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## 矽肺结核合并纤维素性支气管炎

### 1 例报告

无锡市矽肺治疗中心 金连连

无锡市肺科医院肺内科 陆国础

患者男性, 54 岁, 因反复咳嗽、咳痰、气急 20 余年, 间断痰中带血 3 天入院。患者有 III 期矽肺病史 18 年, 肺结核病史 10 年。入院前出现痰中带血, 血色暗红呈“烂鱼肚”样, 咯血时患者胸闷、气急加重。体检: T 37℃, P 100 次/分, R 22 次/分, BP 14/10kPa, 意识清, 气促无发绀, 呼吸运动两侧对称, 叩诊两侧均呈过清音, 听诊两肺呼吸音低, 右上肺可闻及固定性干性啰音, 心音有力, 心律齐, 各瓣膜区未闻及收缩期或舒张期杂音。胸部 X 线表现: 两肺中下部肺纹理明显增粗且乱, 中、外侧肺野右见散在分布类圆形结节, 部分区域有融合, 右上肺有轻度收缩, 左上肺透亮度增高。入院后, 再次整口咯血, 在一次咯血约 100ml 后咯出条状血块, 将血块用水浸泡并漂洗后呈灰白色管状物, 与支气管形状相同, 管状物坚韧, 不易碎裂, 浮于水面, 咯出后患者自觉胸闷减轻。追问其病史, 患者从 1992 年开始, 每 2~4 个月就有一次咯血, 咯血量 50~100ml 不等, 咯血过程中时有索状物咯出, 在用水漂洗后呈灰白色, 不咯血时则每天晨起后有 2~3 口粘

稠白痰。

病理报告: 咯出物中可见大量红细胞、纤维素样渗出物及坏死物, 局部可见退变的炎性细胞。

讨论 纤维素性支气管炎临床较为少见, 本病的病因、病理及发病机理尚未清楚, 李玉德报告<sup>[1]</sup> 27 例纤维素性支气管炎患者中有 10 例为肺结核, 7 例为支气管扩张。本例患者有矽肺病史 18 年, 合并肺结核病史 10 年。平时患者晨起后有白粘痰数口, 这些均表示本病的病因与支气管感染有关。可能为支气管感染后, 气管、支气管上皮细胞呈炎性改变<sup>[2]</sup>。本例在近 10 年中每隔一段时间即有小量咯血, 并有管状物咯出, 实与其在慢性病变的基础上反复感染有关。

由于本病在咯血时伴有血块, 故患者在咯血过程中可有胸闷、憋气、胸部紧迫或窒息感, 特别是肺功能较差的患者更为明显, 李玉德<sup>[1]</sup> 报告的 27 例中有 23 例 (85%) 具有上述表现, 本例患者在每次咯血前胸闷症状明显, 在血块咯出后患者即感胸闷症状改善, 故对本病患者在咯血时要密切注意, 防止因管型突然脱落引起窒息。

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