

حالة سريرية

عصام الخيّر

كلية الطب البشري

جامعة دمشق

❖ السيدة :م. ب

❖ العمر: 82سنة ??

❖ السكن : محافظة إدلب

❖ العادات الشخصية : غير مدخنة

❖ السوابق المرضية: سكري نمط ثان +ارتفاع
توتر شرياني +قثطرة قلبية تشخيصية.

❖ الشكوى الرئيسية: زلة تنفسية مترقية أشدها في الأشهر الستة الأخيرة.

❖ عدة نوب زلة تنفسية ليلية خاصة شديدة تطلبت الإسعاف إلى المشفى .

❖ أدوية متعددة: موسعات قصبات + كورتيزون إنشافي وفموي.

❖ الفحص السريري: خشونة أصوات تنفسية+ صرير شهقي+وزيز في القاعدتين.

❖ غازات الدم: SPO2:95% PCO2:36% PO2:88%

Chest Xray





eam albsaes

y 1905231102262472

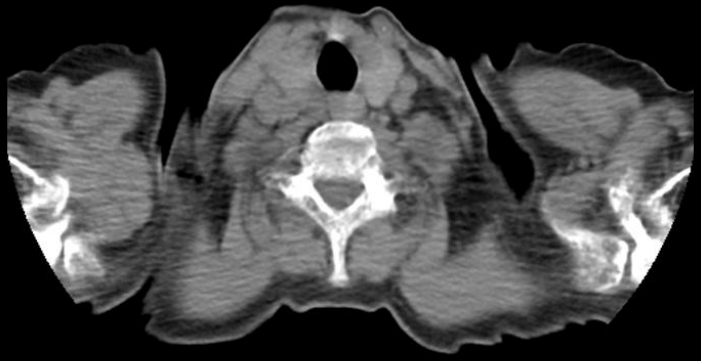
/2019

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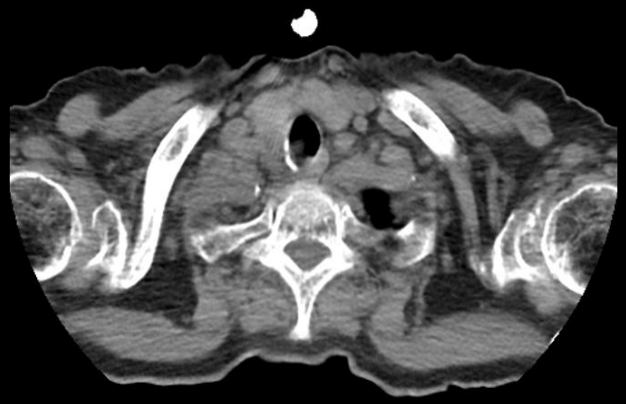


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R



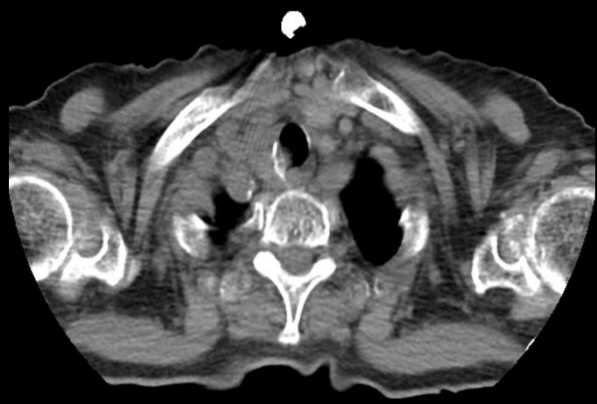


A TISHREEN UNIVERSITY HOSPITAL
Alexion

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mAs 75
/ 120
P +25.00

ALBSES
CH

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10c



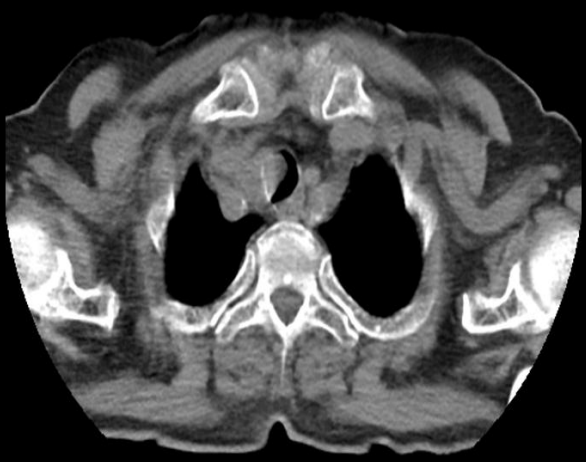
A TISHREEN UNIVERSITY HOSPITAL
Alexion

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CH

30
M

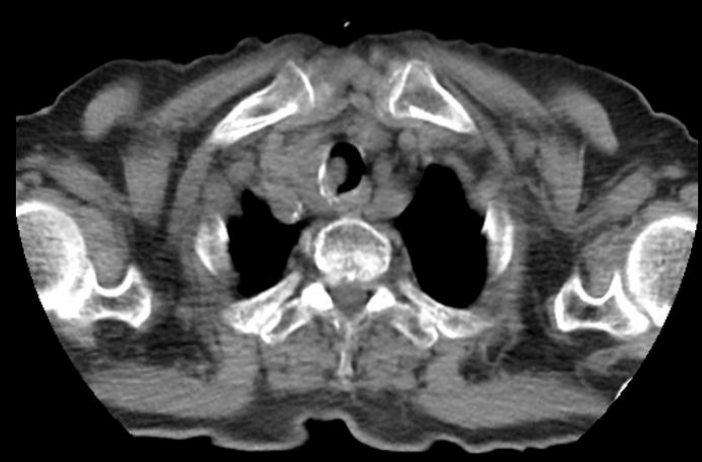
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W: 400
C: 40



10cm

4t*1*1?

