

김현수, 고영선, 곽현정, 이희경, 김상현, 김태형, 손장원, 윤호주, 신동호, 박성수

A Case of Pulmonary Paragonimiasis Mimicking Pulmonary Tuberculosis

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Paragonimiasis mainly occurs by ingestion of raw or undercooked freshwater crabs or crayfish. In our country, the prevalence of paragonimiasis was high until late 1960s due to eating habits, but after the 1970s the prevalence of the disease has markedly decreased and now the disease is rarely seen. As the clinical and radiological features as well as the laboratory findings are similar to that of pulmonary tuberculosis, the differential diagnosis of pulmonary paragonimiasis is very difficult. We experienced a case of a patient with pulmonary paragonimiasis who was treated as having pulmonary tuberculosis. (*Tuberc Respir Dis* 2007;63:440-443)

Key Words: Paragonimiasis, Tuberculosis

서 론

19

가

1,2
1960
가
3
10%가

증 례

환 자: O , 19
현병력: X

가 ,
과거력 및 가족력:
증상 및 이학적 소견: , 가 ,
110/60 mmHg,
70 / , 16 / , 36.6°C

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검사실 소견: 13.2 g/dl,
4,100/mm³, 234,000/mm³,
47.9%, 35.3%, 6.6%

가 (Figure 2B). 6 1

방사선 소견: X (Figure 1A)

(Figure X 8 가

1B). (Figure 3). 가

치료 및 경과: 가

Isoniazid, Rifampin, Ethambutol, Pyrazinamide

가 2 가

가 6 6~ IgE가 2,390

X 가 12% 가

(Figure 2A) 가 6 IU/dl 가

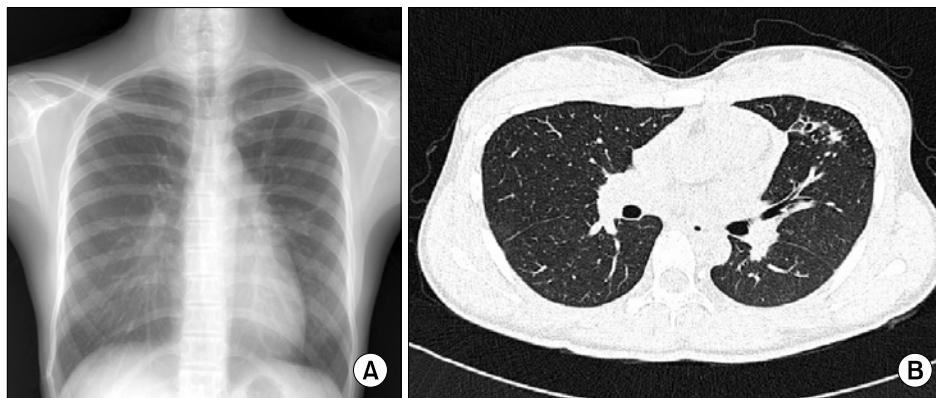


Figure 1. (A) On admission, chest radiography shows multiple nodular lesion at left upper lobe. (B) High resolution computed tomography of the chest shows cystic lesions and ground glass opacities at left upper lobe.

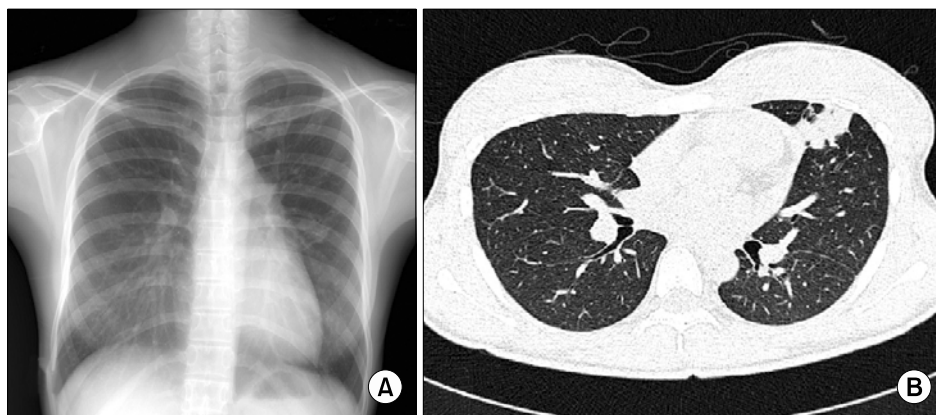


Figure 2. (A) 6 months after anti-TB medication, The chest radiography reveals aggravation of multiple nodules at left upper lobe. (B) High resolution computed tomography shows newly developed consolidation at left upper lobe.

