

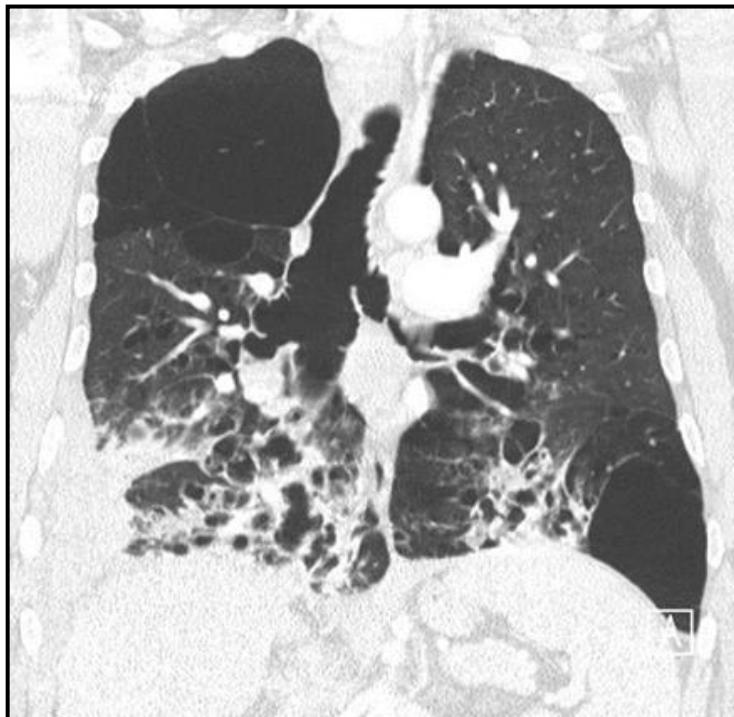
Mounier-Kuhn Syndrome: report of a case

Patientengeschichte:

Nicht-Raucher

Mit 29 Jahren erste Symptome: Dyspnoe und chronischer Husten

- | | |
|-------------------|---|
| 9.August 2010 | stationäre Aufnahme im Thorax- Chirurgie LKH Graz West
wegen Pleurempyem |
| 24.August 2010 | Thorax- Chirurgie AKH Wien, CT zeigt Pleuraerguss re. und
Lungenemphysem |
| 30.August 2010 | LuTX-Evaluierung |
| 29.September 2010 | Sanierung des Peuraempyems |
| 10. November 2010 | LuTX |



pre-operative CT-scans:

trachea 36mm (normal max. 21,8mm)

right main bronchus 17mm (normal 9-12)

