

中文題目：氣管內之原發性異生性大細胞淋巴瘤——一病例報告

英文題目：Primary Endobronchial Anaplastic Large Cell Lymphoma – A Case Report

作者：沈昱廷<sup>1</sup>、蔡明儒<sup>1</sup>、張維安<sup>1</sup>、劉大智<sup>2,4</sup>、蔡志仁<sup>3,5</sup>、楊志仁<sup>1,5</sup>、黃明賢<sup>1,5</sup>

服務單位：

高雄醫學大學附設中和紀念醫院 <sup>1</sup>內科部胸腔內科 <sup>2</sup>內科部血液腫瘤內科 <sup>3</sup>病理科

高雄醫學大學醫學院 <sup>4</sup>臨床醫學研究所 <sup>5</sup>醫學系

**Abstract:** A 52-year-old man with a history of diabetes mellitus, hepatitis B and chronic osteomyelitis presented to our hospital for few episodes of hemoptysis over a period of a month. The chest radiograph revealed widening of the carina angle. The computed tomography (CT) of the chest revealed a carina mass with extension into the left main bronchus. Pathological examination of the specimens from bronchoscopic biopsy revealed anaplastic large cell lymphoma. The findings of positron emission tomography showed no evidence of distal metastasis. After chemotherapy, no hemoptysis or dyspnea was noted, and he was regularly followed in the oncological clinic.

Primary lymphoma of the airway is an uncommon entity, and anaplastic large cell type is even rare. Since the first case of endobronchial anaplastic large cell lymphoma described in 1998, only 5 cases has been reported in the literature. Endobronchial lymphoma may be classified into 2 types: type 1 is characterized by the presence of diffuse submucosal nodules lining bronchoscopically visualized airways in individuals with clinically apparent systemic lymphoma; type 2 is with the localized endobronchial mass in central airway and it may be extended from adjacent lymph node external to bronchi. The findings of our case are compatible with type 2 disease.