W: 400
C: 40 0



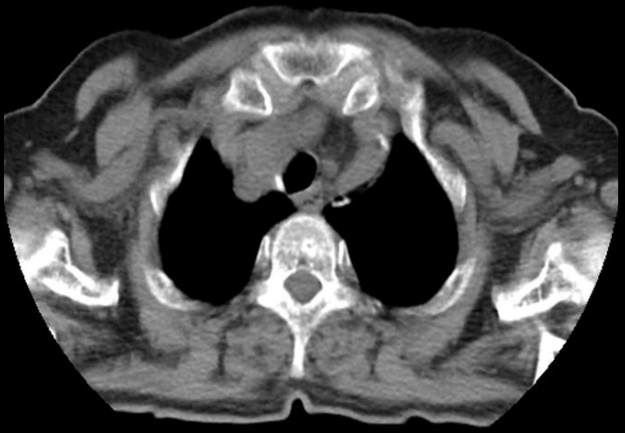
10cm
W: 400
C: 40

W: 400
C: 40

MRAIAM ALBSES
ID: 9480-CH
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Study 9480
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7:48:52 AM
10 IMA

A TISHREEN UNIVERSITY HOSPITAL
Alexion

R



SL 5.0/pj/4*1*1?
mAs 75
kV 120
SP +45.00

M ALBSES
CH TISHREEN UNIVERSITY HOSPITAL
Alexion

80
AM

MRAIAM ALBSES
ID: 9480-CH
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Study 9480
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11 IMA

A TISHREEN UNIVERSITY HOSPITAL
Alexion

R



10c

SL 5.0/pj/4*1*1?
mAs 75
W: kV 120
C: SP +50.00

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13 IMA

A TISHREEN UNIVERSITY HOSPITAL
Alexion

10cm
W: 400
C: 40

M ALBSES
CH TISHREEN UNIVERSITY HOSPITAL
Alexion

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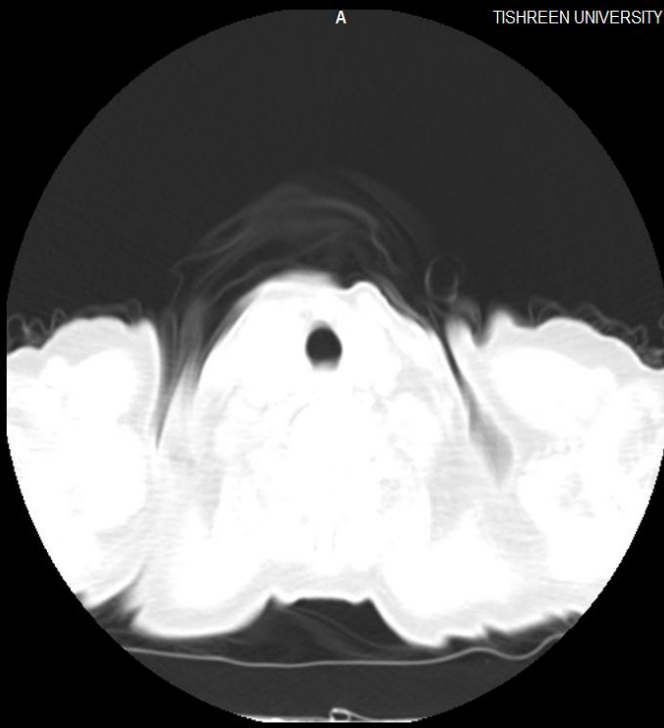
R
10cr

SL 5.0/pj/4*1*1?
mAs 75
W: 4 kV 120
C: SP +60.00



10cm
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C: 40

MRAIAM ALBSES
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Study 9480
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2 IMA

