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# 胸腔醫學

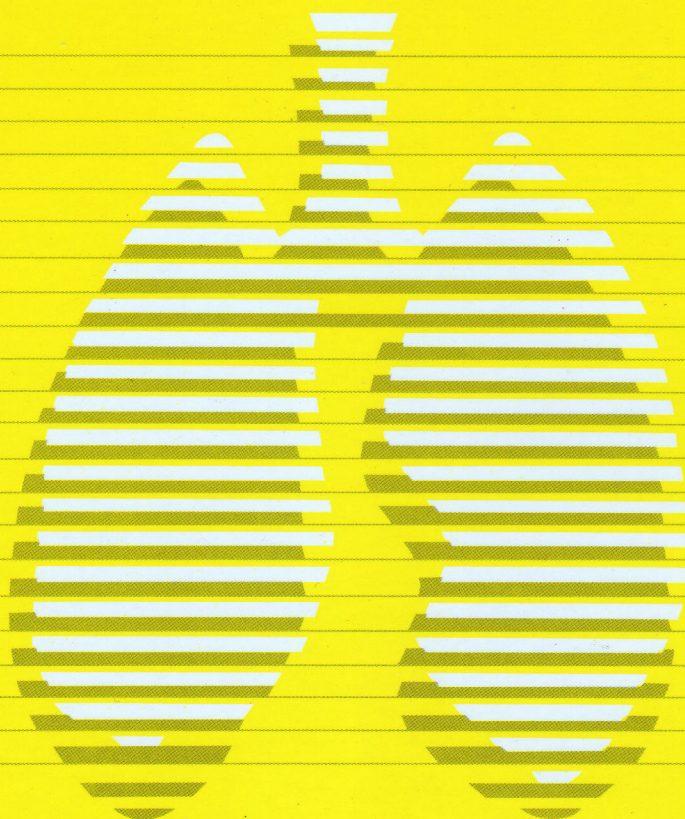
## Thoracic Medicine

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# Avoiding Chest Drain Placement after Thoracoscopic Wedge Resection for Pulmonary Metastasis

Ting-Yu Lu, Hsin-Yuan Fang, Yu-Sen Lin, Pin-Ru Chen

**Introduction:** A chest drain traditionally was left in the pleural cavity after thoracoscopic wedge resection, to deal with possible hemorrhage, or air or lymphatic leakage. However, the placement of a chest drain might lead to some adverse effects such as pain and immobilization, and increase the risk of wound infection and poor healing. Resection of a single pulmonary metastatic lesion might be beneficial with certain malignancies, according to recent research. The aim of this retrospective study was to estimate the outcomes of patients who underwent thoracoscopic wedge resection without chest drain placement for pulmonary metastasis.

**Methods:** From January 2013 to July 2015, 39 patients who received thoracoscopic wedge resection for pulmonary metastasis were enrolled in this study. The patients who met all the following criteria were considered as those who do not need to receive chest drain placement during surgery: (1) no bullous or emphysematous changes in the lung, (2) no air leaks grossly or during the water seal test, (3) no dense adhesion of pleura, and (4) no easily oozing or accumulating pleural effusion. Otherwise, a chest drain was placed intraoperatively. A total of 19 patients who did not meet the criteria were assigned to the chest drain placement group (Group A), and 20 patients who met the criteria were assigned to the no chest drain placement group (Group B). The following data of the 2 groups were analyzed: patient characteristics, specimen data and postoperative conditions.

**Results:** There was no significant difference between the 2 groups in patient characteristics. Group A patients had a greater resected lung volume ( $51.25 \pm 59.27$  vs.  $15.77 \pm 11.14$  cm<sup>3</sup>,  $p=0.0187$ ), and Group B patients had shorter postoperative hospital stay ( $3.95 \pm 0.71$  vs.  $3.3 \pm 1.03$  days,  $p=0.0287$ ).

