ISSN 1023-9855

胸腔醫學

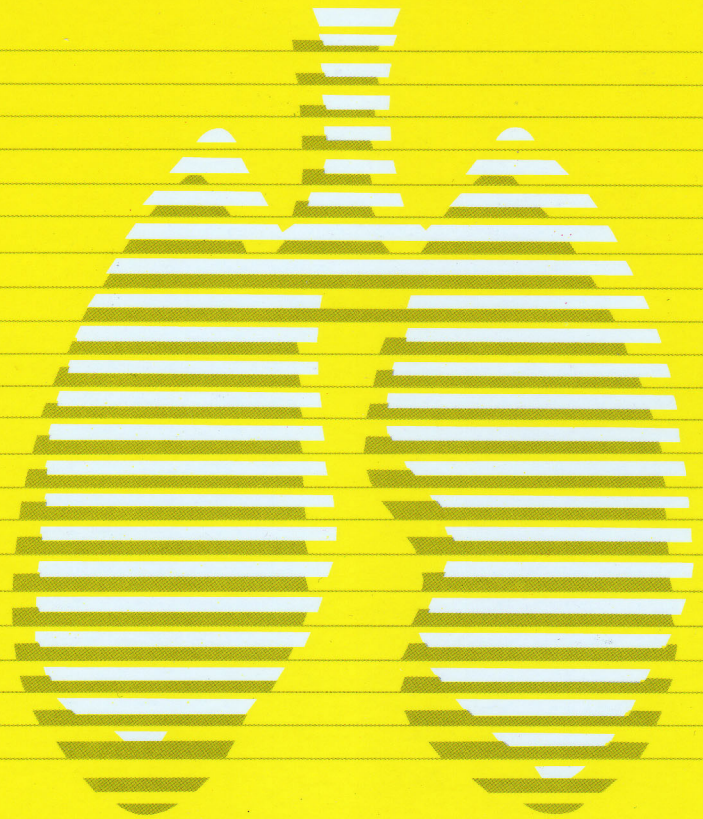
Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Vol.32 No.1 Feb. 2017

第三十二卷 第一期

中華民國一〇六年二月



台灣胸腔暨重症加護醫學會

10048 台北市常德街 1 號

No. 1, Changde St., Jhongjheng Dist.,

Taipei City 10048, Taiwan

ISSN 1023-9855

中華民國一〇六年二月　第三十二卷　第一期

ISSN 1023－9855

胸腔醫學

Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Vol.32 No.1 February 2017

原著

病例報告

中華民國一〇六年二月　第三十二卷　第一期

ISSN 1023－9855

Vol.32 No.1 February 2017

胸腔醫學
Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Orginial Articles

Case Reports

Risk Factors and Associated Outcomes of Ventilator-Associated Conditions among Patients with Severe Sepsis

Ying-Tang Fang*, Hsu-Ching Kao*, Chi-Han Huang*, Kuo-Tung Huang*,**, Chin-Chou Wang*,**,***, Yi-Hsi Wang*,**,***, Meng-Chih Lin*,**,***, Wen-Feng Fang*,**,***

Introduction: The US Centers for Disease Control and Prevention (CDC) developed new surveillance criteria called ventilator-associated conditions (VAC) or ventilator-associated events (VAE) to replace the ventilator-associated pneumonia (VAP) surveillance criteria. According to initial clinical observations of patients with severe sepsis, the patient group with VAC seemed to have a worse prognosis than the patient group without VAC. Our hypothesis was that among ventilated patients with severe sepsis, those patients who develop VAC would have greater morbidity and a higher mortality rate than patients without VAC. For the purpose of prevention, early diagnosis and early intervention, a better understanding of the risk factors and associated outcomes of the VAC patient group is necessary.

Methods: A total of 216 ventilated patients with severe sepsis were assessed from August 2013 to February 2015. Demographic variables, laboratory results and physiologic variables were collected prospectively. Retrospective data analysis was performed for these patients throughout their hospitalization.

Results: Males were more predominant among patients with VAC than among those without VAC in our study. Day 7 CRP and Day 7 PaO_2/FiO_2 were significant risk factors for VAC in a multivariate conditional logistic regression analysis. Patients with VAC had higher rates of mortality and morbidity than non-VAC patients.