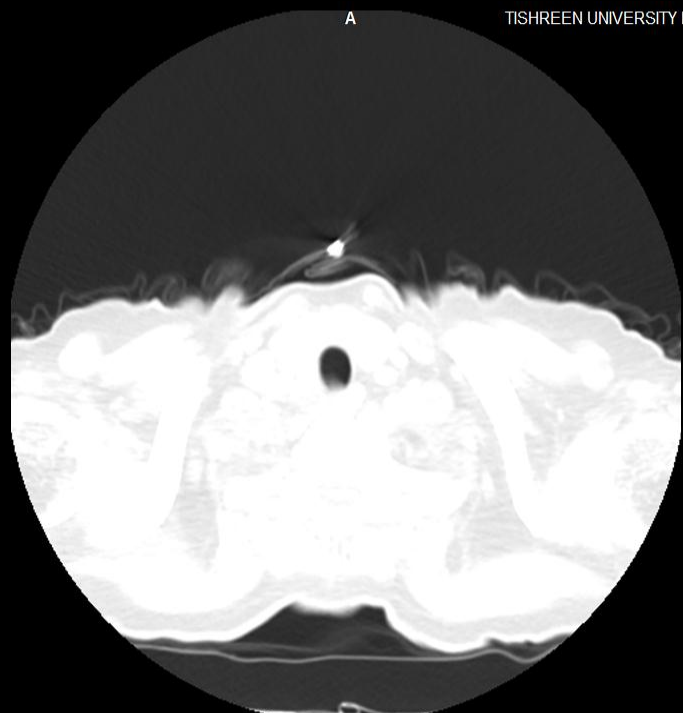


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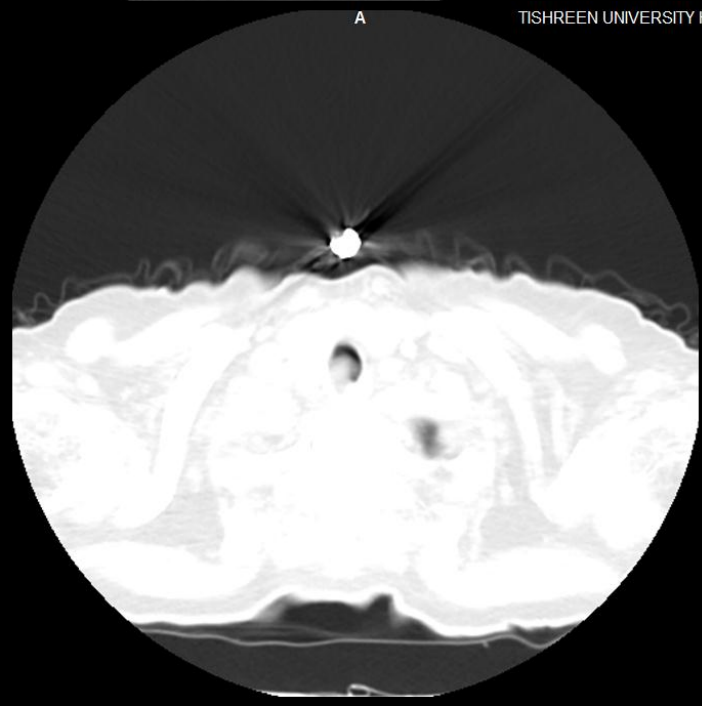


SL 5.0/pj¼t*+? ?
mAs 75

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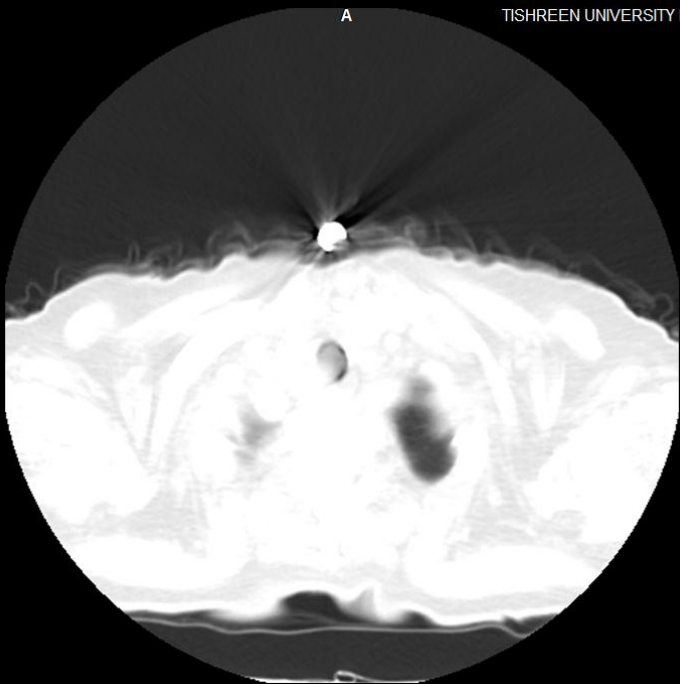


R



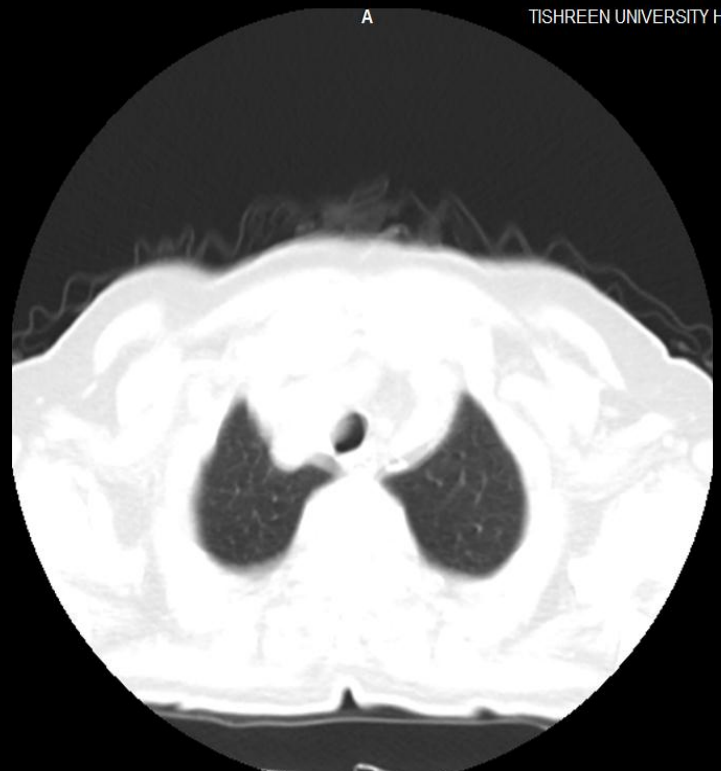
SL 5.0/pj¼t*+? ?
mAs 75
kV 120
SP +25.00