**Conclusions:** Not placing a chest drain after thoracoscopic wedge resection for pulmonary metastasis might be safe and beneficial for selected patients. (*Thorac Med* 2016; 31: 197-203)

Key words: chest drain, thoracoscopic, wedge resection, pulmonary metastasis

## 在肺部轉移病灶患者接受胸腔鏡肺部切除後 避免放置胸部引流管

呂庭聿 方信元 林昱森 陳品儒

**前言：**傳統上，患者進行胸腔鏡肺部楔狀切除後放置胸腔引流管主要是要偵測術後的流血、漏氣或是淋巴管滲漏。然而，放置引流管往往會造成患者術後的疼痛、活動限制、或是提高傷口感染與癒合不良的機率。另外，近年來越來越多報告顯示手術切除肺部轉移性病灶對病人的癒後是有幫助的。因此，本篇報告的目的就是想探討在肺部轉移病灶患者接受胸腔鏡肺部切除後避免放置胸部引流管的影響。

**方法：**從 2013 年 1 月到 2015 年 7 月，我們搜集了 39 位因肺部轉移病灶而接受胸腔鏡肺部切除的患者。若是患者符合所有設定條件，那麼該患者手術後可以考慮不放置胸腔引流管。其中 A 組包括 19 位患者因不符合條件而有放置引流管，B 組則包括 20 位符合條件的病人而沒有放置引流管。我們針對二組的資料進行分析，包括患者本身的特性、手術檢體資料以及術後狀態。

**結果：**二組患者的本身特性資料並無顯著差別，然而，A 組患者具有較大的肺部切除體積 ( $51.25 \pm 59.27$  vs.  $15.77 \pm 11.14$  cm<sup>3</sup>,  $p=0.0187$ )，另外，B 組患者則是擁有較短的術後住院天數 ( $3.95 \pm 0.71$  vs.  $3.3 \pm 1.03$  days,  $p=0.0287$ )。

**結論：**在經過篩選後的肺部轉移病灶患者，接受胸腔鏡肺部切除後避免放置胸部引流管是安全且具有好處的。(胸腔醫學 2016; 31: 197-203)

**關鍵詞：**胸管，胸腔鏡，楔狀切除，肺轉移

# The Role of Malnutrition and Adiponectin in Acquiring Infections among Nursing Home Residents

Tung-Han Wu\*, Wen-Cheng Chao\*, \*\*, Sheue-Mei Yeh\*\*\*, Chieh-Liang Wu\*\*\*, \*\*\*\*

**Background:** High susceptibility to infections has a great impact on nursing home residents, and malnutrition is a critical factor. However, the mechanism by which malnutrition leads to this susceptibility is unknown. In this study, we aimed to investigate the relationship between malnutrition and the development of infections in nursing home residents.

**Materials and Methods:** We prospectively enrolled nursing home residents at Taichung Veterans General Hospital, Chiayi Branch, and assessed their nutrient status, including serum adiponectin levels. We then recorded infection-related data for 6 months.

**Results:** A total of 115 subjects with a mean age of  $81.1 \pm 9.7$  years and a mean body mass index (BMI) of  $21.1 \pm 4.1$  kg/m<sup>2</sup> were enrolled. During the 6-month follow-up period, 26.9% (31/115) of the subjects acquired infections, including pneumonia (20.0%, 23/115) and urinary tract infections (18.3%, 21/115). Chronic obstructive pulmonary disease (OR, 6.819; 95% CI, 1.152-40.314), nasogastric feeding (OR, 7.246; 95% CI, 1.462-34.714), and low serum albumin levels (OR, 22.871; 95% CI, 2.795-187.177) independently predicted the development of infections. An elevated serum adiponectin level predicted infections in thin subjects. A negative correlation was observed between serum adiponectin and 2 pro-inflammatory cytokines, interleukin-1 $\beta$  and tumor necrosis factor- $\alpha$ , in 32 patients with severe sepsis.

**Conclusions:** This study highlights the influence of malnutrition and adiponectin on the development of infections. An awareness of this effect may be helpful when assessing nursing home residents. (*Thorac Med* 2016; 31: 204-214)

Key words: malnutrition, adiponectin, nursing home, pneumonia, elder

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## 探討營養不良及 adiponectin 於護理之家患者 發生感染時所扮演之角色