Conclusions: Patients with VAC have worse outcomes. Day 7 CRP and PaO_2/FiO_2 are useful predictors for VAC development. These findings, however, should be validated in prospective studies. ***(Thorac Med 2017; 32: 1-13)***

Key words: ventilator-associated condition, sepsis, risk factor

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Niaosung, Kaohsiung 833, Taiwan; **Department of Respiratory Therapy, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Kaohsiung 833, Taiwan; ***Department of Respiratory Care, Chang Gung University of Science and Technology, Chiayi 813, Taiwan

Address reprint requests to: Dr. Wen-Feng Fang, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Niaosung, Kaohsiung 833, Taiwan, No. 123, DAPI Rd. Niaosng Dist, Kaohsiung City 83301 Taiwan, R.O.C.

嚴重敗血症病人產生呼吸器相關事件的危險因子及預後

方映棠 *　高旭卿 *　黃麒涵 *　黃國棟 *,**　王金洲 *,**,***　王逸熙 *,**,***
林孟志 *,**,***　方文豐 *,**,***

簡介：美國疾病管制預防中心（CDC）制定了名為「呼吸器相關事件」的監控診斷標準，希望用來取代舊式「呼吸器相關肺炎」的診斷標準。根據對嚴重敗血症患者的臨床觀察，我們提出了以下的假設，「在嚴重敗血症病人中，發生呼吸器相關事件患者的預後比沒有發生呼吸器相關事件患者更差，發生呼吸器相關事件的患者罹病率及死亡率都比較高」。為了早期診斷與早期介入，進一步研究關於發生「呼吸器相關事件」患者的危險因子及預後是必要的。

方法：自西元 2013 年 8 月至西元 2015 年 2 月，針對 216 名住入高雄長庚紀念醫院內科加護病房 , 診斷為嚴重敗血症，行氣管內插管併呼吸器通氣的患者進行評估。前瞻性地紀錄患者的基本資料、檢驗數據及生理指標，後續針對患者整個住院過程進行回顧性數據分析。

結果：在「發生呼吸器相關事件」與「未發生呼吸器相關事件」兩組病患比較中，前者男性比例較高。在多變項迴歸分析中，第 7 天的 CRP 和第 7 天的 PaO_2/FiO_2 比值是「呼吸器相關事件」的顯著危險因子，而發生呼吸器相關事件是加護病房死亡率、14 天死亡率及 28 天死亡率的獨立危險因子。發生呼吸器相關事件患者的預後比沒有發生呼吸器相關事件患者更差，發生呼吸器相關事件的患者罹病率及死亡率都比較高。

結論：在診斷為嚴重敗血症 , 行氣管內插管併呼吸器通氣的患者族群中 , 發生呼吸器相關事件的患者具有較差的預後。第 7 天的 CRP 和第 7 天的 PaO_2/FiO_2 比值可用來當作臨床監控工具，在嚴重敗血症病患中，找出較高風險產生呼吸器相關事件的病患。未來應該要進行更多相關的前瞻性研究，對此研究結果進行分析和驗證。*(胸腔醫學 **2017; 32: 1-13**)*

關鍵詞：呼吸器相關事件，敗血症，危險因子

* 長庚醫療財團法人高雄長庚紀念醫院　內科部　胸腔暨重症治療科，** 長庚醫療財團法人高雄長庚紀念醫院　呼吸治療科
*** 長庚科技大學嘉義分部　呼吸照護系
索取抽印本請聯絡：方文豐醫師，長庚醫療財團法人高雄長庚紀念醫院　胸腔科，高雄市鳥松區大埤路 123 號

Equal Efficacy of Gefitinib in Chemonaïve Lung Adenocarcinoma Patients with either Exon 19 Deletion or L858R Mutation

Chou-Han Lin*,**, Ping-Huai Wang*,**, Yao-Wen Kuo***, Chao-Chi Ho****

Introduction: Whether there exists a differential or equal efficacy of tyrosine kinase inhibitors (TKIs) based on the epidermal growth factor receptor (EGFR) is still debated. We undertook a study to evaluate the clinical efficacy of gefitinib as first-line treatment in patients with lung adenocarcinoma carrying an exon 19 deletion or L858R point mutation.

Methods: We retrospectively reviewed lung adenocarcinoma patients who received gefitinib for advanced disease. Their charts and images were reviewed.

