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1

(pulmonary mucormycosis)

(Fig. 1).

10cm

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가

가

2cm,

가

0.5 cm

(1,2),

가

Methenamine
(Fig. 2).

amphotericin B

가

가

51

가 2

38.4

가 가

가

30

3

가

가

가

, 5

X-

CT

4cm

(3).

30%

(3).

(4,5),

(5,6).

CT

가

가

1999 2 10

1999 6 17

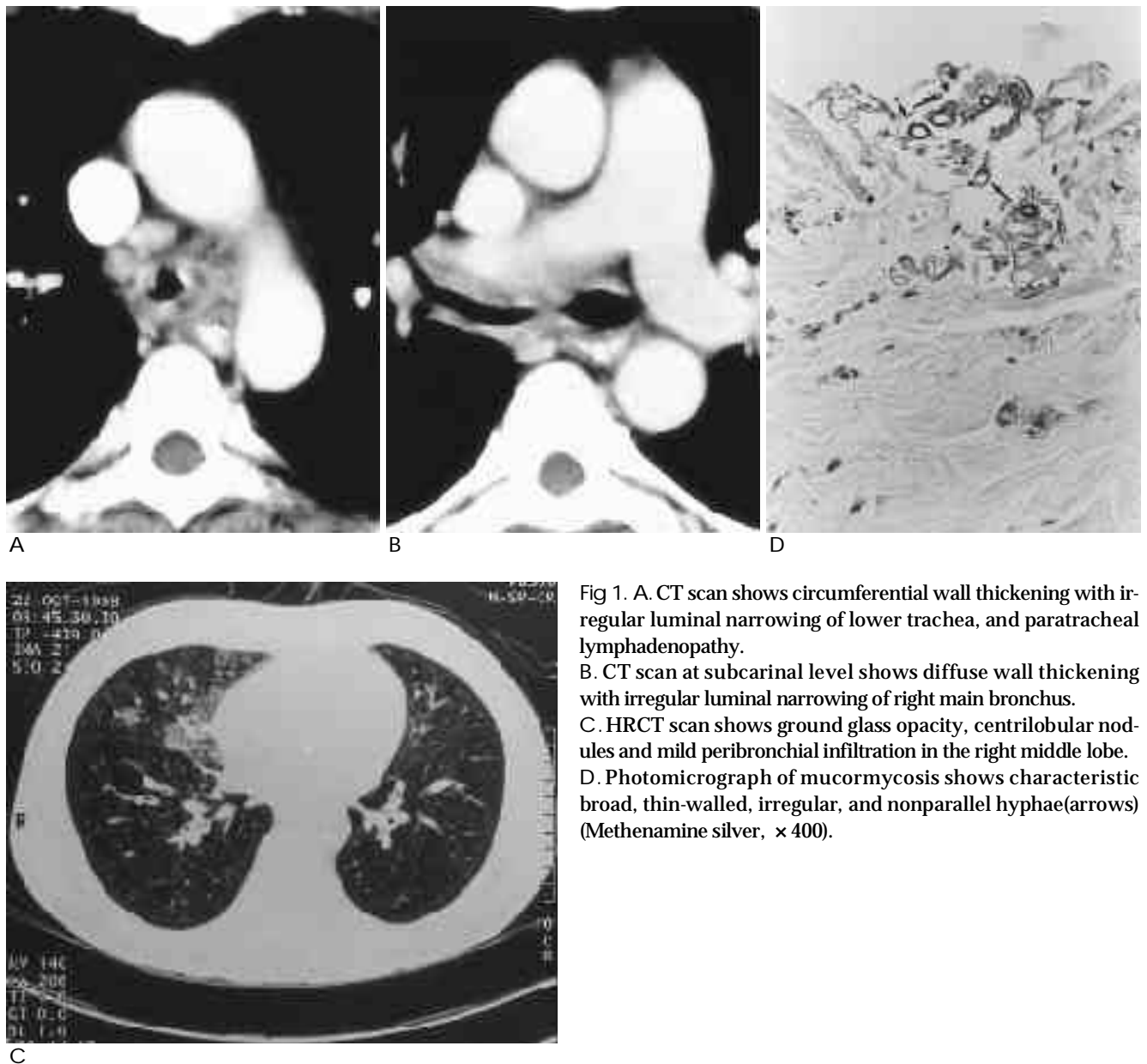


Fig 1. A. CT scan shows circumferential wall thickening with irregular luminal narrowing of lower trachea, and paratracheal lymphadenopathy. B. CT scan at subcarinal level shows diffuse wall thickening with irregular luminal narrowing of right main bronchus. C. HRCT scan shows ground glass opacity, centrilobular nodules and mild peribronchial infiltration in the right middle lobe. D. Photomicrograph of mucormycosis shows characteristic broad, thin-walled, irregular, and nonparallel hyphae (arrows) (Methenamine silver, $\times 400$).

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CT Findings of Tracheal Mucormycosis : A Case Report¹

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Pulmonary mucormycosis is a opportunistic mycosis, typically occurring in immunocompromised or diabetic patients. It is characterized as an infection of the pulmonary parenchyma and larger bronchi, and involves extensive vascular thrombosis and tissue necrosis. A variety of CT findings have been reported, but tracheal involvement is extremely rare. We report the case of a patient with tracheal mucormycosis placing particular emphasis on the CT findings.

Index words : Trachea, CT
Lung, infection

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