male to female ratio was 3:1 in a Japan study. Up to 75% of patients are asymptomatic and identified only by imaging and proved by pathology. IgG4 related pulmonary disease is one of the spectrum of IgG4 disease. The image findings of IgG4 related pulmonary disease can be divided in two types :(1) inflammatory pseudotumors and (2) interstitial pneumonitis. Inflammatory pseudotumors have been described as nodule or mass lesions or infiltration. Interstitial pneumonitis usually presents with reticular pattern, ground glass opacity (GGO) and interstitial fibrosis. The typical PET/CT presentation of IgG4 disease were various according to subtype of mass lesions. The SUVmax in PET/CT was positively correlated with the maximum diameter of solid nodules in the lung parenchyma. The treatment of IgG4 related lung disease is steroid and the response and outcome is favorable.

Conclusion

We presented a rare IgG4 related pulmonary disease based on surgical intervention instead of thyroid cancer with lung metastasis.