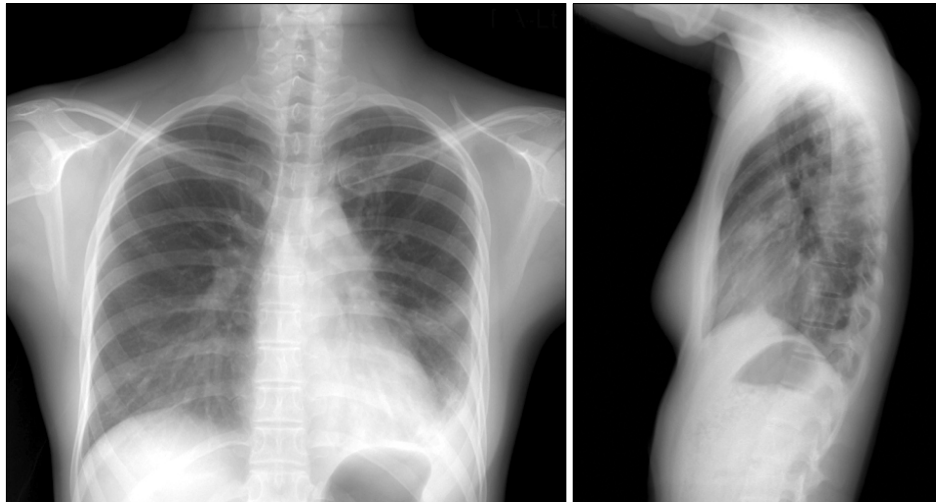


Figure 3. 8 months after anti-TB medication, Chest PA and lateral radiography shows newly developed pleural effusion at left hemithorax.

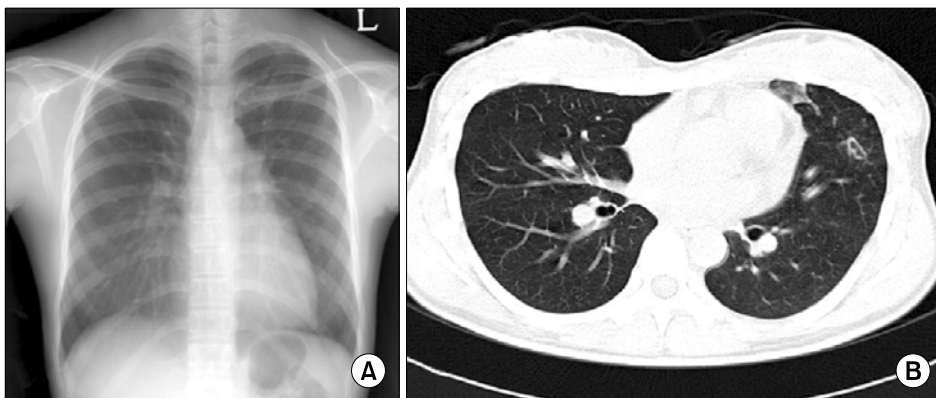


Figure 4. 1 month after praziquantel medication for paragonimiasis. (A) Chest radiography shows improvement of nodular lesion at left upper lobe. (B) High resolution computed tomography shows improvement of cystic lesions and consolidation.

Figure 4 is a line graph showing the prevalence of *Schistosoma japonicum* infection in humans in the Philippines from 1960 to 2004. The Y-axis represents the prevalence percentage, ranging from 0% to 0.09%. The X-axis represents the year. The graph is divided into three phases: Phase 1 (1960-1971), Phase 2 (1971-1992), and Phase 3 (1992-2004). The prevalence starts at approximately 0.08% in 1960, drops sharply to 0.09% in 1971, and then continues to decline to 0.002% by 2004. Key events marked on the graph include the introduction of Praziquantel (X) in 1971 and the implementation of the 'Go to school, Go to health' (GTS) campaign in 1975. The graph is also labeled with 'ELISA' and '7.5~12 mm'.

Year	Prevalence (%)	Event
1960	~0.08	
1971	0.09	Introduction of Praziquantel (X)
1975	~0.05	Implementation of 'Go to school, Go to health' (GTS) campaign
1992	~0.01	
1997	~0.005	
2004	0.002	

X

,

,

,

가 , 가

47 .

가 30 ~ 68%

4,8-10 .

가 가

ELISA *Paragonimias westermani*

가 86 ~ 92%, 100%

4 18

11

가

요약

1

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