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2 Cases of *Mycoplasma pneumoniae* Infection with Severe Pneumonia

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Mycoplasma pneumoniae (*M. pneumoniae*) is the leading cause of pneumonia in older children and young adults. Normally, it does not progress to a condition requiring hospitalization but improves spontaneously or has a mild clinical course. We report two cases of *M. pneumoniae* pneumonia with different clinical manifestations from the normal course. The patients were young healthy individuals. The diagnoses were made by serology. However, it could not be determined beforehand that they had *M. pneumoniae* pneumonia. Based on the empirical treatment strategy of severe community acquired pneumonia, the patients were treated with broad-spectrum antibiotics including cephalosporin, quinolone and macrolide. After administering the antibiotics, they showed a gradually favorable clinical course and recovered without residual complications. A *M. pneumoniae* infection should be considered as a cause of severe community acquired pneumonia, and empirical treatment targeting this organism might be helpful in treating patients with the severe manifestation. (*Tuberc Respir Dis* 2007;63:515-520)

Key Words: *Mycoplasma pneumoniae*, Severe pneumonia, Quinolone, Macrolide

서 론

M. pneumoniae

M. pneumoniae

2

5~10%

증 례

증례 1

29 가 4

가

. 8

가

M. pneumoniae

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(anti-human immunodeficiency virus antibody, HIV)

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130/90 mmHg, 96 / , 20 /
 38°C

6,110/mm³ (86.3%, 9.2%, sulbactam cefoperazone, isepamicin levofloxacin
 2.4% 1.3%), 9.1 g/dl, 241,000/
 mm³ 가 pH 7.431, PaCO₂ 36.2
 mmHg, PaO₂ 65.2 mmHg, HCO₃⁻ 23.5 mmol/L,
 93.5% , , ,
 C- 32.30 mg/d , 가 , (PCR)
 X- ,
 X-
 2 M.
pneumoniae IgG 457.8 HL/D/P(>100), *M. pneu-*

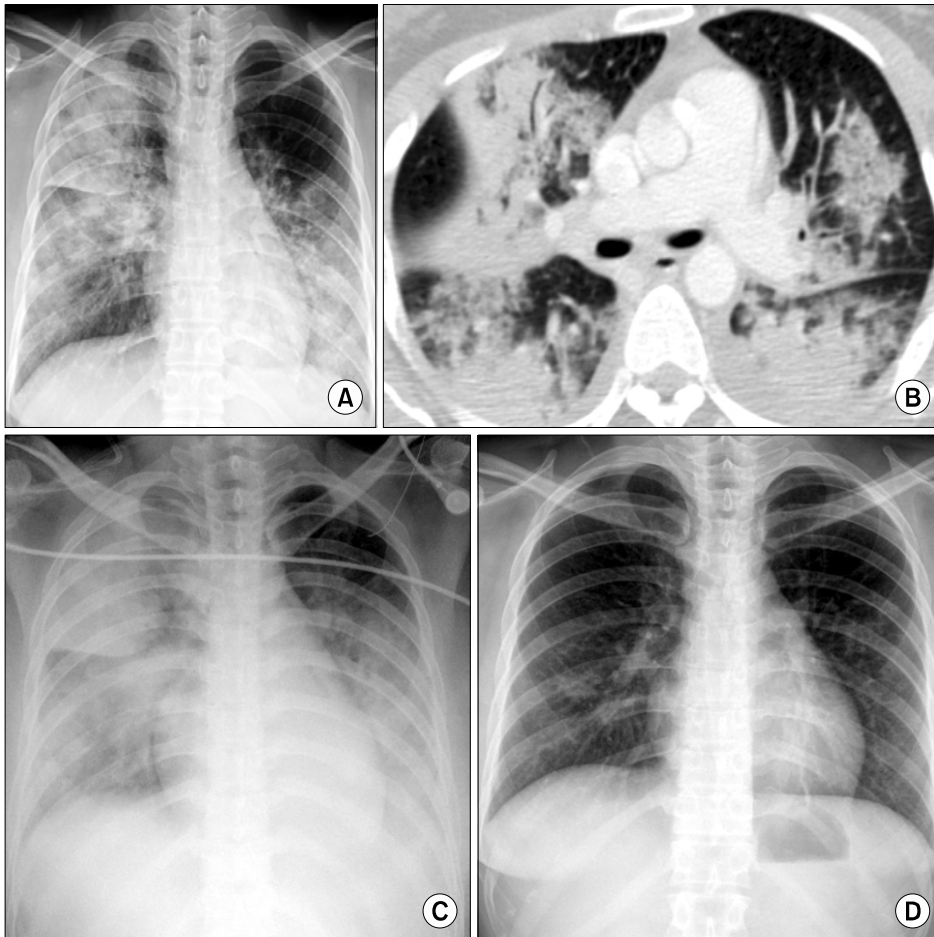


Figure 1. A 29-year-old woman with *M. pneumoniae* pneumonia. Chest radiograph at admission reveals bilateral, patch and lobar consolidation in right upper and left lower lung field (A). Chest CT scan, 2 days later, shows multi-focal consolidation (B). Follow up chest radiograph, 3 days later, shows more extensive bilateral consolidation (C). Follow up chest radiograph, 9 days later, shows nearly complete resolution (D).