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6/2/2019
7:48:52 AM
8 IMA



SL 5.0/pj/4/1/1?
mAs 75
kV 120

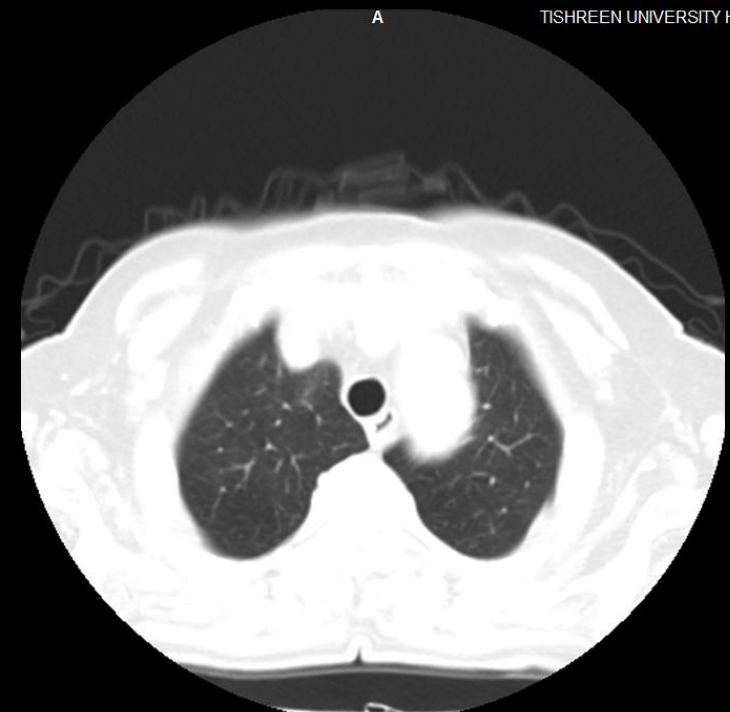
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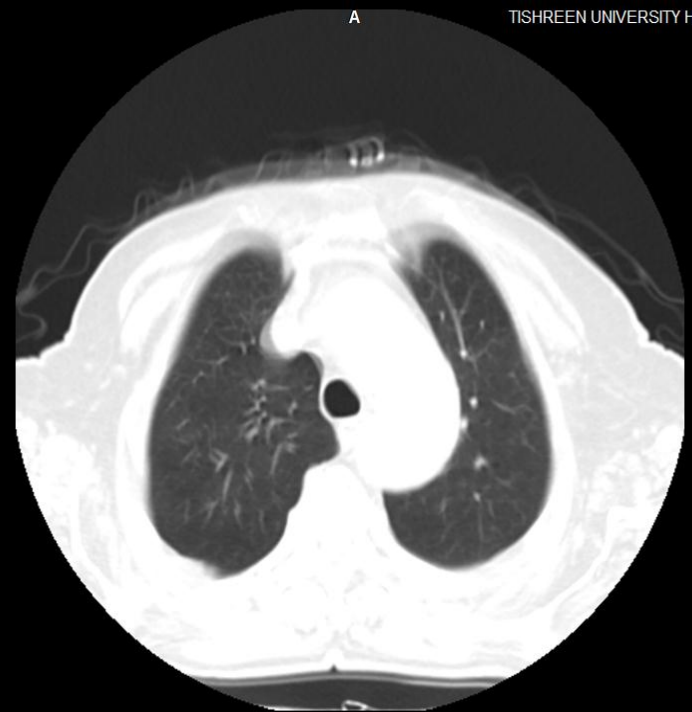
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mAs 75
kV 120
SP +45.00