吳東翰\* 趙文震\*\*, 葉雪梅\*\*\* 吳杰亮\*\*\*\*, \*\*\*\*\*

**背景：**感染發生影響護理之家住民預後甚鉅，營養不良是其關鍵因子之一。脂聯素（adiponectin）是脂肪激素在瘦的狀態會上升且具有抑制發炎之效。我們旨在探討營養不良與感染之間的關係。

**方法：**以臺中榮總嘉義分院護理之家住民為研究對象，評估營養狀態後追蹤六個月內感染發生。

**結果：**共收案 115 位護家住民，BMI 為  $21.1 \pm 4.1$ 。31 位住民於六個月內發生醫療照護相關感染 26.3%（31/118）以肺炎（23）及泌尿道感染（21）最為常見。慢性阻塞性肺病（OR: 6.819, 95% CI: 1.152-40.341）、鼻胃管灌食（OR: 7.246, 95% CI: 1.462-35.714）及 albumin 低下（OR: 22.871, 95% CI: 2.795-187.177）為發生感染之獨立危險因子。Adiponectin 於偏瘦住民中會上升且可預測其發生感染。

**結論：**本研究提供臨床證據說明營養不良對護理之家住民發生感染之影響可提供於評估住民狀況之參考。（*胸腔醫學* 2016; 31: 204-214）

**關鍵詞：**營養不良，脂聯素（adiponectin），護理之家，感染，高齡

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# Dermatomyositis as the Initial Presentation of Small Cell Lung Cancer: A Case Report

Kai-Lun Yu, Chao-Chi Ho

Dermatomyositis is an inflammatory connective-tissue disease characterized by proximal muscle weakness and typical cutaneous lesions. Patients with dermatomyositis have an increased risk of malignancies. Here, we present the case of a 44-year-old male with progressive cutaneous rashes and proximal muscle weakness. He was diagnosed as having dermatomyositis after work-up. He received treatment with immunosuppressants, but the clinical response was limited. Further chest radiography demonstrated a nodular opacity at the right hilum. Bronchoscopic biopsy was performed and the pathology report revealed small cell lung cancer. After chemotherapy, the cutaneous lesions showed significant improvement. Since dermatomyositis is often a para-neoplastic syndrome, all patients with this disease should undergo complete work-up for malignancy. (*Thorac Med* 2016; 31: 215-221)

Key words: dermatomyositis, small cell lung cancer



# 小細胞肺癌患者以皮膚炎症候為初始臨床表現一病例報告

于鎧綸 何肇基

皮膚炎為一自體免疫疾病，以近端肢體無力及典型皮膚病灶為表徵。皮膚炎患者伴有較高的惡性腫瘤發生率。在本文中，我們報告一 44 歲男性，以逐漸惡化之皮膚紅疹及近端肢體無力為初始臨床表徵，經檢查後診斷為皮膚炎。經免疫抑制治療後皮膚炎症狀改善有限。在後續之胸部 X 才發現右側肺門有結節，經支氣管鏡切片確診為小細胞肺癌。在經過化學治療後，皮膚病灶及肌肉無力症狀明顯改善。因皮膚炎可能為一腫瘤旁症候群，此病例提醒我們在病人診斷皮膚炎時，需對病人做詳細之身體檢查。( *胸腔醫學* 2016; 31: 215-221)

關鍵詞：皮膚炎，小細胞肺癌

# Unusual Radiographic Manifestation of Organizing Pneumonia in a Patient with Sjogren's Syndrome

Ching-Fu Weng, Yu-Chung Chuang\*, Sheng-Yuan Ruan, Chong-Jen Yu

Sjogren's syndrome is an autoimmune disease that can affect exocrine organs and many different parts of the body, including the lungs. The usual pulmonary manifestations of Sjogren's syndrome include bronchiolitis, bronchiectasis and interstitial pneumonias. In Sjogren's syndrome-associated interstitial pneumonias, the common patterns are non-specific interstitial pneumonia, lymphocytic interstitial pneumonia, and organizing pneumonia. Here, we report a case of Sjogren's syndrome with organizing pneumonia. The radiographic presentation of this case was multiple nodules rather than the typical pattern of organizing pneumonia, which usually presents pleura-based consolidation. The diagnosis of organizing pneumonia in this case was made by video-assisted thoracoscopic biopsy. Particular issues regarding radiographic features and diagnostic approach in this case were addressed in this report. (*Thorac Med* 2016; 31: 222-227)

Key words: organizing pneumonia, Sjogren's syndrome, interstitial lung disease, lung nodule, video-assisted thoracoscopy

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## 修格連氏症候群的罕見器質化肺炎放射線學表現： 病例報告