Results: In all, 151 patients met the criteria for inclusion in the study. The exon 19 deletion was found in 67/151 (44%) patients and the L858R point mutation in 84/151 (56%). The median progression-free survival (PFS) in the overall patient population was 15.6 months. The median PFS was 15.3 months for patients with an exon 19 deletion and 17.7 months for those with an L858R point mutation (p=0.69). The median PFS of patients with postoperative recurrence was 20.1 months, and for those with stage IIIB/IV, 12.7 months (p=0.014). In patients with stage IIIB/IV disease, the median PFS was 14.6 months for those with an exon 19 deletion and 12.6 months for those with an L858R point mutation (p=0.48). Multivariate analysis revealed that postoperative recurrence was an independent prognostic factor for better PFS (hazard ratio, 0.43; p=0.016).

Conclusions: There was no difference in the clinical efficacy of gefitinib in lung adenocarcinoma patients harboring either an exon 19 deletion or an L858R point mutation. Patients with postoperative recurrence of disease had a favorable prognosis and should be separated from patients with stage IIIB/IV in future clinical trials. ***(Thorac Med 2017; 32: 14-23)***

Key words: gefitinib, epidermal growth factor receptor, lung cancer

*Department of Internal Medicine, Far Eastern Memorial Hospital; **Department of Nursing, Oriental Institute of Technology; ***Department of Integrated Diagnostics and Therapeutics, National Taiwan University Hospital; ****Department of Internal Medicine, National Taiwan University Hospital

Address reprint requests to: Dr. Chao-Chi Ho, Department of Internal Medicine, National Taiwan University Hospital, #7 Chung-Shan South Road, Taipei, 100, Taiwan

Gefitinib 對於未接受化學治療的 Exon 19 deletion 及 L858R 二種基因變異之肺腺癌病患有相同療效

林倬漢 *,**　王秉槐 *,**　郭耀文 ***　何肇基 ****

背景：酪胺酸激酶抑制劑對於 deletion 19 及 L858R 二組病患，在臨床療效是否有差異，研究以 gefitinib 作為第一線藥物治療的病人。

方法：以 gefitinib 做第一線藥物的肺腺癌病人，回顧其病歷和影像。

結果：151 位病患中，67 位（44%）是 deletion 19，84（56%）是 L858R，全部病患的無惡化存活期中位數為 15.6 個月，deletion 19 的病患是 15.3 個月，L858R 的病患是 17.7 個月（p=0.69）。術後復發的病人為 20.1 個月，第三期 B/ 第四期的病患為 12.7 個月（p=0.014）。在第三期 B/ 第四期的病患中，deletion 19 的病患為 14.6 個月，L858R 的病患為 12.6 個月（p=0.48）。多變數分析發現，術後復發為一獨立的預後因子（風險比值：0.43; p=0.016）。

結論：Gefitinib 對於 deletion 19 及 L858R 變異的肺腺癌病患，二者無臨床療效差異，而術後復發的病患和第三期 B/ 第四期病患，其預後不同，在往後研究中，應將二者分開。*(胸腔醫學* ***2017; 32: 14-23)***

關鍵詞：酪胺酸激酶抑制劑，表皮生長因子受體，肺癌

* 亞東醫院　內科部，** 亞東技術學院　護理系，*** 台大醫院　綜合診療部，**** 台大醫院　內科部
索取抽印本請聯絡：何肇基醫師，台大醫院　內科部，台北市中山南路 7 號

Diffuse Alveolar Hemorrhage Caused by Strongyloidiasis Hyperinfection Syndrome in a Patient with Lung Cancer: A Case Report

Chih-Yueh Chang, Chao-Hua Chiou*, Kuang-Yao Yang**

Strongyloides infection is found mostly in tropical and subtropical regions, and is rarely reported in Taiwan. The reasons for this might be better general sanitation in Taiwan and the indolent performance of the disease. We reported a female patient with squamous cell carcinoma of the lung who had been treated with serial therapy with surgical wedge resection and chemotherapy. She was admitted for newly-found brain metastasis and underwent Gamma knife surgery and steroid treatment. Intermittent hemoptysis was seen during this admission. Sudden onset of respiratory distress was noted and she underwent intubation with mechanical ventilation. Diffuse alveolar hemorrhage was diagnosed by bronchoalveolar lavage (BAL), and Strongyloides larvae were found in the BAL fluid. Despite ivermectin treatment and extracorporeal membrane oxygenation support, the patient passed away 1 week later. Strongyloidiasis hyperinfection syndrome is fatal and early detection and treatment can decrease mortality. ***(Thorac Med 2017; 32: 24-30)***

