

Pleural and pulmonary sparganosis : A case report

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Sparganosis is a parasite infection caused by the larvae of cestodes in the genus *Spirometra*. While human sparganosis usually appears as subcutaneous nodules all over the body, it rarely involves the internal organs such as eye, brain, and spinal cord. Herein is presented a case of pulmonary sparganosis accompanying migrating infiltration and pleural effusion, which was confirmed by histological examination. A 57-year-old man was admitted with pleuritic pain lasting for 2 weeks. He had chronic alcoholic pancreatitis. He had eaten both wine-soaked snakes and the flesh of wild boar, and drunken unboiled stream water for past 3 years. At admission, chest x-ray and CT showed 4 x 3 cm sized ill defined mass in left lower lung and ipsilateral pleural effusion. Serum leukocytosis with eosinophilia was found. Analysis of pleural effusion was an exudative effusion with eosinophilia. After 10 days of admission, a new pneumonic infiltration and effusion appeared at right lung zone and previous lesion disappeared on chest radiography. Based on his eating habit, serum ELISA to detect parasite infection was performed and revealed strong positive reaction to sparganosis. For the confirmatory diagnosis and treatment, surgical excision was performed at right lower lobe. Sparganum larva was identified and removed. Histological examination showed that there was fragmented adult worm with characteristic calcareous corpuscle with eosinophilic infiltration and granuloma. On the 5th day after excision, serum eosinophil count was normalized and follow-up chest x-ray in outpatient clinic showed no more pleural effusion and pulmonary infiltration. This is a rare case of sparganosis limited to lungs all over the world. Though it is very rare, the possibility of sparganosis should be considered when eosinophilic pleural effusion and migration infiltration were faced in a patient with plausible history.

Successful drowning rescue by early prone ventilatory positioning and use of nitric oxide gas

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Drowning is the third leading cause of unintentional accidental death globally. The most serious pathophysiologic consequence of drowning is hypoxemia from acute respiratory distress syndrome. Herein, we report a drowning victim who presented with hypothermia and cardiac arrest, followed by acute respiratory distress syndrome, rhabdomyolysis (with acute kidney injury), and disseminated intravascular coagulopathy. Aided by advanced cardiac life support and mechanical ventilation with prone position, the patient fully recovered after two days of hospitalization. As part of the complex management, mechanical ventilation in a prone position was critical to the patient's recovery. Coupled with use of NO gas, this strategy seems far simpler and less risky than ECMO and may constitute a preferred option, with ECMO as a plan of last resort.