

中文題目：已在治療的侵襲性肺麴菌病以危及生命的反覆咳血為表現：一院外心跳停止的少見原因

英文題目：Invasive Pulmonary Aspergillosis already on treatment presenting with repeated life-threatening hemoptysis: a rare cause of OHCA(out of hospital cardiac arrest)

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Introduction: Invasive pulmonary aspergillosis (IPA), a less common cause of non-life-threatening hemoptysis, presented to ED with repeated life-threatening hemoptysis related OHCA even already on treatment. It was interesting to search for the potential cause.

Case presentation: A 64-year-old man suffered from exertional dyspnea and intermittent hemoptysis for several days before visiting to the chest out patient department. Initial survey, including platelet count, renal function, liver enzymes and coagulopathy revealed unremarkable findings. chest X-ray disclosed left upper lobe collapse and right upper lung fibronodular lesions, most likely due to old pulmonary TB. Chest CT showed left upper lung consolidation and both lung parenchymal bronchiectatic change, ground-glass opacity, and interlobular septum thickening. The bronchoscopy showed LB3 milky tumor with almost total airway obstruction without active bleeding. Bronchoscopic biopsy proved to be aspergillosis infection. Voriconazole was prescribed, and then he was regular follow-up at OPD. However, about 2 weeks later, he presented to ED with 300 cc hemoptysis. CT angiography was performed, but no embolization was done due to no visible contrast extravasation. The second bronchoscopy revealed no visible bleeder, either. After supportive care, no hemoptysis was found during hospital admission. Unfortunately, he was found life-threatening hemoptysis at home 1 day later. As EMT arrival, no pulse and no respiration were noticed. CPR was continued till to emergency department for more than 30 minutes, but in vain.

Discussion: Most episodes of hemoptysis are non-life-threatening and originate from the pulmonary artery circulation. The aspergilloma, one of less common cause of lung parenchymal infections of non-life-threatening, may also presented as life-threatening hemoptysis if angioinvasion was found. Bronchial arterial embolization was a method for life-threatening hemoptysis management, but golden time was difficult to deal with.

Conclusion: Any etiology associated with non-life-threatening hemoptysis can also be life-threatening. Fungal infections, especially aspergilloma, can not be overemphasized.