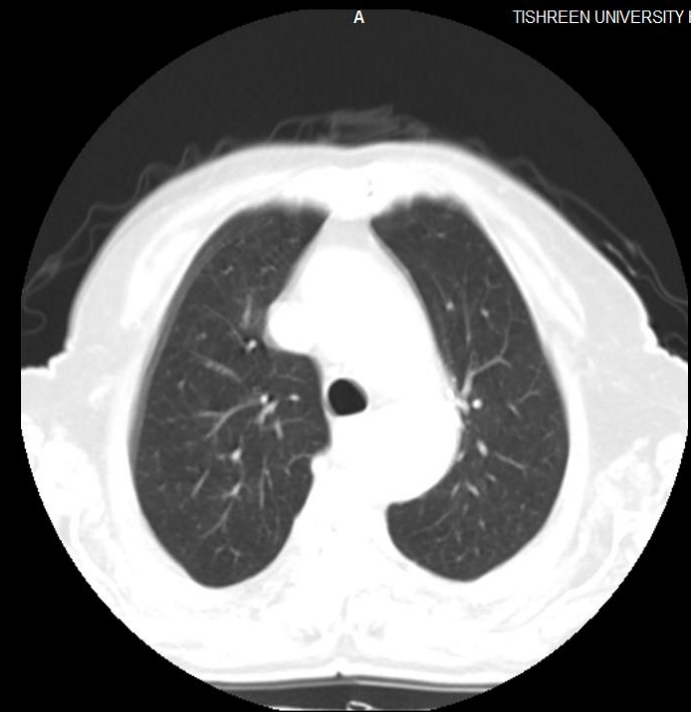
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SL 5.0/pj4t*1? ?
mAs 75
kV 120
SP +60.00



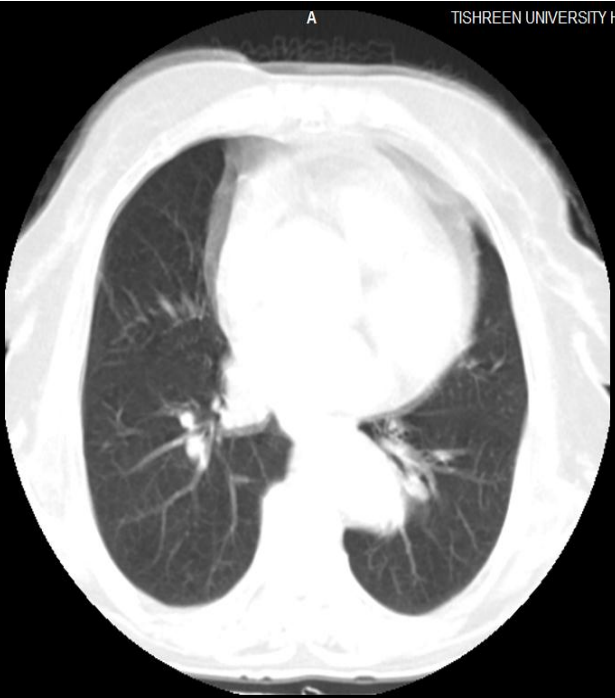
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SL 5.0/pj4t*1? ?
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kV 120
SP +85.00

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35 IMA

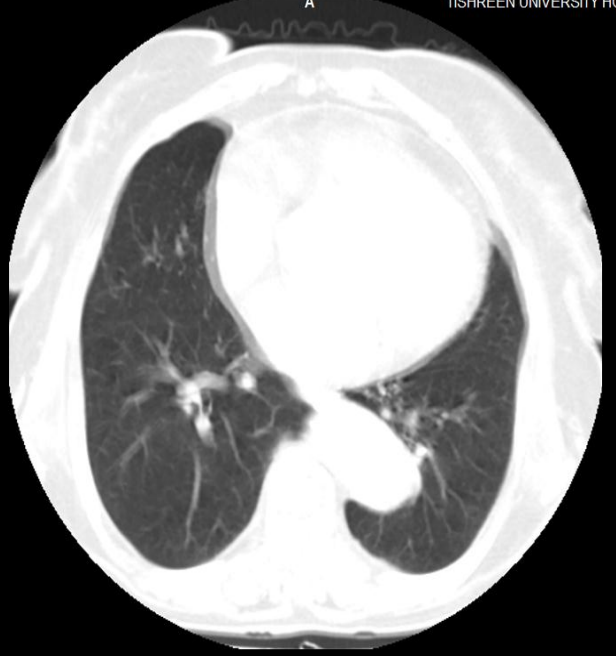
TISHREEN UNIVERSITY HOSPITAL
Alexion



SL 5.0/pj/4t+1?
mAs 75
kV 120
SP +170.00

MRAIAM ALBSES
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F
Study 9480
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37 IMA

TISHREEN UNIVERSITY HOSPITAL
Alexion



SL 5.0/pj/4t+1?
mAs 75
kV 120
SP +180.00
W: 1200



W: 1200
C: -600

MRAIAM ALBSES
ID: 9480-CH
F
Study 9480
6/2/2019
7:48:52 AM
40 IMA

TISHREEN UNIVERSITY HOSPITAL
Alexion



SL 5.0/pj/4t+1?
mAs 75
kV 120
SP +195.00

MRAIAM ALBSES
ID: 9480-CH
F
Study 9480
6/2/2019
7:48:52 AM
41 IMA

TISHREEN UNIVERSITY HOSPITAL
Alexion



SL 5.0/pj/4t+1?
mAs 75
kV 120
SP +200.00



W: 1200
C: -600

تنظير قصبات مرن

النتيجة:

الحبال الصوتية: ضمن الطبيعي.
المرغامي: تبرعم موعى بشدة على بعد ٣ سم من ^{بإمام}تفرع المرغامي يسد بشكل شبه تام
المرغامي تم تجاوزه لرؤية باقي الشجرة القصبية دون حدوث نزف
المهماز الرئيسي: ضمن الطبيعي .
الشجرة القصبية اليسرى: ضمن الطبيعي .
الشجرة القصبية اليمنى: مخاطية شاحبة مع مناطق سوداء تحت المخاطية اخذت
غسالة قصبية لتحري عصية كوخ .