Key words: strongyloidiasis, strongyloidiasis hyperinfection syndrome, diffuse alveolar hemorrhage

Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan; *Division of Thoracic Oncology, Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan; **Division of Respiratory Therapy, Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan
Address reprint requests to: Dr. Kuang-Yao Yang, Division of Respiratory Therapy, Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, No. 201, Sec. 2, Shih-Pai Rd., Beitou District, Taipei 11217, Taiwan, R.O.C

糞小桿線蟲於肺癌病人引起的瀰漫性肺泡出血－病例報告

張智越　邱昭華 *　陽光耀 **

糞小桿線蟲最常見於熱帶及亞熱帶地區。在台灣很少報導糞小桿線蟲感染症，其原因可能是台灣相對較好的公共衛生環境以及被感染的病人大多只有輕微的症狀。本病人為中年婦女，曾經得過肺癌且接受部分肺部切除手術以及術後化學治療。本次住院主要的原因是新發現的腦部轉移，並接受伽瑪刀以及類固醇治療。住院期間有陣發性的咳血，並且在某日因大量咳血產生呼吸衰竭，接受插管及使用呼吸器。隔日接受肺泡沖洗術，診斷為瀰漫性肺泡出血合併糞小桿線蟲感染。雖然她馬上接受抗寄生蟲藥物（ivermectin）以及葉克膜體外維生系統支援療法，病人仍在一個禮拜後往生。糞小桿線蟲過度感染症候群是非常致命的，早期發現以及治療才能降低死亡率。*(胸腔醫學 **2017; 32: 24-30**)*

關鍵詞：糞小桿線蟲，糞小桿線蟲過度感染症候群，瀰漫性肺泡出血

臺北榮民總醫院　胸腔部，臺北榮民總醫院　胸腔部　腫瘤科 *，臺北榮民總醫院　胸腔部　呼吸治療科 **
索取抽印本請聯絡：陽光耀醫師，臺北榮民總醫院　胸腔部　呼吸治療科，臺北市北投區石牌路二段 201 號

A Case of Small-Cell Lung Cancer with Simultaneous Active Multidrug-Resistant Pulmonary Tuberculosis

Kuan-Jui Tseng, Szu-Pei Ho*, Yi-Pin Chou**, Chang-Ke Chu

Coexistence of pulmonary tuberculosis and small-cell lung cancer is uncommon. We encountered a 76-year-old male patient with an initial presentation of chest tightness and palpitation for 1 day. Chest radiography revealed a mass lesion in the right upper lung. Chest computed tomography (CT) showed a soft tissue mass at the right upper lobe and patchy infiltration in the left upper lung. Pulmonary tuberculosis was verified by positive sputum acid-fast stain and tuberculosis polymerase chain reaction, and drug sensitivity test showed multidrug-resistant pulmonary tuberculosis. Small-cell lung cancer was diagnosed by the pathology of the CT-guided biopsy. We reviewed related articles in the literature and discuss the relationship between lung cancer and pulmonary tuberculosis. ***(Thorac Med 2017; 32: 31-36)***

Key words: lung cancer, small-cell lung cancer, tuberculosis

Department of Chest Medicine and Critical Care Medicine, Cishan Hospital, Ministry of Health and Welfare, Kaohsiung, Taiwan, R.O.C.; *Department of Pathology and Laboratory Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, R.O.C.; **Department of Emergency Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, R.O.C.

Address reprint requests to: Dr. Chang-Ke Chu, Department of Chest Medicine and Critical Care Medicine, Cishan Hospital, Ministry of Health and Welfare, Kaohsiung, Taiwan, R.O.C., No. 60, Jhongsyue Rd., Cishan District, Kaohsiung City, 84247, Taiwan, R.O.C.

