

암재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

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Case report : Delayed Recurrent Syncope After pneumonectomy

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Introduction

Post-pneumonectomy syndrome is a rare complication that occurs in 0.2% of pneumonectomy cases. Progressive dyspnea, recurrent pneumonia, laryngeal nerve palsy and dysphagia are the main symptoms of Post-pneumonectomy syndrome. Among them, vasovagal syncope occurs very rarely and the precise mechanism for this is unknown. So in this case report, we present a case of frequent syncope after 4 years of Pneumonectomy.

Case report

A 50-year-old woman presented with hoarseness and foreign body feeling on neck, after 4 years of pneumonectomy. The patient was diagnosed with lung cancer four-year-ago(2014) and underwent Lt. lobectomy. Laryngoscopy was performed in the outpatient department of the otolaryngology(2018.04.) and vocal cord palsy was observed. So we performed laryngoplasty injection. Since then, progressive dysphagia persisted and sputum has continued to come out. She was suspected of Esophageal motility disorder and was admitted to department of gastroenterology(2018.8.). Chest CT showed severe leftward shift of mediastinum, trachea, and esophagus. No specific findings were observed in EGD and there was no definite abnormality in pharynx at esophagogram, but multifocal extrinsic compression was observed. In Esophageal transit study, the shape of Esophagus was deformed to S-shape, and this was judged as a result of mediastinal deviation due to Pneumonectomy. Thereafter, we performed VFSS test. Aspiration was observed in 5cc of Thin liquid and pudding. During the swallowing treatment, symptoms such as dizziness at sudden positional change and loss of consciousness for few seconds has repeated daily. So she transferred to cardiology departement, and echocardiography, 48hr holter monitoring, and 3D angio-heart CT were done. But none of the other causes of syncope, other than vasovagal syncope, were observed. So, symptoms of syncope were controlled by mododrine. After discharge, there was no symptoms as dizziness, headache, syncope and she stopped medication for herself. And she continued dysphagia treatment through outpatient department of rehabilitation. 3 weeks after the medication self-stop, during the treatment for swallowing, syncope reoccurred and the patient hospitalized to the cardiology department. She restarted medication and discharged after treatment for the symptoms. Currently She continues to treat syncope and dysphagia.

Discussion

In another study, cause of syncope after pneumonectomy has been described as obstruction of blood flow to the peripheral vascular compression of the rotating structures. However, in this case, syncope recurred without vascular compression. Therefore, additional studies on syncope after pneumonectomy are needed. And we need close observation of syncope in pneumonectomy patients.

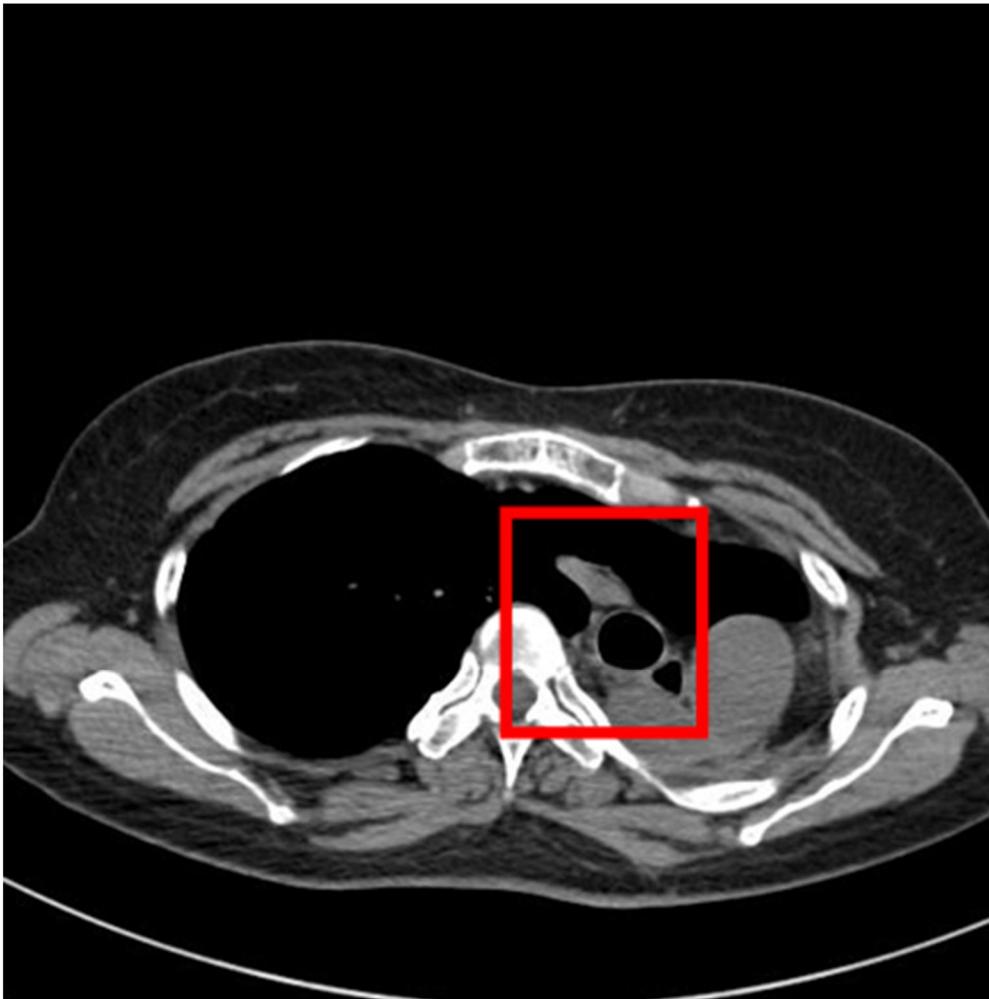


Figure 1. Chest CT: Prominent leftward shift of esophagus, trachea, mediastinum



Figure 2. Esophagogram : Contrast delay was not seen & definite abnormality of pharynx was not observed.