التوصيات:

تم اخذ خزعات من التبرعم للدراسة النسيجية

التشريح المرضي :

- **ADYNOID CYSTIC CARCINOMA**

سورة الحديد وآية ١٨٨
ثم اطلب دعوته : آية ١٨٨ اطلب نعمة من الله سبحانه

يسمى بالقرآن العظيم السجدة الأولى
تحت الشهد العظمى

١) امانة تقسيم الخطوة العلية منه قد اختلف من وكيه

٢) ابرار الله اذنه ونبوته لانواع لديهم

٣) وجود المراد هو امر مؤمنه للمرضه

٤) انه يكون سدا للدم وقبوله > ١٨٠ اطلع به مع الجرافه

٥) انه يكون $PP \geq 14$ سم زينه

٦) وطلع لهاته شذوذه ٥ وطلع به مع الجرافه

٧) عنانه قاعه الجرافه

٨) علمه اربواذ $V+A$ قبل الجرافه بطلع 100 ينبغي الطبيب اسمه وتوقيعه بعد كل استشارة

٩) اعطاه ١٥٠ وطلع هيدرولورينده + ٢٠٠ طغ رائده

١٠) مثل الجرافه ب ٣٣

١١) السهم فطنه وملكه تام

١٢) خطوة ماليه $\leq 1/4$ ثم تدبر

ش

الخيار الجراحي؟؟

❖ خزع رغامي؟؟؟

❖ قطع رغامي؟؟؟

❖ تنظير قصبات صلب؟؟؟

التشريح المرضي النهائي؟؟؟

التشريح المرضي النهائي:

١٩٠٢٨٨٢

م.د. عصام الخير

٢٠١٩/٠٦/٢٣

٢٠١٩/٠٦/٢٣

٢٠١٩/٠٧/١٦

- مجروفات رغامي .