肺小細胞癌同時併發活動性多重抗藥性肺結核－病例報告

曾冠叡　何思蓓 *　周宜平 **　曲長科

肺小細胞癌同時併發活動性多重抗藥性肺結核並不常見。我們提出一位 76 歲男性因胸悶與心悸 1 天前來求診。胸部 X 光顯示在病人的右上肺葉有一腫塊。胸部電腦斷層發現在右上肺葉有一軟組織腫塊，而在左上肺葉有斑塊狀浸潤。痰液的抗酸性染色為陽性，結核聚合酶鏈鎖反應亦為陽性，痰液結核菌培養的藥物敏感性試驗顯示為多重抗藥性肺結核。而肺小細胞癌也藉由電腦斷層導引切片而確診。我們回顧過去文獻並同時探討肺癌與活動性多重抗藥性肺結核之間的關係。*(胸腔醫學 **2017; 32: 31-36**)*

關鍵詞：肺癌，肺小細胞癌，多重抗藥性肺結核

衛生福利部旗山醫院　胸腔暨重症醫學科，* 高雄榮民總醫院　病理檢驗部，** 高雄榮民總醫院　急診部
索取抽印本請聯絡：曲長科醫師，衛生福利部旗山醫院　胸腔暨重症醫學科，高雄市旗山區中學路 60 號

Excessive Dynamic Airway Collapse Resulting from Massive Bilateral Pleural Effusion in a Patient with COPD and Congestive Heart Failure

An-Shiou Don, Ping-Hung Kuo, Chong-Jen Yu

Tracheobronchomalacia (TBM) is a condition associated with weakness of the tracheobronchial cartilage. Excessive dynamic airway collapse (EDAC) refers to excessive bulging of the posterior membrane into the airway lumen during exhalation. Patients with EDAC/TBM may present with dyspnea and refractory wheezing, mimicking the presentations of chronic obstructive pulmonary disease (COPD) and asthma exacerbations. TBM and EDAC should be listed in the differential diagnosis of expiratory wheezing. Here, we present the case of a patient with COPD and bilateral pleural effusion due to diastolic heart failure who developed severe expiratory wheezing in the central airways. The wheezing was refractory to inhaled bronchodilators and systemic steroids. Bronchoscopy showed TBM and EDAC, which could be gradually relieved by increasing the levels of positive end-expiratory pressure (PEEP). The central wheezing almost completely disappeared after drainage of the bilateral pleural effusion. The follow-up bronchoscopy revealed no evidence of TBM or EDAC. Experience with this case suggests that EDAC may result from massive bilateral pleural effusion in patients with COPD. ***(Thorac Med 2017; 32: 37-44)***

Key words: tracheobronchomalacia (TBM), excessive dynamic airway collapse (EDAC), chronic obstructive pulmonary disease (COPD), pleural effusion

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Address reprint requests to: Dr. Ping-Hung Kuo, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan, No. 7 Chung-Shan South Road, Taipei, Taiwan

肋膜腔積水併發動態性呼吸道塌陷：病例報告

董安修　郭炳宏　余忠仁

動態性呼吸道塌陷起因於吐氣時氣管和支氣管後壁朝管腔內凹陷，造成吐氣時呼吸道狹窄以及呼吸道阻力的上升，臨床上和慢性阻塞性肺病變不易區分。本篇文章探討一位 82 歲男性，診斷慢性阻塞性肺病變和心衰竭，因喘鳴和高碳酸血症性呼吸衰竭而接受氣管內插管和呼吸器治療。胸腔Ｘ光顯示雙側肋膜腔積水，支氣管鏡顯示動態性呼吸道塌陷。病患在接受雙側肋膜液穿放術之後，動態性呼吸道塌陷改善。顯示肋膜積水是動態性呼吸道塌陷加劇原因之一。*(胸腔醫學* ***2017; 32: 37-44)***

關鍵詞：氣管支氣管軟化，動態性呼吸道塌陷，慢性阻塞性肺病變，肋膜腔積液

國立台灣大學醫學院附設醫院　內科部
索取抽印本請聯絡：郭炳宏醫師，國立台灣大學醫學院附設醫院　內科部，台北市中山南路 7 號

An Unusual Cause of Insomnia – A Large Sinus of Valsalva Aneurysm

Hui-Chun Chen*,**, Hsu-Ching Kao**, Kuo-Tung Huang**,***, Yi-Hsi Wang**, Wen-Feng Fang**, Chin-Chou Wang**,****

Insomnia is very common and may be associated with many kinds of medical problems, but it can also occur in the absence of any psychiatric or medical disorders. At times, insomnia may be caused by a very rare and fatal problem -- a large sinus of Valsalva aneurysm. We report the case of a 42-year-old woman with insomnia who was incidentally found to have a large sinus of Valsalva aneurysm with nearly total right atrium compression. She then underwent surgical repair of the Valsalva aneurysm. The treatment was successful and she no longer has insomnia. ***(Thorac Med 2017; 32: 45-49)***

