

■ S-327 ■

Allergic Bronchopulmonary Aspergillosis in a Non-asthmatic Patient

Department of Internal Medicine, Chung-Ang University College of Medicine, Seoul, Korea

*Sung Woon Park, M.D., Byung Ook Lee, M.D., Jae Hee Lee, M.D., Sung Gun Cho, M.D., Jae Chol Choi, M.D., Jong Wook Shin, M.D.,
Jae Yeol Kim, M.D., In Won Park, M.D., Byoung Whui Choi, M.D.

Allergic bronchopulmonary aspergillosis (ABPA) is a complex clinical entity that results from an allergic immune response to *Aspergillus fumigatus*, most often occurring in a patient with asthma. ABPA is rarely observed in the absence of asthma, which is, in fact, the principle criteria for its diagnosis. Our patient was 53 years old female without a history of bronchial asthma. She presented with cough for 1 month who manifested a localized pneumonic consolidation, she was treated by antibiotics during fifteen days in a private hospital. Peripheral blood eosinophilia and elevated serum IgE were observed. High resolution computed tomographic scan of the chest revealed complete endobronchial obstruction with high attenuated material within the left upper lobe lingular divisional bronchus. Pathologic examinations of bronchoscopic biopsy specimens revealed Fungal ball (Aspergillosis) with laminated clusters of eosinophils. Pulmonary function test and bronchial provocation test were revealed that she was non-asthmatic patient. The patient was managed with oral prednisolone and was relieved of her symptoms. Occurrence of ABPA in non-asthmatics is very rare and deserves reporting.

■ S-328 ■

A case of tracheal glomus tumor in a patient who was misdiagnosed as asthma

Department of Internal Medicine, Fatima Hospital, Daegu, Korea

*Mi Young Kim, M.D., Byung Ki Lee, M.D., Yeon Jae Kim, M.D., Seung Wook Jung, M.D.

A glomus tumor is a benign tumor, consist of glomus cell. It commonly seen in the extremities. Extracutaneous glomus tumors such as trachea, are very rare. So patients can be misdiagnosed as other pulmonary disease. In cases such as tracheal glomus tumor, patients can become diagnosed with asthma due to obstruction by tumor institutions. We was experienced a case of tracheal glomus tumor in 54-year-old man who complained worsening of dyspnea on exertion, sputum for 2 months and who was misdiagnosed and treated as asthma in a primary care. 1.3x1.2 cm mass arising from upper trachea posterior wall was confirmed by chest CT, bronchofibroscopy and removed partial tracheal resection and end-to-end anastomosis. postoperative microscopic analysis and immunohistochemical staining showed the pathological characteristics of a glomus tumor.