

中文題目：前所未聞之枝孢菌肺炎案例探索

英文題目：Unheard of environment source of fungal infection: Cladosporium pneumonia, clinical puzzle

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Background: Pneumonia is ranking for many years in the top ten death of the top four in Taiwan for decades. However, fungal respiratory illness generate great concern in the expanding population of immunosuppressed patients growing day by day. High temperature and humidity climate in Taiwan make mold excellent growth environment. Fungal infection occurs following the inhalation of spores, after the inhalation of conidia, or by the reactivation of a latent infection. Opportunistic fungal infection cause pneumonia in patients with defects in the immunity. Occasionally occurred in the relative immunity of the case is rare. Especially in the presence of mold contamination, we often ignore.

Material and Methods: One 44 years old lady had history of old TB, uterine myoma s/p hysterectomy and was a never smoker. Recent days she got dry cough for many days so seeking medical consultation, she received Outpatient service then hospitalization caused from CXR showed RLL lung nodular infiltration. Under the impression of lung neoplasm. Related close inspection surveying was arranged. After admission, sputum AFS, cytology and serology included anti-HIV, tumor marker aspergillus antigen, cryptococcal antigen all were inspected for sampling analysis. The results have shown a negative reaction.

But there is no clue to helpfully understand the cause of lung lesion.

Result: Utilizing of bronchoscope and chest CT guided lung biopsy for the detected of pulmonary lesion in this immunocompetent patients. After a comprehensive analysis of pathology of lung specimens disclosed acute on chronic inflammation and BAL fungal culture with Cladosporium consequence. Unexpectedly we diagnosed the never heard of the mold of Cladosporium pneumonia from this ordinary lady was confirmed. According to the victim described about her residence there are many wall cancer distributed.

Until recently she had a good clinical response to Itraconazole. With lesion subsided

Discussion: In individuals who are immunocompetent may present with very subtle sign of infection, especially if the fever is unresponsive to broad-spectrum antibiotics. The mortality due to fungal pulmonary infections among immunosuppressed populations has remained extremely high. The non-specific signs of infections and the

low sensitivity of culture diagnosis results in misdiagnosis.. Biomarker diagnostic tools, such as galactomannan , beta-D-glucan are part of the diagnostic tools of invasive fungal pneumonia with related clinical, radiologic, and microorganism criteria. Body fluid or serum biomarker for detecting fungal Infection or specific -IgM-antibody titers from BAL performed over area of pulmonary abnormality. . Subjective and objective factor, Host immunity will not be overlooked. Environmental pollution on the human body can not be ignored. But for this kind of rare illness clinical medicine to explore very few .Noninvasive diagnostic methods seem helpless. In addition to pathological biopsy other ways should be explored