

中文題目：肺部囊狀病灶在一位舌癌復發合併肺麴菌感染病人

英文題目：Pulmonary cystic lesions in a patient with recurrent tongue cancer and pulmonary *Aspergillosis*

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Case Report

This 47-year-old male with a history of tongue cancer status post radical operation with neck dissection and concurrent chemotherapy (CCRT) presented to our emergent department because of a 1-month history of right anterior chest pain.

He was diagnosed with tongue cancer and received surgery and CCRT 3 years ago. There was no recurrent signs/symptoms during follow-up. He has a smoking history of 15 pack-year. He suffered from right anterior pain intermittently for 1 month. He also complained about cough with sticky sputum and body weight loss. Fever with chills developed 1 week ago. He denied having dyspnea, hemoptysis, dysphagia, or abdominal pain. On visit, chest radiography showed right upper lobe (RUL) alveolar pattern with cavity lesion over lower lung field. (Figure 1) He was initially treated as bacterial pneumonia and pathogens of subacute infections were checked. Chest computed tomography (CT) showed alveolar consolidation with cavity lesion in RUL, two small cystic lesions in bilateral upper lungs. (Figure 2 and 3) Head & Neck surgical Oncologist was consulted for suspect tumor recurrence. Physical examination and fiberscope showed no evidence of local recurrence. Bronchoscope with EBUS biopsy showed *Aspergillosis* with atypical squamous cells and *Aspergillus fumigatus* was identified from bronchoalveolar lavage culture. He received Voriconazole for pulmonary *Aspergillosis*. Because partial remission of RUL alveolar, repeat bronchoscope with EBUS biopsy showed squamous cell carcinoma. Immunohistochemical study reveals positive for CK and p53 (80%). PET-CT showed FDG uptake in the right tongue base/mouth floor region and cavitory nodules with intense FDG uptake in the bilateral lungs. He received thoracoscopic wedge resection for the cystic lesion of left upper lobe, which was impressed fungal infection initially. The pathology and immunohistochemistry study showed positive for P40 and negative for TTF-1, favor metastatic squamous cell carcinoma. He then received chemotherapy for recurrent tongue cancer.

Discussion

Cysts and cavities are commonly encountered abnormalities in pulmonary lesions. Other times, cystic and cavity lung lesions can be a diagnostic challenge. Focal or

multifocal cystic lesions include pneumatoceles, congenital cystic lesions, infectious processes, and malignancies. The most commonly encountered solitary cavitary nodule in the lung is a malignant tumor. Spontaneous cavitation of primary lung tumors is frequent, but cavitation in pulmonary metastases is thought to be uncommon.

Chest radiograph of pulmonary *Aspergillosis* can present with macronodules(94.5%), clusters of small nodules(10.6%), consolidation(30.2%), air bronchograms(15.7%), and cavity lesion(20.4%). Squamous cell carcinomas are regarded as the most common type of cavitary metastases observed on radiographs, composing 69% of cavitary metastases. The wall of a malignant cavitary mass is generally thick and irregular. In comparison, cystic appearance is an uncommon feature of pulmonary metastasis, which was more commonly seen in sarcomas and adenocarcinomas.

Conclusion

In our case, the bilateral cystic lesion in the patient with pulmonary *Aspergillosis* and recurrent tongue cancer that is a challenge to diagnosis from chest radiograph or CT. Pathology biopsy is necessary to help diagnosis.

Figure

Figure 1

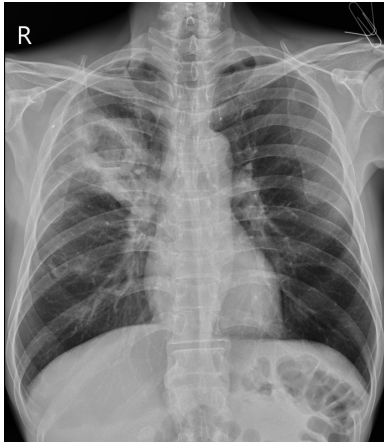


Figure 2

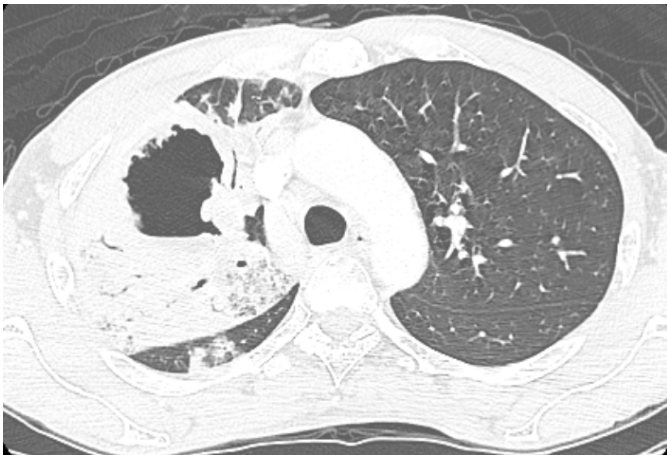


Figure 3

