完治된 결핵환자에서 발생한 Mycobacterium Szulgai 폐질환 1예

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Mycobacterium szulgai is a rare nontuberculous mycobacterium found in Korea. It is an opportunistic pathogen and is usually isolated from patients with a history of alcoholism, chronic pulmonary disease, or an immunocompromising condition. We present here a case of M. szulgai isolated from a patient with a history of pulmonary tuberculosis. A 54-year-old man was admitted with dyspnea and febrile sensation. He had a history of pulmonary tuberculosis which occurred 30 years earlier and treatment with anti-tuberculosis medication. His chest computed tomography scan showed cavitary consolidation in both upper lungs. A sputum acid-fast bacilli (AFB) smear was positive and anti-tuberculous medication was started. However, a polymerase chain reaction for mycobacterium tuberculosis was negative and anti-tuberculous medication was stopped. M. szulgai was isolated on 3 separate sputum and bronchial wash fluid AFB cultures. He was treated with clarithromycin, rifampicin, and ethambutol. After 1 month, a sputum AFB smear and culture became negative and no additional M. szulgai were isolated during a 16-month treatment.

Two Cases of Resection of Endobronchial Hamartoma by Cryotherapy via Flexible Bronchoscopy

민경훈, 최종현, 심재겸, 오지연, 이은정, 이승헌, 이은주, 허규영, 이수영, 이상엽, 김재형, 신철, 심재정, 안광호, 강경호

Endobronchial hamartoma is a rare benign tumor derived from peribronchial mesenchymal tissue. It can cause irreversible post-obstructive pulmonary destruction. Early diagnosis and treatment is very important. Traditionally, surgical resection has been considered the standard of treatment for endobronchial hamartoma. However, there is increasing experience using endoscopic treatment such as Nd-Yag laser and electrocautery with a paucity of reported complications. Endoscopic resection has comparable therapeutic efficacy with surgical resection. Bronchoscopic cryotherapy is a technique in which endobronchial tissue is destroyed by repeated freezing and thawing. It is most often employed as a palliative therapy for airway obstruction due to a malignancy. Other indications for bronchoscopic cryosurgery include airway obstruction due to a benign endobronchial lesion, inoperable microinvasive carcinoma, hemoptysis due to a visible lesion, and the extraction of foreign bodies. We report two cases of endobronchial hamartomas, each diagnosed and definitively treated with bronchoscopic techniques. Endobronchial resection was successfully performed using cryotherapy via flexible bronchoscopy without any complications. Follow-up bronchoscopic examinations excluded residual or recurrent disease.