

中文題目：致命的肺結核以閉塞性細支氣管炎併組織化肺炎呈現—病例報告

英文題目：Fatal tuberculosis presented as bronchiolitis obliterans organizing pneumonia in a non-HIV-infected old man – case report

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Background: Bronchiolitis obliterans organizing pneumonia (BOOP) is rarely considered to be caused by *Mycobacterium tuberculosis* (TB). On the other hand, tuberculosis in human caused by *M. tuberculosis* is rarely reported to present as BOOP. Here we reported a non-HIV-infected elder man who was a victim of TB and presented as BOOP.

Case report: A 80-year-old man was a victim of diabetes mellitus diagnosed for 10 years and received oral anti-diabetic agents for sugar control well. He was admitted to the ward of infectious diseases because of fever with chills since 5 weeks ago. Progressive dyspnea and cough with sputum were all accompanied. Physical examination showed bilateral inspiratory crackles on chest auscultation without wheezing. Chest CT scan showed bilateral progressed consolidation patches although multiple antibiotics administration under the impression of bacterial pneumonia. He received wedge resection of left lower lobe. Lung biopsy plus tissue culture and TB-PCR processed by Cobas TaqMan MTB test were all done. Biopsy revealed typical pathologic findings indicated characteristic features of BOOP. Methylprednisolone was administrated since the day of operation. Surprising, Cobas TaqMan MTB test from resected lung tissue yielded positive result. We prescribed anti-TB agents with ethambutol and streptomycin 11 days after operation and subsequently rifampin and isoniazid 19 days after operation. Culture of resected lung tissue showed isoniazid-resistant *M. tuberculosis* finally. Unfortunately, patient died due to healthcare-associated pneumonia and acute respiratory distress syndrome on the 31st day after operation.

Conclusion: This case, for the first time, documented that non-HIV-infected patient of pulmonary TB presented as BOOP. We speculated that the unfavourable outcome could be partially attributed to the resistance of isoniazid, which was thought to kill TB bacilli rapidly. This case also emphasized the utility of TB-PCR in resected lung tissue for early diagnosis microbiologically.