

Paraquat : HRCT

: Paraquat CT
 : Paraquat 6 CT 6 CT
 CT 7-84 (25.7) 1-6 (: 3.3) . 1-
 2 , 3-12 , 1-2 , 2-3 , 7 CT
 : Paraquat HRCT 1-2
 (5/5), 3-12
 (5/5), 1 (4/5),
 (1/5) CT
 : Paraquat HRCT 1-2
 , 3-12 ,
 3-12 Paraquat .

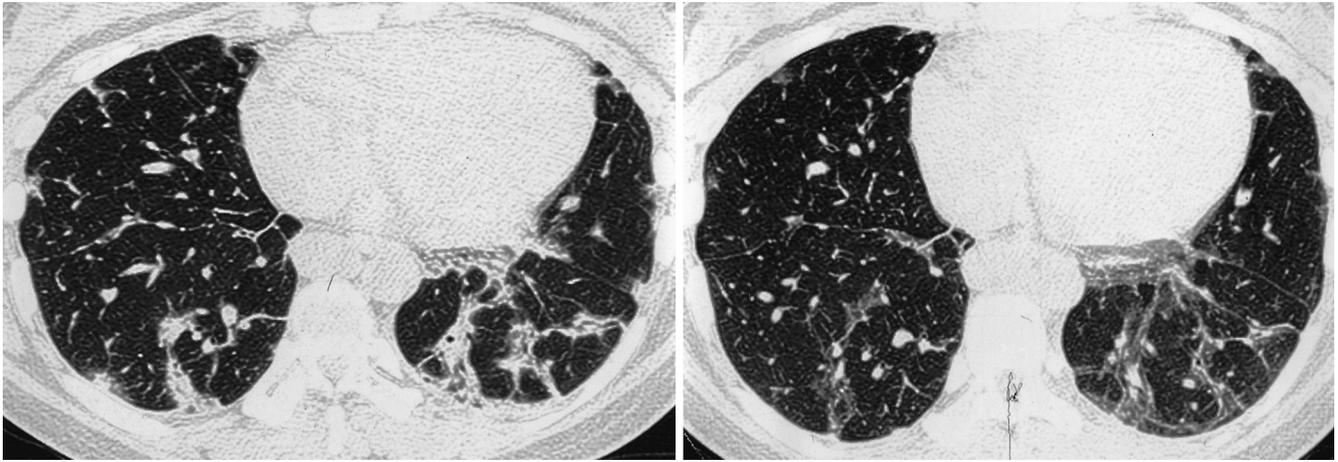
Paraquat (Gramoxon , 1,1' -dimethyl -4,4' -dipyridylum
 dichloride) 1-2 , 4-8 6 CT
 (25.7) 1-6 (3,3) CT 7-84
 (1-3). Paraquat CT Paraquat 1-2 5 , 3-12
 1 가 2-3 5 , 1-2 4 , 2-3 1 , 7 1
 (4). (3) 가 3 , 가 3 34 (18-50
 2 CT 4 9) GE prospeed (General Electric,
 Tokyo) 15 mm 1 mm
 (5) 31 Paraquat CT
 16 가 CT 1-2 , 3-12 , 1-2 , 2-3 , 7
 가 CT
 Paraquat 가 CT ,
 (air trapping), sub-
 pleural line .
 Paraquat CT

Paraquat 1 CT (4) Paraquat HRCT 1-2 5
 (Figs. 1A, 2A), 3-12 5
 (Fig. 2A), 1 4
 1
 (Figs. 2B, 2C) (Table 1).