left main bronchus 20 mm

LuFu Evaluation

COPD Gold IV

ausgedehnter Pleurerguss re

St.p. bakterielle Pneumonie - **Pseudomonas**

angeborene Bronchiektasie

chron. Resp. Insuffizienz

Adipositas

Hypertension

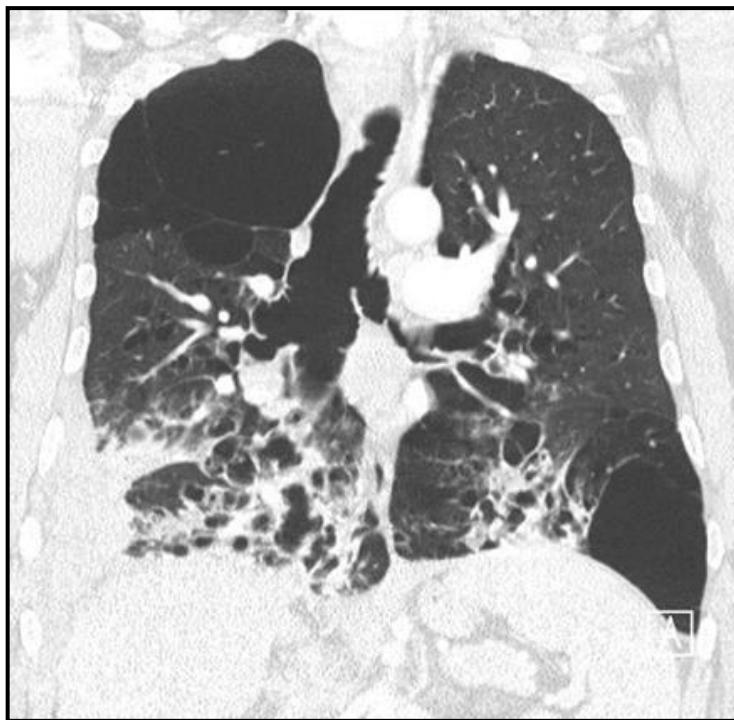
Stadieneinteilung nach Schwartz

In Type 1 there is relatively subtle symmetrically diffuse enlargement of trachea and major bronchi.

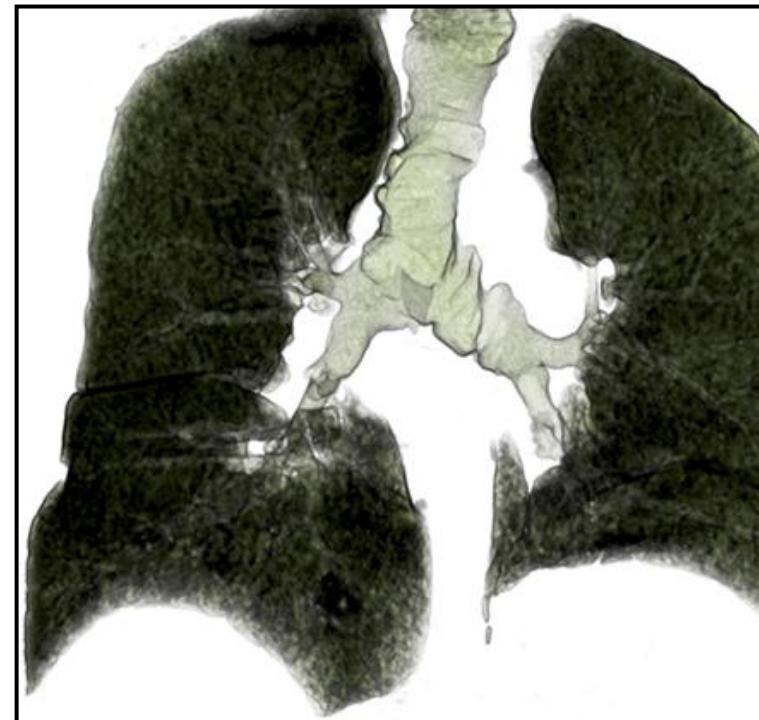
Type 2 has more obvious enlargement with bizarre eccentric configurations and diverticula may also be present.

In Type 3 diverticula or sacculations extend to the distal bronchi.

