中文題目:肺結核導致之大面積氣水胸

英文題目: Tuberculosis caused massive hydropneumothorax

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A 28-year-old man presented with sorethroat, cough, runny nose for one month. Those symptoms followed by intermittent fever, dyspnea, and increased sputum amount. He was relatively healthy before.

Physical examination showed respiratory distress, diminished right side breath sound. The laboratory results revealed an elevated C reactive protein of 6.96 mg/dl.

The posteroanterior chest radiography showed massive pleural effusion and pneumothorax, right (Figure 1a). The Chest computed tomography showed pleural thickening in the right lower hemithorax, with hydropneumothorax, and increased infiltrations with air bronchograms (Figure 1b).

The sputum acid-fast bacilli test was negative. Chest tube thoracostomy was performed, but with poor lung expansion. To improve lung expansion and adequate drainage, the Video-Assisted Thoracic Surgery with decortication was applied. The polymerase chain reaction of pleural tissue identified *Mycobacterium tuberculosis*.

The symptoms improved considerably, and the chest tube was removed after two weeks. The patient has done well subsequently, receiving full course of antituberculosis therapy.

Tuberculous hydropneumothorax appears to result from subpleural caseous focus with liquefaction, pleural rupture and necrosis. Subsequent inflammation may develop bronchopleural fistula that lead to accumulation of air and fluid.[1,2] Our report highlights the fact that tuberculosis must be still kept in mind as a cause of hydropneumothorax especially in endemic area, even without tuberculosis infection in the past or any contact history. Even without bacteriology evidence, tuberculosis polymerase chain reaction may provide additional diagnostic clue in such patients.

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