¹
²

: Paraquat

: HRCT



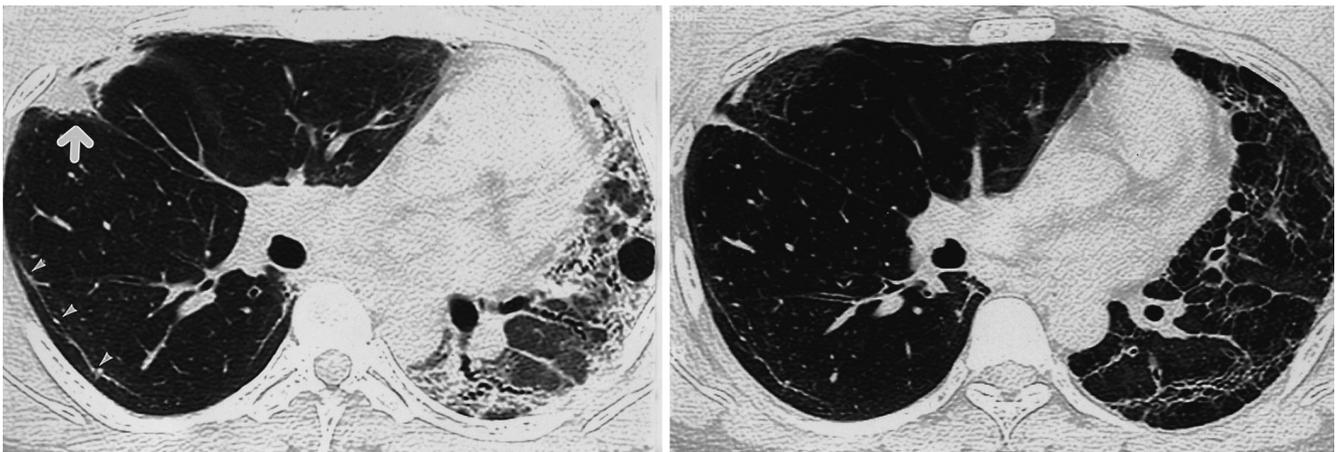
A

B

Fig. 1. Paraquat induced lung injury in a 34-year-old-woman.

A. HRCT scan obtained 1 month after paraquat ingestion shows irregular shaped multifocal air space consolidations with traction bronchiectasis in the both lower lobes.

B. HRCT scan obtained 11 months after paraquat ingestion shows that irregular shaped multifocal air space consolidations have changed to irregular shaped multifocal ground-glass opacities. However, the extent of lesions is not changed.



A

B



C

Fig. 2. Paraquat induced lung injury in a 31-year-old-woman.

A. HRCT scan obtained 6 months after paraquat ingestion shows air space consolidation with small cystic change and traction bronchiectasis in the decreased left lung. Focal consolidation is seen in the anterior periphery of the right middle lobe. Subpleural line is seen in the posterior periphery of the right upper lobe.

B. HRCT scan obtained 27 months after paraquat ingestion shows localized honeycomb appearance in the left lung. Irregular shaped consolidations in the left lung on (A) has been markedly decreased.

C. HRCT scan obtained 7 years after paraquat ingestion shows multifocal honeycombing.

CT 4 1-2 , 3
 . 3-12 가
 . 1 1
 31 1 . 31 가
 가 (Fig.
 2). 가 1
 가 (Figs. 2, 3). 1-12
 가 (Fig. 2). 3-12
 (Figs. 2A, 3A).
 lavage fluid
 neutrophilic chemotactic factor, neutrophils,
 fibronectin 가 3-4 가 가 3-4
 Paraquat가 free radical 가 (1).
 (oxidative damage) Paraquat 가 가
 (2). Paraquat 가
 HRCT Paraquat 1-2 . Lui (6) Paraquat
 10 3

Table 1. Follow up CT Findings of Paraquat-Induced Lung Injury

Follow up (Patient 's No.)	CT findings					
	Main findings			Minor or Transient findings		
	IC	IC+IG	Honeycomb	Air trapping	Small cysts	subpleural lines
1 - 2 mo (5)	5				2	
3 - 12 mo (5)		5		1	3	2
1 - 2 yr (5)	4	1	1			1
2 - 3 yr (1)			1			1
Above 7yr (1)			1			1

* IC: irregular shaped consolidation with traction bronchiectasis

* IG: irregular shaped ground-glass opacities with traction bronchiectasis, * Mo:months, yr:years

