— Sat-81 —

서로 다른 임상 양상과 방사선 소견을 보인 폐 효모균증 2예

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효모균증(Cryptococcosis)은 Cryptococcus neoformans에 의한 진균 감염으로 호흡기를 통하여 인체로 감염되어 주로 뇌와 뇌 척수막을 침범하며, 드물게 폐, 피부, 전립선, 골, 그리고 림프조직의 침범이 동반될 수 있는 전신 감염성 질환이다. 폐에 국한된 효모균증은 드문 질환으로 무증상에서부터 면역이 억제되어 있는 환자인 경우 급성 호흡 부전증에 이르기까지 다양한 임상양상을 보이며, 방사선 소견도 고립성 결절이나 다발성 결절 또는 미만성 침윤성 병변 등의 다양한 소견을 나타내어 그 임상적, 방사선학적 소견으로 본 증의 진단이 어려워 대부분 조직학적인 진단이 필요하다.

연자들은 기저 질환이 없이 흉부 방사선 사진상 우연히 발견된 폐결절로 내원한 64세의 건강한 남자에서 흉강경하 폐생검으로 확진된 폐 효모균증 1예와 호흡곤란을 주소로 내원한 양측성의 미만성 침윤성 병변을 가진 60세의 여자 환자에서 기관지 탄분 섬유화증과 동반된 폐 효모균증 1예를 각각 경험하였기에 보고하는 바이다.

— Sat-82 —

Acute Deep Neck Infection and Descending Necrotizing Mediastinitis Originating from Upper Respiratory Infection

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Upper respiratory tract infection (URI) usually has self-limited course. Here, we are making a report of URI disastrously complicated with acute deep neck infection(DNI) and descending necrotizing mediastinitis(DNM). A 32-year old female was referred for dyspnea with febrile sensation. Sore throat and fever developed three days before her visit. Right neck became swollen with more severe neck pain in the next day. She complained of chest pain and dyspnea in the third day. As a housekeeper. she was healthy without any specific medical, social, family history. The blood pressure was 120/70 mmHg, pulse rate 100/min, respiratory rate 24/min, body temperature 38.8℃. Right neck became swollen with reddish discoloration. Right tonsillar hypertrophy with whitish pus, and crypt was seen. Ipsilateral cervical lymph node enlargement was also combined. Auscultation showed vesicular breathing sound without any adventitious sounds. In simple films of neck and chest, retropharyngeal space was widened. and pleural effusion was detected without any infiltration in pulmonary parenchyme. In computed tomography of neck and chest, peritonsillar abscess was found with right predominance. Multiple massive abscesses were seen within many potential spaces; i.e., retropharyngeal, lateral pharyngeal, prevertebral space. In laboratory results, white blood cells were counted as 2,220/㎣ (polymorphous neutrophils 57%, band neutrophils 24%). No bacteria was grown in repeated blood cultures for aerobic and anaerobic bacteria. On the first day of admission, mechanical ventilation started for acute respiratory failure. With immediate constitution of broad-spectrum antibiotics , incision and drainage of abscesses was proceeded two times for the neck, mediastinum and both pleural cavities. Her clinical status became stabilized within two weeks and discharged one month later. From this case, we can learn a lesson that URI can be complexed with acute DNI/DNM.