翁菁甫 莊祐中\* 阮聖元 余忠仁

修格連氏症候群是自體免疫疾病，往往會影響身體不同器官。在肺部的表現，通常包含支氣管炎，支氣管擴張，或是間質性肺炎。在間質性肺炎中，以非特異性間質性肺炎（nonspecific interstitial pneumonia）、淋巴細胞間質性肺炎（lymphoid interstitial pneumonia）及器質性肺炎（organizing pneumonia）最常出現。在本病例報告中，個案因修格連氏症候群合併器質性肺炎，在影像學上的表現，與大多數器質性肺炎靠近肋膜處實質化（pleura-based consolidation）較為不同，而是以兩側多處結節性型態為主。器質性肺炎最終以胸腔內視鏡輔助手術切片輔助診斷。器質性肺炎在自體免疫疾病中表現有非常大的差異性，因此我們必須更積極取得好的病理組織切片，及早確診並及時施以類固醇，讓病患接受有效治療是相當重要的。（*胸腔醫學* 2016; 31: 222-227）

關鍵詞：器質性肺炎，修格連氏症候群，間質性肺炎，肺結節，胸腔內視鏡輔助手術

# Primary Pulmonary Extranodal Natural Killer/T-cell Lymphoma: A Case Report

Su-Hsien Chuang, Ming-Hung Tsai\*, Shih-Ming Tsao

Primary pulmonary lymphoma (PPL) is rare, and is usually of a low-grade B-cell lymphoma type. Most cases are reported as extranodal non-Hodgkin's lymphoma. Natural killer (NK)/T-cell lymphoma primarily involving the lung is extremely rare. Herein, we report the case of a 47-year-old female patient who initially presented with dry cough for 6 months. A diagnosis of tuberculosis was made at a regional hospital and she was treated with anti-tuberculosis medication for 5 months. However, a chest radiograph showed new formation of a cavity with increasing thickness of the wall, indicating no improvement with the treatment. After admission to our hospital, a computed tomography-guided biopsy confirmed the diagnosis of NK/T-cell lymphoma. She underwent appropriate chemotherapy, after which her condition and chest radiography both showed improvement, and eventually, complete remission. We also review the literature and discuss the use of the DeVIC chemotherapy regimen as an alternative to CHOP for the treatment of NK/T-cell lymphoma of the lung. (*Thorac Med* 2016; 31: 228-235)

Key words: primary pulmonary lymphoma, natural killer/T-cell lymphoma (NK/T-cell lymphoma)

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## 原發性肺部結外自然殺手型 T 細胞淋巴瘤： 個案報告與文獻探討

莊樹憲 蔡明宏\* 曹世明

一般原發於肺部淋巴瘤在臨床上常常與典型社區型肺炎難以區分，病人經抗生素治療過一段時間後症狀和影像學上皆不會改善，而常見的原發性淋巴瘤是 B 細胞淋巴瘤，而結外自然殺手型 T 細胞淋巴瘤通常好發於皮膚、腸胃道、睪丸、唾液腺、胰臟、軟組織、中樞神經系統和骨髓，而原發在肺部的個案相當稀少。我們的案例報告是一個 47 歲女性持續乾咳長達 6 個月，起初被誤判為肺結核，治療長達五個月未見改善，胸部 X 光及電腦斷層顯示右下肺葉有一個開洞，經電腦斷層指引切片發現為結外自然殺手型 T 細胞淋巴瘤，接受新的化學治療後，病人病情改善。( *胸腔醫學* 2016; 31: 228-235)

關鍵詞：原發性肺淋巴瘤，結外自然殺手型 T 細胞淋巴瘤



# Feasibility of Surgery for Advanced NSCLC Treated with Tyrosine Kinase Inhibitors as Neoadjuvant Therapy

Wei-Ciao Wu, Yau-Lin Tseng, Yi-Ting Yen, Wu-Wei Lai

The role of surgical resection after tyrosine-kinase inhibitor (TKI) treatment in locally advanced NSCLC remains controversial. There have been scanty case reports of successful treatment outcome resulting from complete resection post-TKI response. However, there is no consensus on indication or timing of surgical resection in locally advanced NSCLC treated with TKIs. We present the cases of 10 patients with NSCLC stage IIIa~VI who received TKIs as first-line treatment. Surgical resection was performed in various situations, including those in which complete resection could be achieved and those in which the patient could not withstand the adverse effects of TKI. Surgical outcomes and survival patterns were acceptable. TKIs can be used as neoadjuvant therapy, but further research should indicate the timing of surgery and the criteria of patient selection. We believe future clinical trial should be conducted to evaluate this treatment modality. (*Thorac Med* 2016; 31: 236-242)