Key words: insomnia, sinus of Valsalva aneurysm

*Internal Medicine Department of Kaohsiung Municipal Min-sheng Hospital; **Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan; ***Graduate Institute of Clinical Medical Sciences, Chang Gung University College of Medicine, Taoyuan, Taiwan; ****Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Taiwan

Address reprint requests to: Dr. Yi-Hsi Wang, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Kaohsiung, Taiwan, No. 123, Dapi Rd, Niaosong Dist, Kaohsiung City 83301 Taiwan, R.O.C.

不尋常的原因導致失眠－一個巨大的主動脈竇瘤

陳蕙君 *,**　高旭卿 **　黃國棟 **,***　王逸熙 **　方文豐 **　王金洲 **,****

失眠在一般民眾很常見。失眠可能和很多種的醫學狀況相關，但是它可以和內科疾病或精神疾病無關。很難相信失眠可以導因於一個罕見沒有意識到的致命問題－一個巨大的主動脈瘤竇。我們報導一個42歲女性因一個巨大的主動脈瘤竇壓住右心房造成失眠。在發現這個狀況之後，她接受手術修補這個巨大的主動脈瘤竇。這個治療很成功以及她現在不再有失眠的問題。*(胸腔醫學 **2017; 32: 45-49**)*

關鍵詞：失眠，主動脈竇瘤

* 高雄市立民生醫院　內科部，** 長庚醫療財團法人高雄長庚紀念醫院　內科部　胸腔科
*** 長庚醫療財團法人長庚大學　臨床研究所，**** 長庚醫療財團法人高雄長庚紀念醫院和長庚醫學大學
索取抽印本請聯絡：王逸熙醫師，長庚醫療財團法人高雄長庚紀念醫院　胸腔科，高雄市鳥松區大埤路 123 號

A Rare Pulmonary Metastatic Disease - Low-Grade Endometrial Stromal Sarcoma: A Case Report and Literature Review

Pei-Shuo Chung, Wann-Cherng Perng*, Chih-Feng Giian*, Shi-Wei Wu*

Pulmonary metastasis of low-grade endometrial stromal sarcoma (ESS) is uncommon. A 36-year-old woman visited our hospital due to right-side pleuritic pain, chest tightness, shortness of breath and non-productive cough for 1 month. Computed tomography showed an ill-defined heterogeneous consolidated lesion in the right lower lobe. The patient had undergone a myomectomy due to uterine myoma 8 years before this visit. To obtain a definitive diagnosis of the lung lesion, we performed wedge resection using video-assisted thoracic surgery (VATS). The initial pathologic diagnosis was sarcoma, grade 3, but this was revised to pulmonary metastasis of low-grade ESS after a genetic study. Medroxyprogesterone acetate was administered as postoperative treatment, but recurrence was detected 24 months after the wedge resection. The patient then underwent VATS for removal of the recurrent pulmonary nodules, followed with laparoscopy-assisted vaginal hysterectomy and bilateral salpingo-oophorectomy. The pathological report was low-grade ESS of the uterus. ***(Thorac Med 2017; 32: 50-56)***

Key words: low-grade endometrial stromal sarcoma, immunohistochemistry stains, diagnosis

Division of Pulmonary and Critical Care, Department of Internal Medicine, Hualien Armed Forces General Hospital; *Division of Pulmonary and Critical Care, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center

Address reprint requests to: Dr. Shi-Wei Wu, Division of Pulmonary and Critical Care, Department of Internal Medicine Tri-Service General Hospital, National Defense Medical Center, 325, Cheng-Gung Road, Section 2, Nei-Hu Dist. 114, Taipei, Taiwan, Republic of China

