

中文題目：支氣鏡應用於肺膿瘍之角色 - 案例分享

英文題目：Role of bronchoscope in Lung abscess- diagnostic and treatment opinion

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Introduction

The frequency of lung abscesses in the general population is not known. Male predominance for lung abscess is reported in published case series. The actual incidence of lung abscess acquired in the community is unknown, but this is a common clinical problem in real world. Lung abscess is air-fluid level inside the cavity with infectious patient. Most of them would be treated only with antibiotic therapy. Today, drainage is considered the major of lung abscesses treatment way. Mostly all cases were caused by poly microbial germs as result of aspiration, altered consciousness, swelling disorders, GERD, vomiting, necrotizing pneumonia or in immunocompromised hosts. with complicated pneumothorax

Materials and Methods: case presentation

This 43-year-old male was admitted due to cough with sputum for 10+ days. He had past history of hypoxia encephalopathy status after t tracheostomy .pleural effusion. According to family's information and medical summary, productive cough for 10+ days, with associated symptom as cold sweating and hiccup. No shortness of breath, no obvious GI or urinary tract symptom. Due to above problem, patient was sent to our ER for help. no TOCC history. At ER, patient's consciousness was stupor, vital sign were T/P/R:36.7/102/24,BP:144/101. PE showed no pale conjunctiva, no icteric sclera, regular heartbeat, loud breathing sound, soft and flat abdomen, no pitting edema. Lab showed no leukocytosis (WBC:7800 , seg:60.5) with CRP:0.6, Hb:13.2, Plt:414000,BUN/Cr:7/0.37, Na/K:126/3.9, GOT:50, amylase:58. CXR showed RUL small patch chest CT showed R't small air-fluid cavity. Under the impression of 1.right lung abscess2.hyponatremia, patient admitted to ward for further evaluation and treatment

Result:

He fully recovered after a total of 8 weeks of precision antibiotic treatment (parenteral and oral form) and the original lesion was also scarred. He was stable and no fever during and after treatment.

Discussion:

Bronchoscopy should be the integral part of the algorithm for diagnostic and therapy of lung abscess. Drainage procedures include percussion and positioning to increase drainage through the airways CXR: consolidation in segmental or lobar distribution with central cavitation and air-fluid level CT scan Ultrasound Pulmonary for bronchoscopy to obtain diagnostic diagnostic work-up, antimicrobial selection, and

patient follow-up key therapy include: antibiotics and resolution of the lesion on CXR or presence of a small, stable lesion, drainage. CT scan of the thorax- may detect small abscess. Bronchoscopy can exclude obstruction and provide samples for culture .Where slow resolution occurs, the possibility of malignancy or unusual organisms must be considered. Bronchoscopy is a important diagnostic technique for many lung diseases, Such individuals should be promptly evaluated. It is necessary, however, to routinely order bronchoscopy for all patients with lung abscess. Diagnostic bronchoscopy is a part of diagnostic protocol for taking the material for microbiological examination and internal washing and drainage of pus to relieve infectious burden.