

中文題目：以肺麴菌病為表現的肺黏膜相關淋巴組織淋巴瘤－病例報告

英文題目：Pulmonary mucosa-associated lymphoid tissue(MALT) lymphoma mimicking pulmonary aspergillosis: a case report

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Background: Pulmonary MALT lymphoma is a rare disease, and the most common image finding is consolidation. Lymphoma is associated with opportunistic infections, and *Aspergillus* is the most frequent pathogen. Here we presented a case of unresolved pulmonary aspergillosis after voriconazole usage, while the final pathological result revealed pulmonary MALT lymphoma .

History: A 58-year-old man without chronic infection or autoimmune disease suffered from dyspnea with dry cough for one month and came to emergency department(ED) in 2020/02. Chest x-ray(CXR) and chest computed tomography(CT) showed consolidation over bilateral lungs. Serum white blood cell(WBC) count, c-reactive protein(CRP) and procalcitonin(PCT) were in normal range. We used piperacillin/tazobactam initially. Bronchoscopy was suggested to survey the etiology of consolidation of bilateral lung, but it was refused. Lab data showed positive sputum *Aspergillus* galactomannan antigen(4.04) and sputum *Pneumocystis jirovecii* DNA PCR, but negative sputum culture or serum *Aspergillus* galactomannan antigen, so voriconazole and trimethoprim-sulfamethoxazole were added. Sputum cytology and anti-human immunodeficiency virus(HIV) was checked to assess the immune status, and the reports were all negative. Voriconazole was discontinued due to hallucination after 2 weeks of usage. 3 months later, he presented to ED again due to fever for 2 days in 2020/05. CXR showed persistent bilateral medial-lower lung field consolidation. Lab data revealed progressed sputum *Aspergillus* galactomannan antigen(7.09), and fever subsided after resuming voriconazole. After 3 months of voriconazole prescription, rechecked CXR and chest CT revealed bilateral lung consolidation with limited change. He received bronchoscopy in 2020/08, and the pathological report of lung biopsy showed extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma). Now, he is receiving Rituximab + Bendamustine.

Conclusion:

1. Aspergillosis is associated with immunocompromise, so HIV or malignancy should be ruled out.
2. The diagnosis of MALT lymphoma is based on pathological report of local specimen, so biopsy should be performed early to make the final diagnosis.