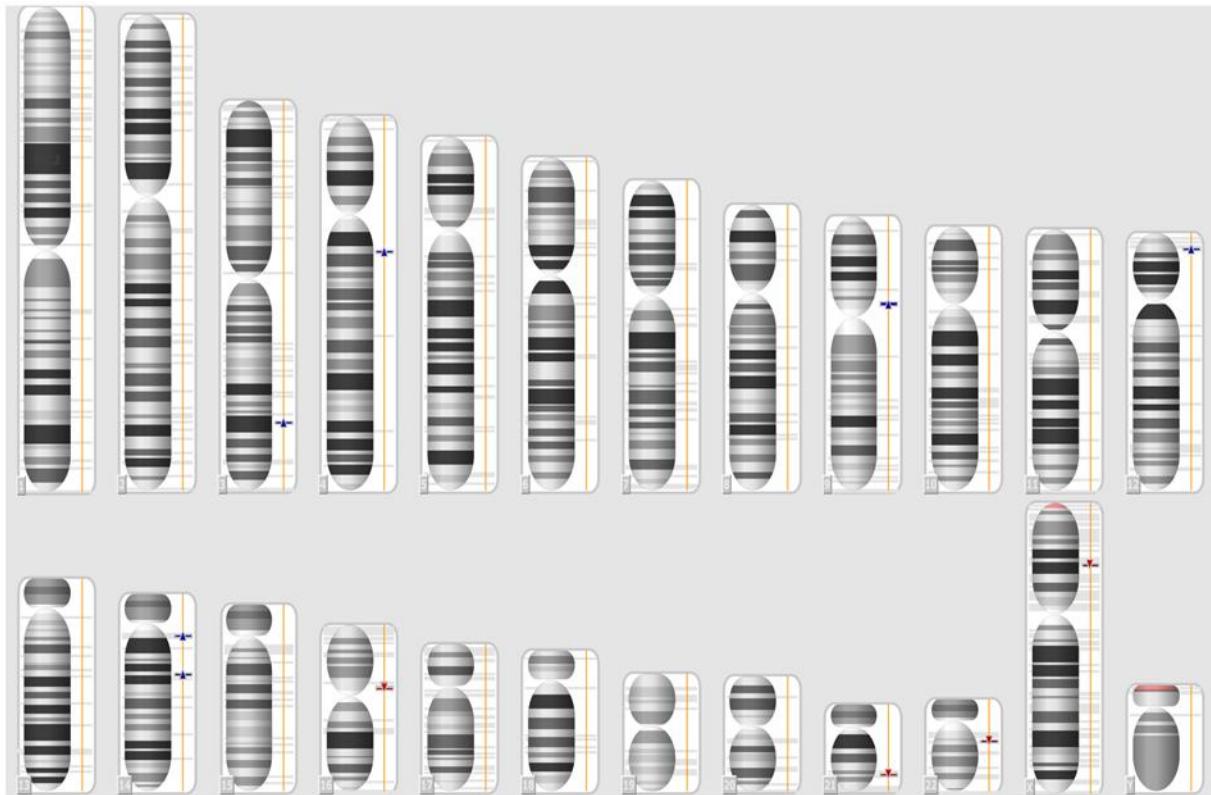
Tracheobronchomegaly
Marlene Schwartz and Leonard Rossoff
Chest 1994;106:1589-1590
DOI 10.1378/chest.106.5.1589



Präoperatives CT



Postoperatives CT

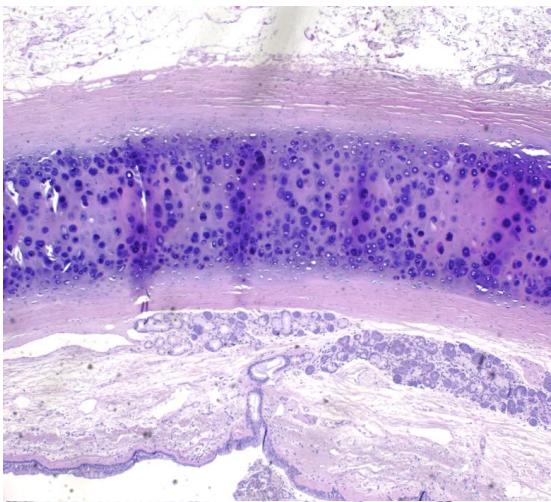


Genetische Analyse des Patienten. Blaue Balken markieren Regionen verstärkter, rote Balken Regionen verminderter DNA Kopien. Es zeigten sich keine Veränderungen in kodierenden Regionen.