multiple fragments -
measuring (3 * 2.5 * 0.5) cm

neuroendocrine tumor -
IHC will be applied for further -
evaluation

. بإجراء التلوينات المناعية وإعادة القراءة

CK, CK7 : positive

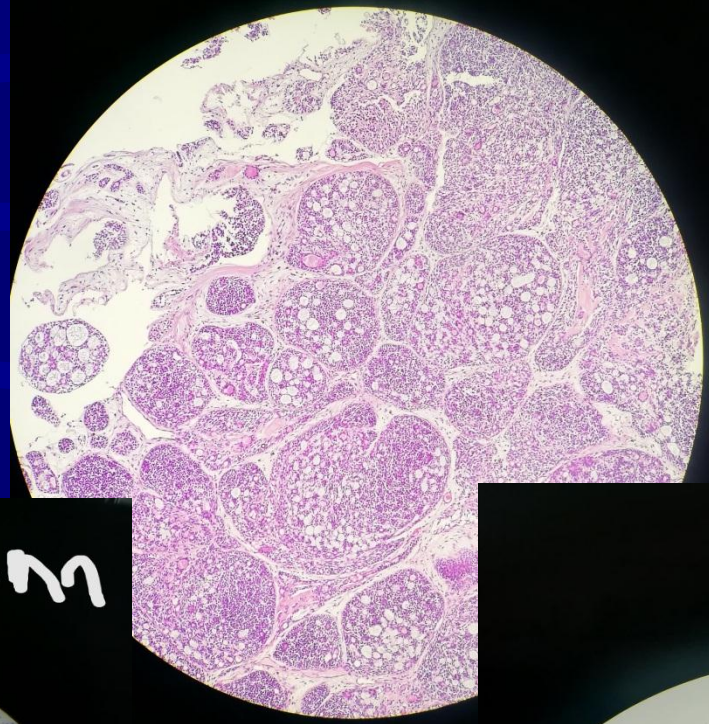
chromo: negative

high grade adenoidcystic carcinoma

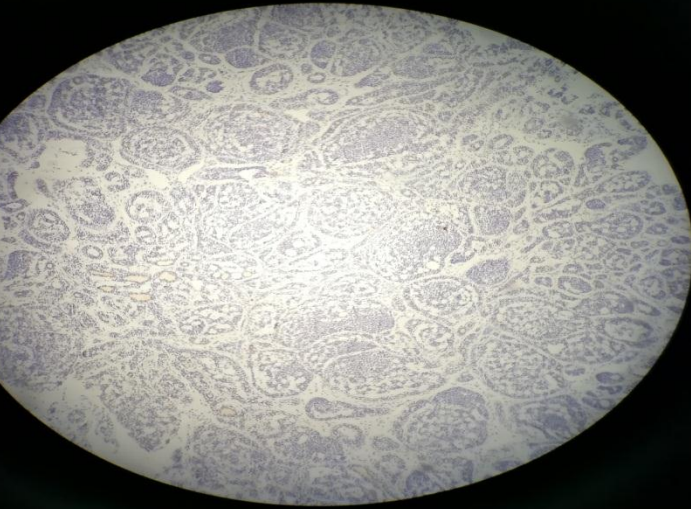
أ.د. فريز أحمد

أ.د. إياد الشطي

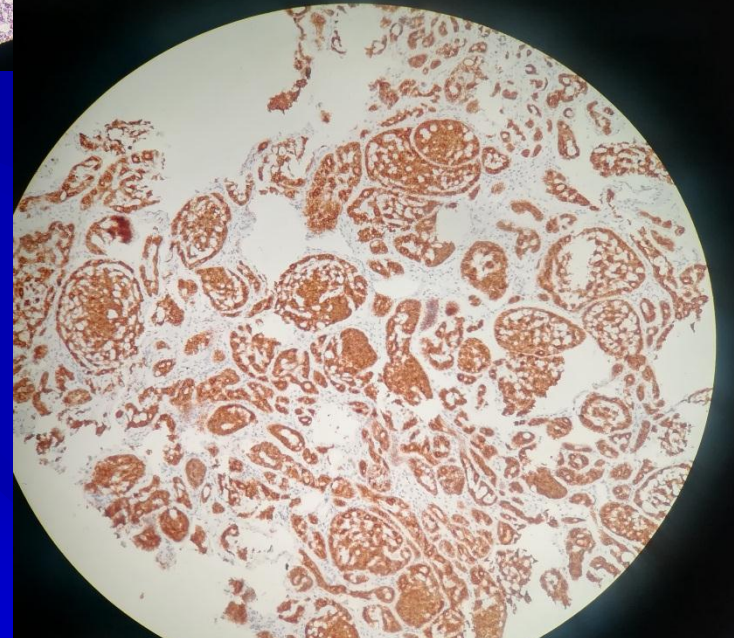
التشريح المرضي النهائي:



Chrom



CK7



Case Report

 Open Access

 CrossMark


Tracheal adenoid cystic carcinoma: case report

Abstract

Volume 2 Issue 3 - 2018



Central airway obstruction caused by adenoid cystic carcinoma in pregnancy: a case report and review of the literature

Samaneh Shafiee¹ , Alan Adno¹, Bruce French², Cherynne Johansson¹, Anthony Franke³ & Jonathan P. Williamson⁴

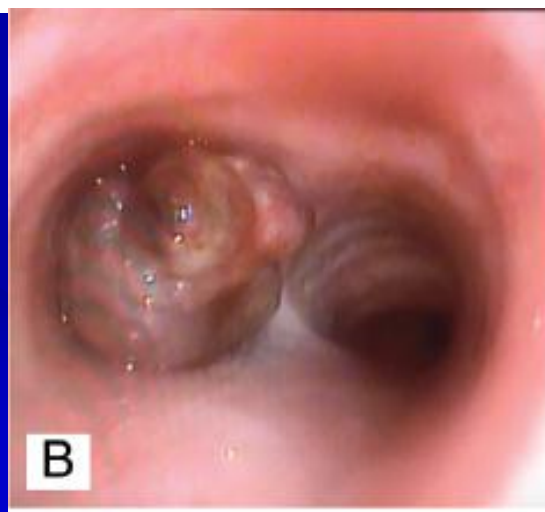
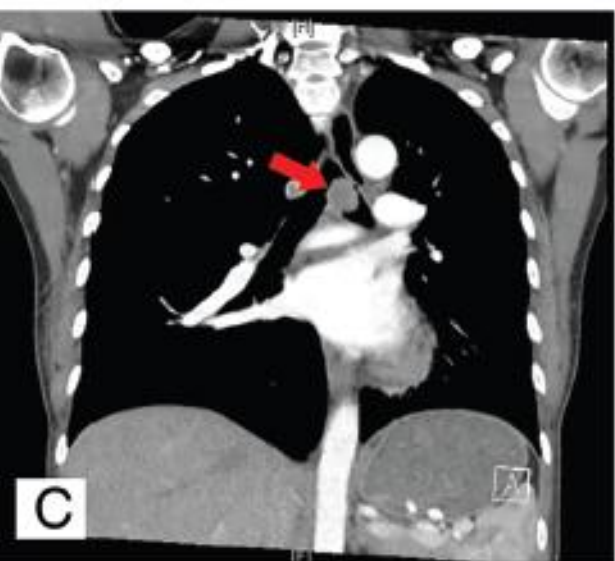
¹Department of Obstetrics and Gynaecology, Liverpool Hospital, Sydney, Australia.

²Department of Thoracic Surgery, Liverpool Hospital, Sydney, Australia.

³Department of Respiratory Medicine, Bankstown- Lidcome Hospital, Sydney, Australia.

⁴Department of Respiratory and Sleep Medicine, Liverpool Hospital, Sydney, Australia.