一個罕見的轉移性肺腫瘤－低度子宮內膜基質肉瘤：病例報告與文獻回顧

鍾培碩　彭萬誠 *　簡志峰 *　吳世偉 *

子宮內膜基質肉瘤是罕見的轉移性肺腫瘤，我們的案例報告是一個 36 歲女性，入院 8 年前曾經接受過子宮肌瘤切除，入院前 1 個月開始出現右側胸痛、胸悶及咳嗽症狀。胸部電腦斷層發現右下肺葉有實質化病灶合併肋膜積液。經胸腔內視鏡 (VATS) 右肺葉的楔形切除術後，初步病理報告為第三度肉瘤，但之後經過基因分析後更正病理報告為低度子宮內膜基質肉瘤合併肺轉移。在病人接受術後 Medroxyprogesterone acetate 治療 24 個月後發現肺部復發，於是再度接受胸腔內視鏡輔助腫瘤切除，隨後接受腹腔鏡輔助經陰道子宮切除術及雙側輸卵管卵巢切除術確診為低度子宮內膜基質肉瘤。*(胸腔醫學* ***2017; 32: 50-56)***

關鍵詞：低度子宮內膜基質肉瘤，免疫組織化學染色，診斷

國軍花蓮總醫院　胸腔內科，* 三軍總醫院　胸腔內科
索取抽印本請聯絡：吳世偉醫師，三軍總醫院　胸腔內科，台北市內湖區成功路二段 325 號

Huge Ovarian Masses Mimicking a Primary Ovarian Cancer in a Lung Adenocarcinoma Patient

Chia-Hung Hsu*, Nien-Yi Chang**, Gee-Chen Chang*,***,****

Most lung cancer patients present with metastatic disease. It is very important to diagnose the primary or synchronous malignancy in multiple-organ metastasis patients. Herein, we report the case of a female lung adenocarcinoma patient with a discrepant treatment response to huge bilateral ovarian masses and primary lung cancer. She received bilateral oophorectomy with omentectomy for further differential diagnosis and severe compression symptoms. Pathology and immunohistochemistry study findings were consistent with a lung origin. Due to the presence of a human epidermal growth factor receptor 2 (HER-2) mutation with an exon 20 insertion, we combined afatinib with a chemotherapy regimen as the treatment strategy. She has been regularly followed up at our outpatient department. HER-2 mutation with an exon 20 insertion is a potential novel treatment target and afatinib is an option for targeted therapy. Lung cancer with uncommon metastatic sites implicates a poor prognosis. Additional local treatment for uncommon oligometastases should be considered in highly selected patients. ***(Thorac Med 2017; 32: 57-63)***

Key words: lung cancer, adenocarcinoma, ovarian metastasis, HER-2 mutation

*Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; **Department of Pathology, Taichung Veterans General Hospital, Taichung, Taiwan; ***Faculty of Medicine, School of Medicine, National Yang-Ming University, Taipei, Taiwan; ****Institute of Biomedical Sciences, National Chung Hsing University, Taichung, Taiwan

Address reprint requests to: Dr. Gee-Chen Chang, Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan, No. 1650, Sec. 4, Taiwan Boulevard, Taichung 40705, Taiwan

龐大的卵巢腫瘤在肺腺癌病人，貌似原發性卵巢癌

許嘉宏 *　張念伊 **　張基晟 *,***,****

大多數的肺癌病人就醫時，已經有遠處轉移。在多處器官轉移的病人，診斷原發癌症和是否同時存在其他癌症是臨床很重要的議題。在此篇文章，我們報告一位女性肺腺癌病人，原發肺癌和雙側卵巢腫癌治療成效有明顯差異。為了進一步鑑別診斷卵巢腫瘤和改善明顯的壓迫症狀，她接受雙側卵巢切除和網膜切除術，病理和免疫組織化學染色結果和肺癌表現相符合。因為具有 HER-2 突變（exon 20 insertion）我們合併化療藥物和 afatinib 做為治療，現在病人仍規則於門診追蹤。HER-2 突變（exon 20 insertion）可能是一個新的標靶治療標的，而 afatinib 是可選用的口服標靶藥物。肺癌合併少見的轉移位置暗示著病人有較差的預後，針對少見的轉移腫瘤，部份病人需仔細考慮額外的局部治療。*(胸腔醫學 **2017; 32: 57-63**)*

關鍵詞：肺癌，腺癌，卵巢轉移，HER-2 突變

* 台中榮民總醫院　內科部　胸腔內科，** 台中榮民總醫院　病理部，*** 國立陽明大學醫學系
**** 國立中興大學生物醫學研究所
索取抽印本請聯絡：張基晟醫師，台中榮民總醫院　內科部　胸腔內科，台中市西屯區臺灣大道四段 1650 號