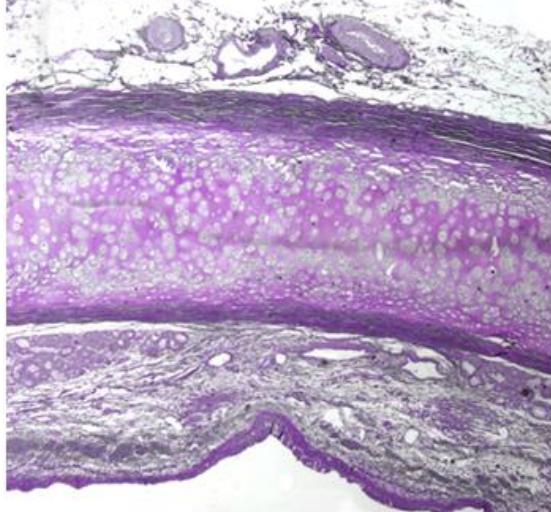
Histologie Bronchusspange

control

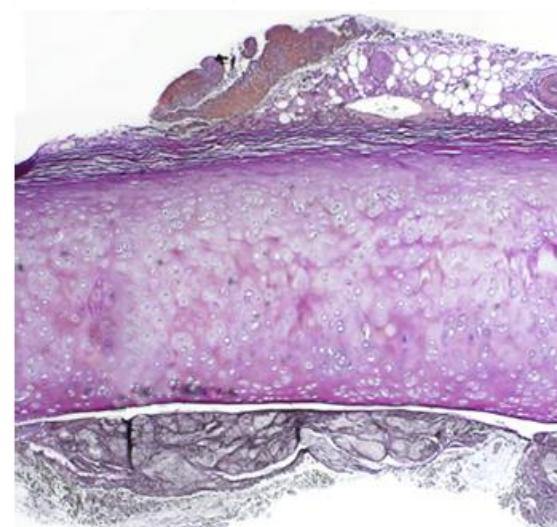
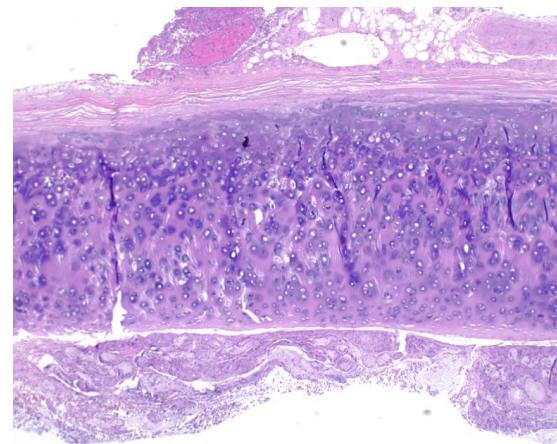
HE



EVG



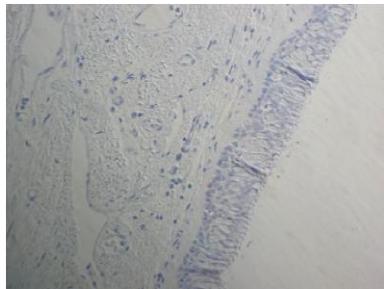
MKS



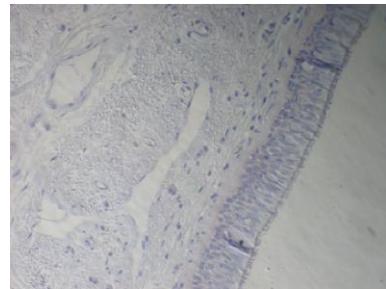
Immunhistochemie: Matrix Metalloproteinasen

