



Wilson - Mikity

CT

가

CT

Wilson - Mikity

1960

(1).

(Fig. 1B).

CT

가

(2, 3).

CT

(Fig. 1C).

Wilson - Mikity

CT

PCR

CT

(Fig. 1D).

31

12

34 6

2.2 kg

가

(Fig. 1F).

1

5

가

6

8

8

15

CT

38.4

가

가

$3.71 \times 10^3/\text{mm}^3$,

$22.3 \times 10^3/\text{mm}^3$,
13.7g/dl

TORCH IgM

(Fig. 1E, G).

CT

(Fig. 1A).
(head box)

27

5 L/min

Wilson - Mikity

1960

Wilson

Mikity

1

2

2005 4 20

2005 8 16

(1).

가

Wilson - Mikity PCR CT
 Wilson - Mikity CT
 4 11
 (4).
 (bronchopulmonary dys-
 plasia)
 (1, 3).
 (5)
 (6).
 CT
 6
 가
 CT
 1, 8, 15
 1
 15

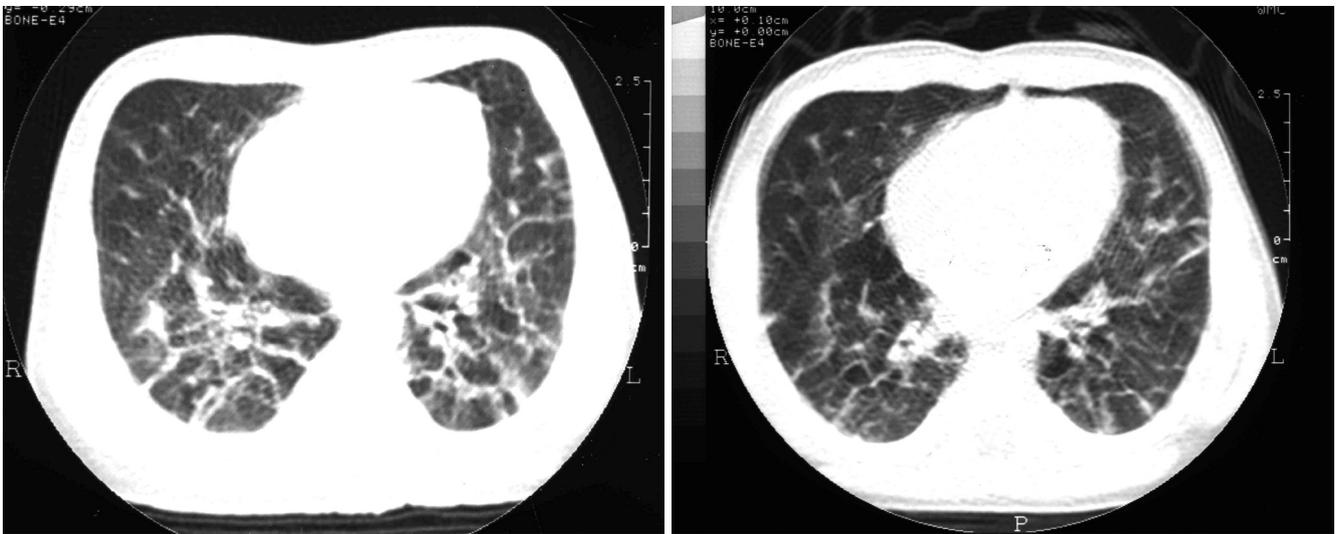
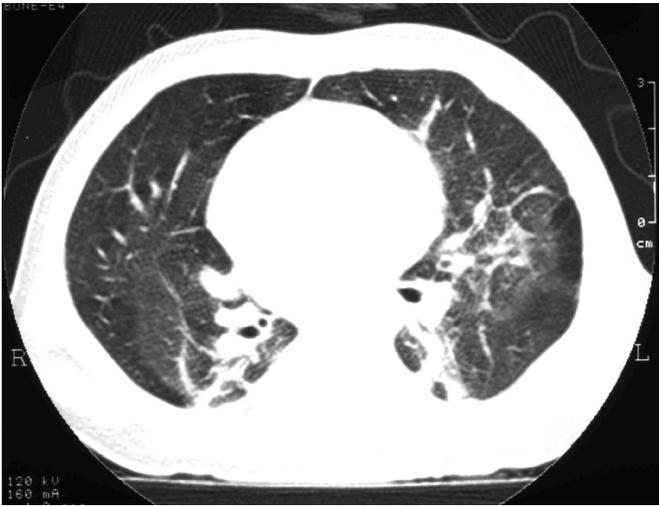


Fig. 1. Initial and follow-up plain chest radiographs and HRCTs of a premature baby.
A. Chest radiograph at 13 hours after birth shows no remarkable abnormality.
B. Chest radiograph at 1 week of life shows reticular densities and hyperaeration.
C. HRCT on the day after the Fig. 1B had taken shows diffuse interstitial thickenings and linear densities.
D. Follow-up HRCT after 1 month shows decreased interstitial thickenings and still remained peripheral linear densities.



E



F



G

Fig. 1. E. Follow-up HRCT after 8 month shows more decreased interstitial thickenings and some areas of focal hyperinflation. **F.** Follow-up chest radiograph after 12 month, when she admitted with pneumonia and bronchiolitis, shows pneumonic infiltrations and hyperinflation, and no remarkable reticular densities. **G.** Follow-up HRCT after 15 month shows more cleared lungs, but focal hyperinflations and atelectatic or fibrotic bands still remain.

CT 15

Wilson - Mikity

CT

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Wilson-Mikity Syndrome in a Newborn: Findings of Initial and Follow-up High-Resolution CT¹

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Wilson-Mikity Syndrome, a form of chronic lung disease, is rarely developed with the widespread use of mechanical ventilator. There has always been difficulty distinguishing it from bronchopulmonary dysplasia. The etiology and pathogenesis of this disease are still unknown. There are no reports in Korean literature about high-resolution (HR) CT follow-up of this disease. Diffuse interstitial thickening, which was noted on the initial examination, decreased, but some focal hyperinflations remained on follow-up HRCT. Further studies with HRCT will help to understand the progression of the disease, and will help to develop treatment and management programs.

Index words : Child

Lung, disease

Lung, HRCT

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