115 年奇美醫院胸腔內科臨床病例討論會

1 時間： 115 年 09 月 08 日 PM: 4:00-5:00
2 課程活動題目: Amyloidosis in CXR
3 主講人：柯獻欽
4 地點： 奇美醫學中心 10 樓空橋討論室
5 聯絡人: 黎安騏（06-2812811 #57132）
6 摘要:

Amyloidosis is characterized by proteinaceous deposits in extracellular tissue and is classified into five main groups: primary, secondary, localized, familial, and senile. Any of these may affect the lungs. Lung involvement may be any of three forms: tracheobronchial, nodular, or diffuse parenchymal. More than one type will not usually coexist.

Tracheobronchial amyloidosis is **most common** and presents as multiple nodules protruding from the wall of the trachea or bronchi, possibly causing narrowing of the lumen.

Diffuse parenchymal form (also called diffuse alveolar septal) can involve both lungs diffusely or regionally with interstitial small irregular densities which may become confluent or lead to honeycombing (CXR may also be normal). This form is **least common but** is **most likely to cause respiratory failure** (as with this patient).

The nodular form usually occurs in patients over 60 y/o who are generally asymptomatic until the disease is extensive. Unlike the previously mentioned forms of pulmonary amyloidosis, other organs are generally not involved. Nodules are usually peripheral, and when multiple, vary in size and shape and may calcify.

Differential Diagnosis (DDx):

DDx for the nodular type includes metastatic disease, granulomatous disease, rheumatoid, sarcoidosis, and mucoid impaction.

DDx for the diffuse parenchymal type includes idiopathic interstitial fibrosis, miliary tuberculosis, hypersensitivity pneumonitis, pnemoconiosis (especially asbestosis), rheumatoid lung, pulmonary histiocytosis X, and scleroderma.

DDx for the tracheobronchial type would include granulomatous disease, broncholith, or bronchogenic carcinoma.