Key words: tyrosine kinase inhibitor, neoadjuvant, non small cell lung cancer

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# 晚期非小細胞肺癌應用酪氨酸激酶抑制劑標靶藥物為前導治療的手術可行性

吳維喬 曾堯麟 顏亦廷 賴吾為

針對局部晚期非小細胞肺癌使用酪氨酸激酶抑制劑 (tyrosine-kinase inhibitors, TKIs) 做為前導化療並接續手術切除的治療方式目前仍存在爭議。世界各地現在只有零星的個案報導，對於使用 TKIs 後手術切除的時機點以及評估哪些病況適合手術切除未能有共識。我們提供 10 例非小細胞肺癌 IIIa 期到 VI 期的病人，以 TKIs 作為一線治療，然後在能夠達到完全切除或患者無法忍受 TKIs 副作用時給予手術切除病灶。手術本身的療效和術後存活是可以接受的，而且能夠提示我們未來治療的指引。我們相信可以進行進一步的臨床試驗以評估這種治療方式的效益。( *胸腔醫學* 2016; 31: 236-242)

關鍵詞：酪氨酸激酶抑制劑，前導治療，非小細胞肺癌

# Interstitial Pneumonitis after Treatment with Pemetrexed in a Patient with Non-small Cell Lung Cancer: A Case Report

I-Ting Wang, Ching-Lung Liu, Rong-Luh Lin

Pemetrexed is a multi-targeted anti-folate chemotherapy agent. It is widely and safely used to treat various types of tumors, including malignant mesothelioma and locally advanced or metastatic non-small-cell lung cancer.

We report the case of a 57-year-old man diagnosed with stage IV lung adenocarcinoma. He was administered 5 courses of cisplatin and pemetrexed followed by pemetrexed maintenance therapy, resulting in a marked response. However, progressive dyspnea developed after 16 cycles of maintenance pemetrexed. A computed tomography scan of the chest showed ground glass opacities with a honeycomb appearance in both lung fields. The video-assisted thoracoscopic surgery lung biopsy specimens showed a usual interstitial pneumonia pattern, and were free from any residual cancer cells. A diagnosis of drug-induced interstitial pneumonitis caused by pemetrexed was made. Therefore, oral prednisolone treatment was administered, and a clinical and radiological response was observed.

Pemetrexed-induced interstitial pneumonitis is relatively rare. This adverse effect may respond to withdrawal of the offending agent and the use of corticosteroid therapy. (*Thorac Med* 2016; 31: 243-249)

Key words: interstitial pneumonitis, non-small cell lung cancer, pemetrexed

# 一位非小細胞肺癌病患使用愛寧達治療出現間質性肺炎： 一病例報告

王蕙婷 劉景隆 林榮祿

愛寧達是一種抗葉酸化療藥物。它被廣泛和安全地用於治療各種腫瘤，包括惡性間皮瘤和局部晚期或轉移性非小細胞肺癌。

在此，我們要報告一位 57 歲男性經確診為第四期肺腺癌。在他接受順鉑和愛寧達五個療程後，接著進行愛寧達維持治療，治療產生了顯著的效果。但是，他在進行十六個週期的愛寧達維持治療之後出現了呼吸困難。他的胸部電腦斷層掃描顯示，在兩側肺野出現毛玻璃樣陰影伴隨蜂窩狀表徵。在胸腔鏡內視鏡手術切片取樣顯示普通型間質性肺炎，且沒有任何殘餘的癌細胞。因此，給予口服類固醇治療，之後，在臨床與影像學上觀察到顯著的反應。

愛寧達引起的間質性肺炎是比較少見的。立即停止所給予的藥物並加上類固醇治療可以改善愛寧達所帶來的副作用。( *胸腔醫學* 2016; 31: 243-249)

關鍵詞：間質性肺炎，非小細胞肺癌，愛寧達

# Superior Mesenteric Artery Syndrome Preceded by Diabetes Insipidus in Advanced Lung Cancer with Pituitary Metastasis – A Case Report

Ke-Chih Fang\*, Chun-Liang Lai\*, \*\*, Yu-Ruei Chen\*\*\*, Yi-Chun Chu\*,  
Kuo-Sheng Fan\*