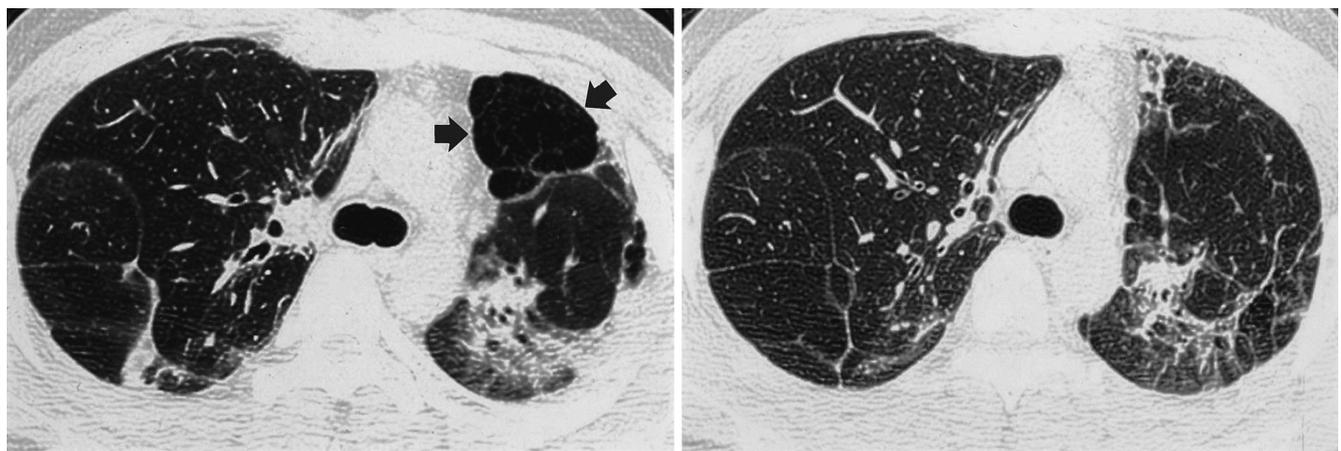


Fig. 3. Paraquat induced lung injury in a 18-year-old-man.
A. HRCT scan obtained 5 months after paraquat ingestion shows irregular shaped air space consolidations in the both upper lobes. 3 cm sized air trapping is seen in the anterior periphery of left upper lobe.
B. HRCT scan obtained 15 months after paraquat ingestion shows irregular shaped consolidation in the left upper lobe with nonvisualization of air trapping.
 Focal consolidation in the right upper lobe on (A) is not visualized.

forced expiratory volume 10
 74.33 +/- 27.1% 3 97.89 +/- 16.39
 가 , forced vital capacity, diffusing capacity of lung,
 alveolar - arterial oxygen difference 10
 3 가 ,
 . Paraquat , Nitrofurantoin, Bleomycin,
 Amiodarone
 , Amiodarone Nitrofurantoin
 가 (7, 8). 4
 1
 가 Paraquat
 3 - 12
 .
 Paraquat 가
 가
 Paraquat HRCT
 , subpleural line
 2 1 - 12 가 ,
 1 3 - 12 (3)
 2 - 4 , linear opacity 4
 9 CT
 CT 2 cm 가
 .
 Paraquat HRCT
 1 - 2 , 3 - 12

: Paraquat : HRCT
 3 - 12 가
 . Paraquat
 3 - 12
 .
 1. Schoenberger CI, Rennard SI, Bitterman PB, Fukuda Y, Ferrans VJ, Crystal RG. Paraquat-induced pulmonary fibrosis. Role of the alveolitis in modulating the development of fibrosis. *Am Rev Respir Dis* 1984;129:168-173
 2. Smith LL. Mechanism of paraquat toxicity in lung and its relevance to treatment. *Human Toxicol* 1987;6:31-3
 3. Im JG, Lee KS, Han MC, Kim SJ, Kim IO. Paraquat poisoning: findings on chest radiography and CT in 42 patients. *AJR Am J Roentgenol* 1991;157:697-701
 4. Lee SH, Lee KS, Ahn JM, Kim SH, Hong SY. Paraquat poisoning of the lung: thin-section CT findings. *Radiology* 1995;195:271-274
 5. . Paraquat HRCT :1 . 1997;36:451-453
 6. Lin JL, Liu L, Leu ML. Recovery of respiratory function in survivors with paraquat intoxication. *Arch Environ Health* 1995;50:432-439
 7. Vernhet H, Bousquet C, Durand G, Giron J, Senac JP. Reversible amiodarone -induced lung disease: HRCT findings. *Eur Radiology* 2001;11:1697-1703
 8. Sheehan RE, Wells AU, Milne DG, Hansell DM. Nitrofurantoin-induced lung disease: two cases demonstrating resolution of apparently irreversible CT abnormalities. *J Comput Assist Tomogr* 2000; 24:259-261

Paraquat Induced Lung Injury: Long-term Follow-up of HRCT¹

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Purpose: To determine the long-term follow-up CT findings of paraquat-induced lung injury.

Materials and Methods: Six patients who ingested paraquat underwent sequential follow-up CT scanning during a period of at least six months, and the results were analysed. Scans were obtained 1 - 6 (mean, 3.3) time during a 7 - 84 (mean, 25.7) months period, and the findings at 1 - 2 months, 3 - 12 months, 1 - 2 years, 2 - 3 years, and more than above 7 years after poisoning were analyzed.

Results: We observed irregular-shaped areas of consolidation with traction bronchiectasis at 1 - 2 months (5/5), irregular-shaped consolidation and ground-glass opacity (5/5) at 3 - 12 months, and irregular-shaped consolidations/ground-glass opacity (4/5) and focal honeycombing (1/5) one year later. In the same patients, follow-up CT scans showed that some areas of focal consolidation could not be visualized and the radio-opacity of the lesions had decreased.

Conclusion: The HRCT findings of paraquat-induced lung injury were irregular shaped areas of consolidation 1 - 2 months after ingestion, and irregular-shaped consolidation and ground-glass opacity or focal honeycombing 3 - 12 months later. At this time slight improvement was observed.

Index words : Paraquat, HRCT
Paraquat, Lung
Lung, CT

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