moniae IgM 269.5 HL/D/P(>770) 5 증례 2
 clarithromycin 1,000 mg 가 29 가 7
 7 2 L/min 가 ,
 pH 7.445, PaCO₂ 39.7 mmHg, PaO₂ 69.1 mmHg, HCO₃⁻ 26.7 mmol/L, 94.5% 가 HIV
 X- 7 130/70 mmHg,
 가 1 : 16 84 / , 20 / , 36.9°C
 1 : 64 가 , 11 M.
pneumoniae IgG/IgM 4200/1733.9 HL/D/P
M. pneumoniae 8,720/mm³ (88.4%,
 11 7.3%, 2.9% 0.7%), 13.9
 g/dL, 273,000/mm³ 가
 pH 7.402, PaCO₂ 38.9 mmHg, PaO₂ 76.3 mmHg, HCO₃⁻
 23.7 mmol/L, 95.3%

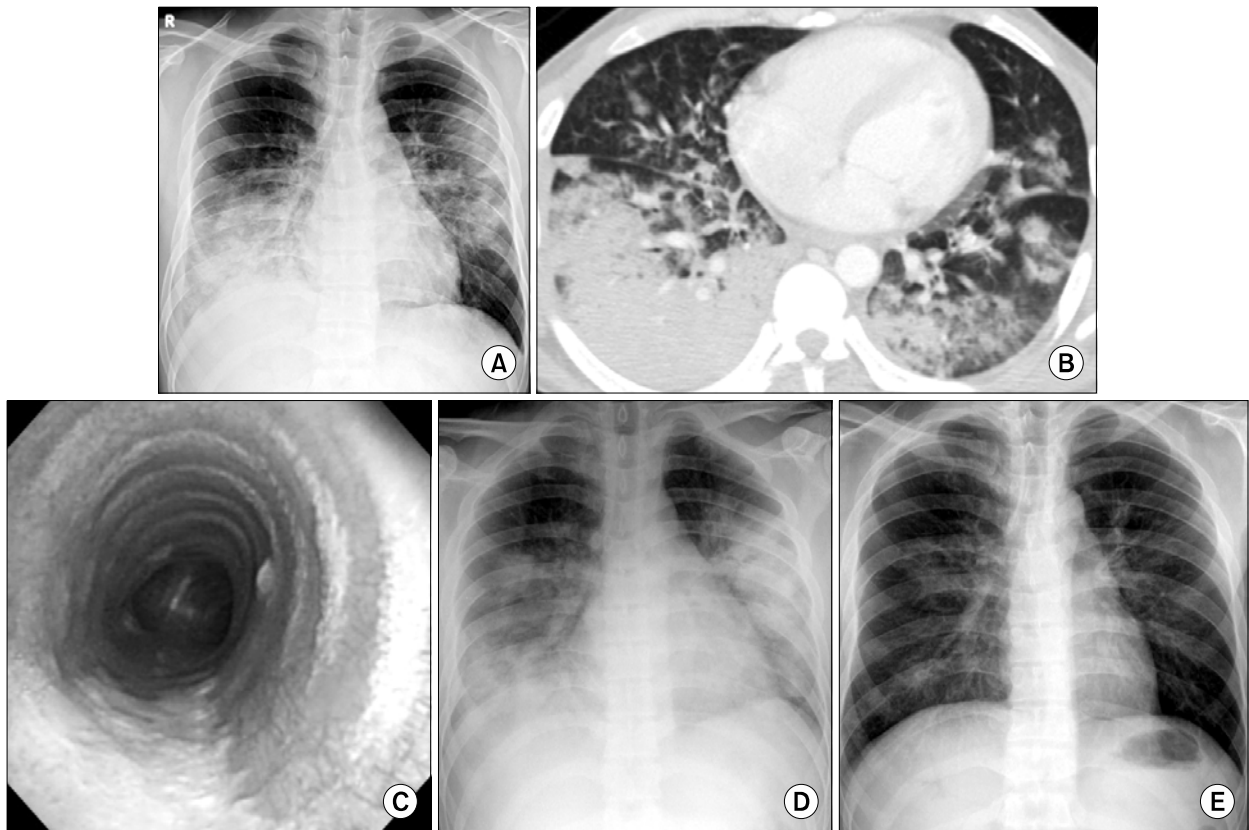


Figure 2. A 29-year-old man with *M. pneumoniae* pneumonia. Chest radiograph at admission reveals bilateral , patch and lobar consolidation in right lower and left upper lung field (A). Chest CT scan shows multi-focal lobar consolidation, mainly in right lower lobe, with pleural effusion (B). Fiberoptic bronchoscopy shows ulcerative lesion covered with necrotic exudation on the posterior wall of trachea (C). Follow up chest radiograph, 3days later, shows more aggravated consolidation (D). Follow up chest radiograph, 13 days later, shows improved state (E).