The pituitary gland is an uncommon site of metastasis from most primary cancers of the breast in women and the lung in men. Because of the direct blood supply, typical pituitary metastases develop in the posterior lobe of the pituitary and present with symptoms of diabetes insipidus (DI). Superior mesenteric artery (SMA) syndrome is a rare disorder resulting from external compression of the third portion of the duodenum by the SMA anteriorly and the aorta posteriorly. The aortomesenteric angle is narrowed typically because of loss of the mesenteric fat pad due to rapid body weight loss or scoliosis surgery. We report the case of a 40-year-old male with advanced lung cancer presenting with progressive polyuria for months followed by postprandial vomiting. SMA syndrome due to severe dehydration and weight loss resulting from pituitary metastasis with DI was diagnosed. He then received desmopressin and nutritional support. The symptoms of DI and SMA syndrome resolved well within 2 weeks after restoring the body fluid status and increasing the mesenteric mass. (*Thorac Med* 2016; 31: 250-255)

Key words: diabetes insipidus, superior mesenteric artery syndrome, lung cancer, pituitary metastasis

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## 晚期肺癌因腦下腺轉移引發的尿崩症，隨後發生上腸繫膜動脈症候群－病例報告

方科智 \* 賴俊良 \*\*, 陳俞勸 \*\*\* 朱逸羣 \* 范國聖 \*

轉移癌並不常發生在腦下腺，發生在腦下腺的轉移癌在女性以原發性乳癌最常見，而在男性則是肺癌。由於直接的血流供應，典型的腦下腺轉移癌好發於後葉，常伴隨著尿崩症狀。上腸繫膜動脈症候群這個罕見疾病，是由於十二指腸的第三部分，其外部前方受到來自上腸繫膜動脈以及後方受到來自主動脈的壓迫所致。典型的上腸繫膜動脈症候群致病機轉來自於腸繫膜的脂肪層變薄，導致上腸繫膜動脈及主動脈的夾角變小；而造成這樣的主要原因包括不同疾病導致的快速體重減輕或接受脊柱側彎手術。在此我們報告一位 40 歲男性晚期肺癌病例，表現出多尿症狀數個月後發生飯後嘔吐症狀。經診斷為上腸繫膜動脈症候群，而此症候群是由於腦下腺轉移造成尿崩症，進而引發嚴重脫水所致。他接受了去氨加壓素治療與營養支持，恢復其體液狀態並增加腸繫膜容積後，他的尿崩症狀以及上腸繫膜動脈症候群，在兩周內有顯著改善。( *胸腔醫學* 2016; 31: 250-255)

關鍵詞：尿崩症，上腸繫膜動脈症候群，肺癌，腦下腺轉移

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索取抽印本請聯絡：范國聖醫師，佛教大林慈濟綜合醫院 內科部 胸腔及重症內科，嘉義縣大林鎮民生路 2 號

# Unusual Diffused Malignant Pleural Mesothelioma

Meng-Feng Wu, Tsai-Wang Huang, Hung Chang, Shih-Chun Lee

Malignant pleural mesothelioma (MPM) is an uncommon but aggressive tumor of the pleura with a poor prognosis. MPM in most patients is detected initially on chest radiographs. The vast majority of patients have pleural effusion and nodular thickness of the pleura. Here, we reported the case of a patient with pleural tumor that was found incidentally on computed tomography. Early-stage MPM was confirmed after video-assisted thoracic surgery. The patient was given adjuvant chemotherapy and experienced no recurrence or metastasis during a 2-year follow-up. (*Thorac Med* 2016; 31: 256-260)

Key words: pleural tumor, mesothelioma, computed tomography scans

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## 罕見之廣泛性惡性間皮瘤

吳孟峰 黃才旺 張宏 李世俊

惡性間皮瘤是一種罕見且極為惡性的膜肋疾病。通常預後相當差。大部分的病人被發現此種疾病通常是經由胸部 X 光而被診斷。多半的病人會有胸腔肋膜積水及肋膜結節產生。我們報導一個案例是經由胸腔電腦斷層而無意間被診斷。早期的惡性間皮瘤經由腔胸鏡輔助手術而被証實。此病人接受手術後續的化療而有很好的存活率。( *胸腔醫學* **2016; 31: 256-260**)

關鍵詞：肋膜腫瘤，間皮瘤，電腦斷層