中文題目：移動的陳舊性肺結核病灶

英文題目：Moving of the Old Tuberculosis Lesion

作　　者：魏伯儒[1#] 蔡佩倩[2#] 蔡明儒[1,3,4#] 李玫萱[3] 陳煌麒[3] 黃明賢[1,4,5]

服務單位：高雄醫學大學附設中和紀念醫院 [1]內科部胸腔內科 [2]呼吸治療小組
[3]高雄市立小港醫院（委託高雄醫學大學經營） 內科
高雄醫學大學醫學院 [4]醫學研究所 [5]醫學系內科 #equal contribution

Case Presentation

A 54-year-old male heavy smoker with a history of pulmonary tuberculosis had completed his anti-tuberculous treatment about 6 months previously. The chest radiograph on completing the antituberculous treatment showed persistent consolidative and nodular lesions with few cavities in bilateral lung apices.

He suffered from cough with some whitish sputum for about a week. The amount of sputum decreased significantly within few days, and he remained having dry cough during the two days prior to the presentation, when he developed progressive dyspnea, which brought him to the emergency department of our hospital. He denied having fever, chest pain, or hemoptysis.

He presented to the emergency department with tachycardia (121 beats per minutes) and relatively normal blood pressure (138/78 mmHg). He was afebrile and slightly tachypnic (18 cycles per minutes) but the oxygen saturation measure by pulse oxymetry (SpO_2) was only 90% while breathing room air. Mild wheezing was heard bilaterally. The chest radiograph showed a focal radiolucent area with decreased lung marking in the left lung apex, but it is difficult to identify a smooth pleural line. These findings were suggestive of bullae. However, compared with the chest radiograph taken 3 months previously, medial displacement of a focal opacity lesion by the radiolucent area was noticed, aroused the concern of pneumothorax. Computed tomography of the chest confirmed the diagnosis of left pneumothorax. He received oxygen therapy but he declined the suggestion of surgical intervention. He was later discharged home against medical advice.

Discussion

On chest radiographs, the pneumothorax usually presents as a pleural-based focal radiolucent area without lung markings. A smooth visceral pleural line is usually visible unless the volume is very small or the pleural edge is not tangential to the X-ray beam.[1] The absence of a smooth obvious pleural line in our case is related to the focal fibrotic change with pleural adhesion related to his old tuberculosis. However, the medial displacement of a focal opacity lesion formed by the fibrotic change of old tuberculosis provided a key to correct diagnosis. Although computed tomography is widely available nowadays, serial chest radiographs are still of great clinical value. We presented this case to highlight the importance of reviewing previous chest radiograph, which may provide diagnostic clues.

References

1. Hansell DM, et al. Fleischner Society: Glossary of Terms for Thoracic Imaging 2008;246:697-722.