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Abstract

A Case of Pulmonary Hypertension and Left Vocal Cord Palsy
in a Patient with Systemic Lupus Erythematosus

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There have been few case reports on the association of vocal cord palsy and pulmonary hypertension in a systemic lupus erythematosus (SLE) patient. Most cases had left vocal cord palsy caused by compression of left recurrent laryngeal nerve secondary to pulmonary hypertension, and only two cases in the literature were caused by vasculitis or inflammation of the right recurrent laryngeal nerve not related to pulmonary hypertension. Recently, we have experienced a 23-year-old female patient who presented hoarseness and multiple joint pain. She was diagnosed as SLE and left vocal cord palsy, and echocardiographic examination demonstrated enlargement of right atrium, right ventricle, and elevated right ventricular pressure (systolic pressure 47mmHg). She took high-dose glucocorticoid and calcium channel blocker. About one month later, there was sig-

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nificant improvement of hoarseness, arthritis, and cardiomegaly, and showed improvement of the left vocal cord palsy on the laryngoscopic examination. We report a case of left vocal cord palsy and pulmonary hypertension accompanied by SLE who experienced improvement of hoarseness after steroid treatment.

Key Words : Vocal cord palsy, Pulmonary hypertension, Systemic lupus erythematosus

가 : 37.4 C, 68 / mmHg, 20 / mmHg, 120/70 mmHg

가 : 1) 50 ~ 70%

가 : 2) 9 ~ 14%

가 : 2,3) 4) (calca neus) 5-7) 5,6) 43%, 20%, 33%), 9.8g/dl, 31%, 180,000/m³

가 : 7) 7.6g/dl, 3.0g/dl, AST 56 IU/L, ALT 36 IU/L, alkaline phosphatase 84 IU/L, 0.5mg/dl, 14mg/dl, 1.2mg/dl (ESR) 58mm/hr, C- 2.65mg/dl(0.8mg/dl) prothrombin time 13.9sec(87%), activated partial thromboplastin time 39.5 sec(20~30 sec) B

가 : 3 3 VDRL , 332 IU/dl(20 IU/dl), C3 51mg /dl(45~86mg/dl), C4 28mg/dl(11~47mg/dl), CH50 24/ml, IgG 3160mg/dl(802~1760mg/dl), IgA 190mg/dl(93-445mg/dl), IgM 470mg/dl(95~280mg/dl)

1:640 (speckled pattern)
 ELISA ds-DNA
 ENA
 Sm, Ro, La
 ELISA nRNP
 (lupus anticoagulant)
 , cardiolipin IgM/IgG

(1). FVC 2.36L (61%), FEV₁ 1.83L (59%), FEV₁/FVC 78%

가 (2)

Shirmer
 가

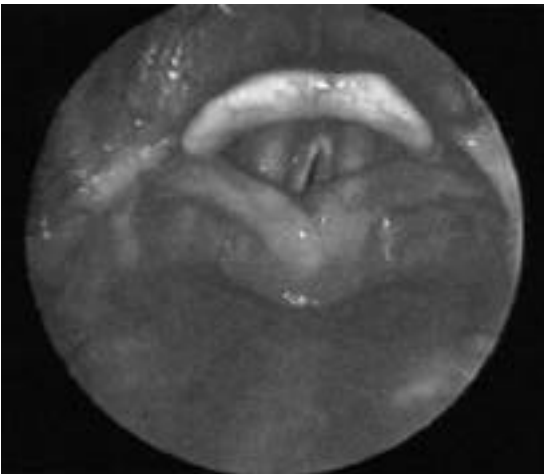


Fig. 1. Initial laryngoscopic examination showed median fixation of the left vocal cord.



Fig. 2. Chest PA X-ray showed cardiomegaly, but no parenchymal lesion.



Fig. 3. Echocardiography showed enlarged right atrium and right ventricle.



Fig. 4. Follow-up laryngoscopic examination demonstrated normal movement of the left vocal cord.

(salivary scintigraphy)

olipin 가

9)

가

prostacyclin ,

10)

가(47mmHg)

(3), ,

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prednisolone (1mg/kg/day)

nifedipine (30mg/day)

11)

(

4).

prednisolone 15mg

nifedip

ine 30mg

4)

(hoarseness)

가

(arytenoiditis),

(cricoarytenoid joint arthritis),

7)

5-7)

가

50 ~ 70%

5,6)

9 ~ 14%

2)

가

2)

7)

가

Winslow

가

가

3)

(ligamentum arteriosum)

6)

가 가

3)

가

가

6)

가

2

가

가

7)

olipin

8)

cardi-

cardi-

가
 가
 ,
 ,
 , prostacyclin, prostaglandin E1,
 ,
 ,
 가 30%
¹²⁾ Shinohara
 diltiazem
¹³⁾ warfarin
³⁾ prostacyclin
 prostaglandin E1
 가
¹⁴⁾
 가
¹⁵⁾
 2 50%
²⁾

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