control

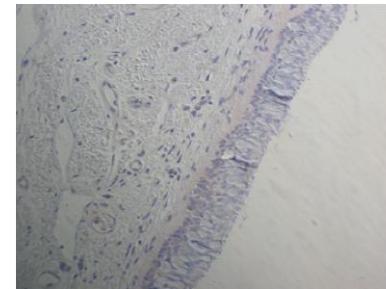
MMP1



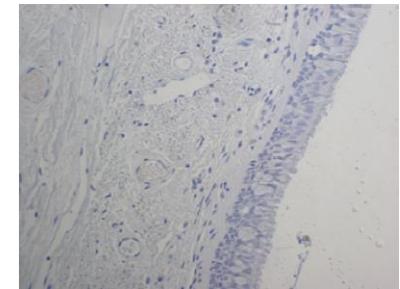
MMP2



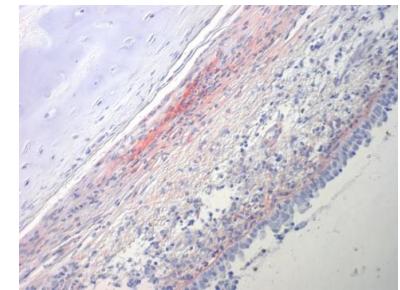
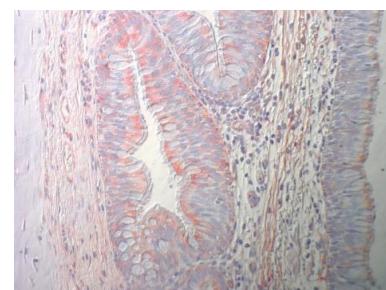
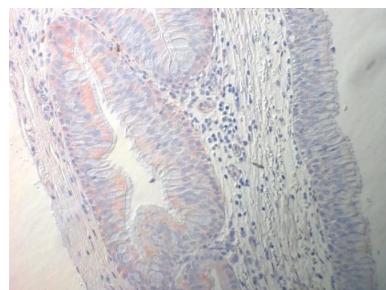
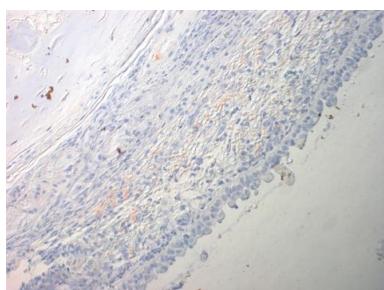
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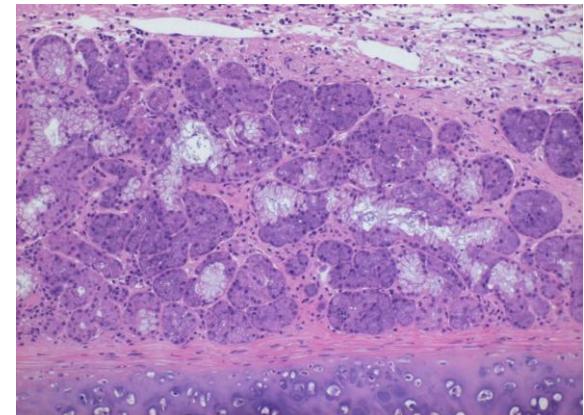
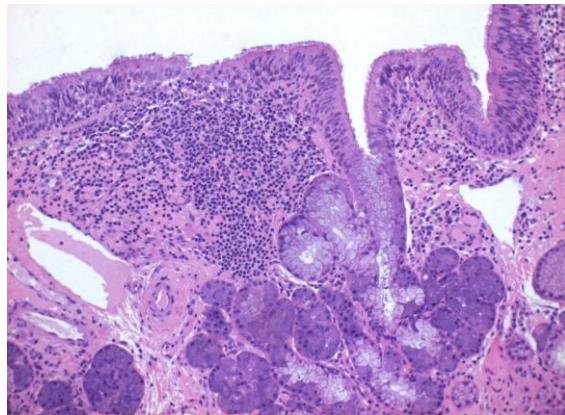
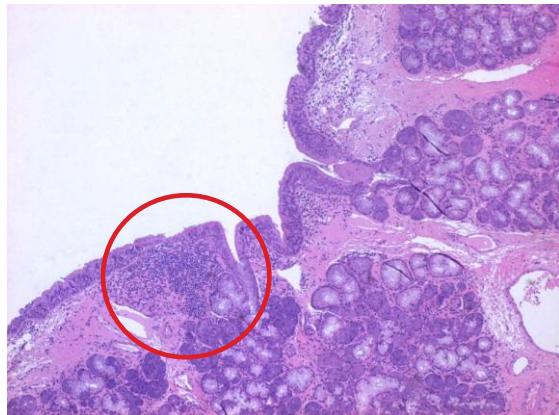
MMP9