Respirology Case Reports, 6 (5), 2018, e00317



Case report

Open Access

Tracheal adenoid cystic carcinoma masquerading asthma: A case report

Nurdan Kokturk*¹, Sedat Demircan², Cuneyt Kurul² and Haluk Turktas¹

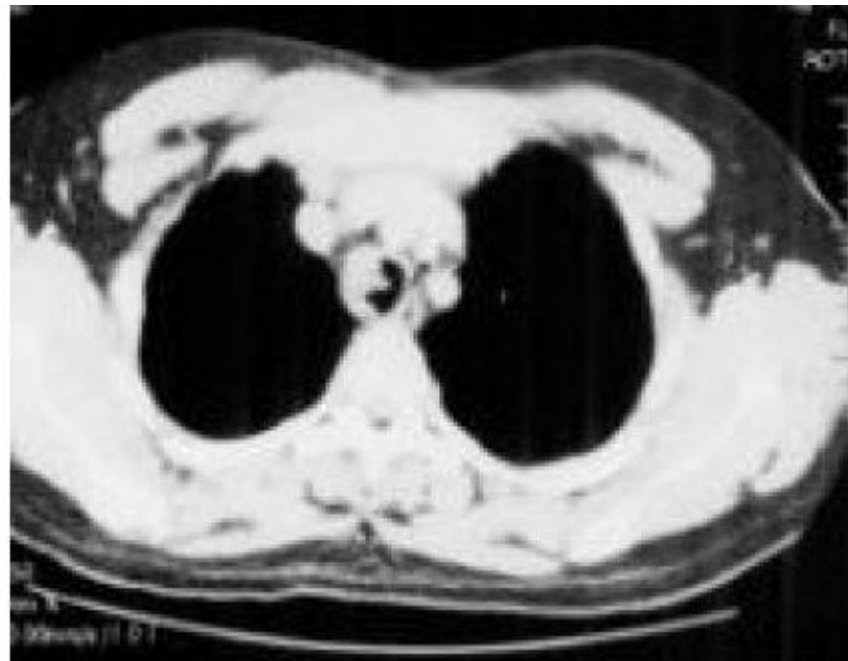
Address: ¹Gazi University School of Medicine, Department of Pulmonary Medicine, Ankara, Turkey and ²Gazi University School of Medicine, Department of Thoracic Surgery, Ankara, Turkey

Email: Nurdan Kokturk* - nkokturk@gazi.edu.tr; Sedat Demircan - sedatd@gazi.edu.tr; Cuneyt Kurul - ckurul@hotmail.com; Haluk Turktas - haluktur@superonline.com

* Corresponding author

Abstract

Background: Tracheal tumors are often misdiagnosed as asthma and are treated with inhaled steroids and bronchodilators without resolution.



الهدف من تقديم هذه الحالة:

❖ قد تقلد أورام الرغامى والقصبات السليمة أو ذات النمو البطيء الربو القصبي أو ال COPD.

❖ العلاج الأفضل هو الأكثر ملاءمة للمريض (مع إمكانية تطبيق الخيارات العلاجية).

❖ العلاجات المتاحة لاستئصال أورام الرغامى داخل اللمعة متقاربة من حيث النتائج والاختلاطات.

GRILLO

easily suctioned or with a normal protective cough reflex. The patient is best

Clinical Experience

We have used this simple, direct, efficient, safe, and low-cost procedure for over 35 years. In more recent years, a large literature has grown recommending use of the laser to treat obstructed airway tumors. It is based on the argument that bleeding will be excessive without use of the laser. It has even been argued that it is impossible to clear obstruction of the airway without a laser. We therefore examined a consecutive series of 56 patients with tumor treated by the coring technique.³ All were symptomatic, with shortness of breath or dyspnea on exertion (88%), hemoptysis (45%), or obstructive pneumonia (in 18 patients). In 23%, coring was done emergently. In 15%, it was performed urgently because of obstructing pneumonia, and in 62%, it was carried out electively. Tumors were distributed widely: 16 occurred in the trachea, 24 at the carina, 8 in main bronchi, and 8 in lobar or segmental bronchi. Squamous cell carcinoma was most common at all levels, adenoid cystic was next in frequency, and the others were a variety of primary and secondary tumors including thyroid carcinomas, carcinoids, mucoepidermoid carcinomas, sarcomas, lymphomas, and metastatic lesions. Twenty-nine percent of patients ultimately went on to surgical resection. Sixty-one percent had unresectable disease that was later treated with radiotherapy, chemotherapy, and combined modalities. Six patients, following failure of prior radiotherapy and chemotherapy, had no further adjunctive therapy. Two refused additional therapy.

Complications were as follows: Five developed pneumonia in previously unaffected pulmonary parenchyma, after relief of postobstructive pneumonia. All responded to chest physiotherapy and antibiotics.

Three had bleeding of slightly greater amounts than usual, but none in excess of 500 mL. Bleeding controlled conservatively in all. Pneumothorax was seen in 2 patients and 1 patient required a chest tube. Two developed hypercarbia and hypoxia and needed brief intubation (< 24 hours). Minor arrhythmias occurred during the procedure in some patients. Six required pharmacological treatment. One patient developed laryngeal edema requiring racemic epinephrine and a brief dosage of steroids. None required tracheostomy. Long-term results depended, of course, on the individual's basic disease and not on

A vibrant, textured landscape painting. The sky is a gradient of colors from dark blue at the top to yellow and orange near the horizon, with several small white stars. A bright sun is partially obscured by a range of purple mountains. In the foreground, a dark blue lake reflects the colors of the sky and mountains. The scene is framed by dark evergreen trees on the left and right sides. The overall style is reminiscent of a watercolor or pastel painting.

• *Thank you*