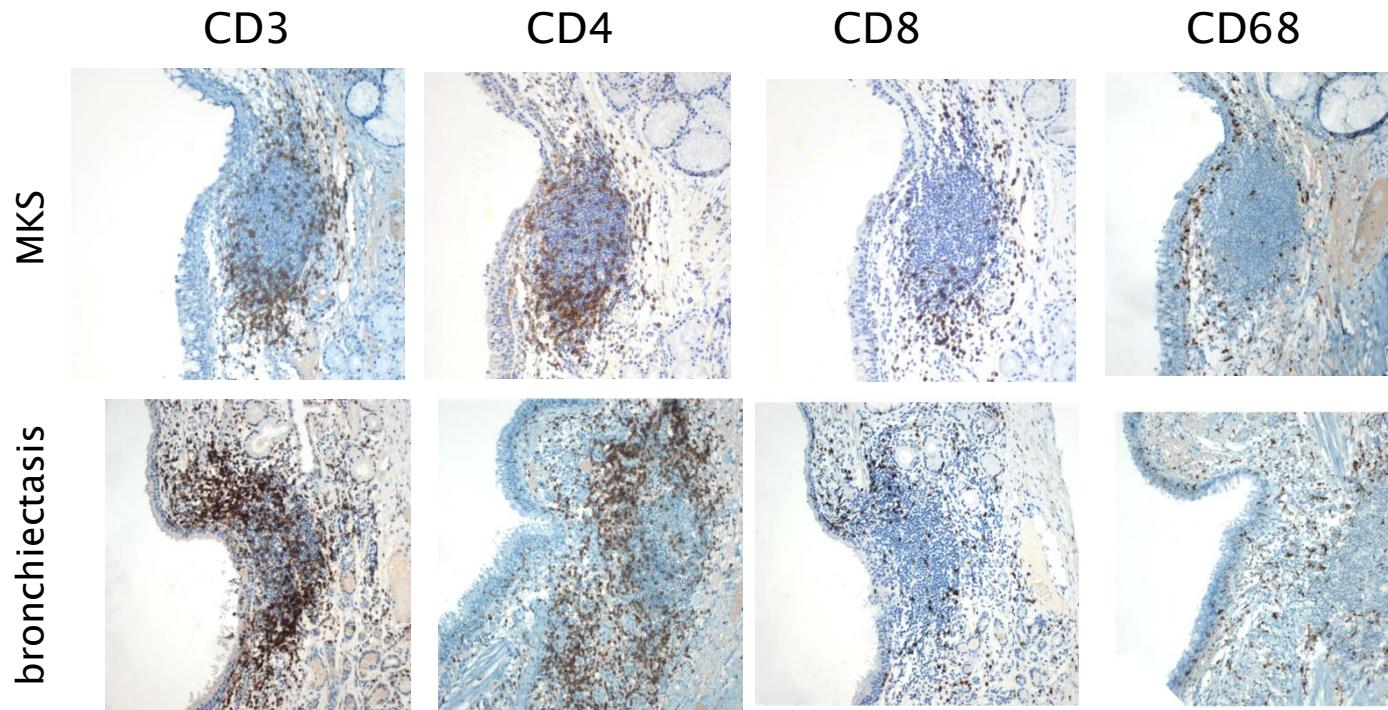
MKS



Histologie Lymphozytäre Infiltrate



Immunhistochemie des Lymphozytären Infiltrats



Pathophysiologie

- Chronische Entzündung mit Verlust der Elastischen Fasern und Zerstörung des Gewebes mit Hochregulierung der Matrix Metalloproteininasen
- Erbkrankheit, mögliche Single-Gen Mutation
- Autoimmunerkrankung
- Eine Form von Bronchiektasie. 60% der Patienten mit Bronchiektasie zeigen Besiedlungen von Pseudomonas oder Haemophilus in den Atemwegen.