Determining Factors for Successful Weaning of Patients in a Respiratory Care Center — A One-Year Experience

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Many serious medical illnesses require intensive care and mechanical support. Patients ventilated for a prolonged period (ventilator period > 21 days) often consume a large amount of intensive care resources. The Respiratory Care Center (RCC), with a 10-bed capacity, was set up in our hospital in December 2001. In this retrospective study, we explore the characteristics of the long-term ventilator-dependent patients in our hospital, and attempt to discover the determining factors in successful weaning and their impact on intensive care unit (ICU) operations.

Ninety-five patients with prolonged mechanical ventilation (53% male; age: 71.2 + 14.5 years) were transferred to the RCC between December 2001 and December 2002. The patients' disease categories included pneumonia in 32% of cases, COPD in 6%, CHF in 6%, cardiovascular operation in 13%, neurological operation in 7%, sepsis in 13%, stroke in 3%, and cancer in 7% of cases. The average length of RCC stay was 19 days (mean + SD 19.04 + 13.8). Sixty-three patients (66%) were discharged from the RCC in the first 21 days. Fifty-nine patients (62%) were successfully weaned from the ventilator (discontinued ventilator (after more than?) >72 hours). Fifty-five patients (93% of all weaned patients) were weaned in the first 21 days. Only 2 patients were weaned after 30 days. Twenty-two patients expired and the mortality was 23%. The major weaning method was pressure support (75%). The determining factors for a successful weaning were: APACHE II score at ICU admission (19.29 + 3.48 vs 25.56 + 5.93, $p = 0.0001$), PaO_2 / FiO_2 at RCC admission (mmHg) (296.53 + 83.39 vs 232 + 103.55, $p = 0.001$), and albumin level at RCC admission (mg/dl) (2.74 + 0.42 vs 2.4 + 0.4, $p = 0.0001$). The impact on our Medical and Respiratory ICU before and after the set-up of the RCC was a decrease in hospitalization (12.2 vs 9.7 days, under 99% of beds occupied, $p < 0.05$). ***(Thorac Med 2004; 19: 236-242)***

Key words: respiratory care center (RCC), APACHE II score, albumin, PaO_2/FiO_2

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轉入呼吸照護中心病人呼吸器脫離成功之決定因子

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鑒於長期呼吸器依賴病人的增多，本院於民國九十年十二月成立呼吸照護中心，專收呼吸器長期依賴及難以脫離之病患。本研究之目的在探討呼吸照護中心內病人之特性及呼吸器脫離成功之決定因子。本研究由民國九十年十二月起至九十一年十二月止，一年間共收集了95個呼吸器長期依賴病人的各項變項。本研究顯示，病患中男性病人佔53%，平均年齡71.2+14.5歲，病患轉入RCC後，成功呼吸器脫離比率為59/95 (62%) (呼吸器脫離後時間大於72小時)，在成功脫離呼吸器的病人中，有55個病人 (93%) 在前21天脫離，只有2個病人脫離時間大於30天。有22個病人死亡 (23%)。病人的疾病分類中肺炎和慢性阻塞性肺疾病佔45%，外科病人佔24%，心臟衰竭佔6%，感染症和敗血症佔13%，癌症病人佔7%，腦血管意外佔3%。主要呼吸器脫離訓練模式 (75%) 為壓力支持模式 (Pressure Support)。有87%的病人接受氣管造口手術。經由統計分析，呼吸器脫離成功之決定因子為病人住進加護病房時的APACHE II分數，住進RCC時血漿白蛋白數值 (Albumin)，及病人住進RCC時動脈血氧氣分壓和吸入氧氣濃度之比率 (PaO_2/FiO_2)。設立RCC後，本院內科加護病房平均住院日由12.2日降為9.7日。本研究顯示RCC的設立提高了呼吸器的脫離成功率，也增加了加護病房的使用率，病人有較低的APACHE II分數，較高的血漿白蛋白值以及較高的 PaO_2/FiO_2 比率，有較高的機會成功脫離呼吸器。***(胸腔醫學 2004; 19: 236-242)***

關鍵詞：呼吸照護中心，APACHE II分數，血漿白蛋白數值，動脈血氧氣分壓和吸入氧氣濃度之比率

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游泳運動對氣喘患者的影響

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氣喘是一種常見的呼吸道氣流阻塞疾病，其盛行率在許多國家包括台灣地區都有明顯攀升的趨勢。游泳運動不但可以強身，也能刺激皮膚及活化交感神經；由於其運動環境溫暖潮溼，對氣管的刺激較少，且身體水平橫躺時，輸送至肺部的血流量增加又可提高肺機能。國外的研究大都顯示游泳運動訓練對氣喘患者有正面的助益，其效果有：（一）改善受試者的體姿；（二）提升體適能；（三）減少體脂肪；（四）增進游泳技能。我們的研究探討游泳運動介入對氣喘兒童肺功能檢查及氣喘嚴重度的影響，結果發現游泳運動能改善氣喘患者之肺功能及氣喘發作的症狀，建議氣喘患者可多從事游泳運動。***(胸腔醫學 2004; 19: 243-249)***

關鍵詞：游泳、氣喘、肺功能檢查

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The Effects of Swimming Intervention for Children with Asthma

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Asthma is a common obstructive airway disease and the prevalence rate has increased in many countries, including Taiwan. The effects of swimming are not only good for body but also stimulate skin and nervous. Because the environment is warm and humid during exercise, the stimulation is less for airway. Most studies showed that swimming exercise is helpful for asthma. The author's study was to investigate the effects of a 6-week swimming intervention for children with asthma on pulmonary function testing and the severity of asthma. Results showed that a swimming program could improve pulmonary function parameters and reduce the severity of the asthma attack for asthmatic children. ***(Thorac Med 2004; 19: 243-249)***

Key words: swimming, asthma, pulmonary function testing

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Endobronchial Actinomycosis Associated with a Foreign Body and Presenting as Asthma

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Actinomycosis as the cause of an endobronchial mass is rare, and its association with a foreign body has only been described in a few reports. We herein report a 57-year-old female who was diagnosed as having asthma with intractable wheezing for about four years. Her symptoms were poorly controlled by oral prednisolone, theophylline and β_2-agonist. Physical examination revealed bilateral wheezing on chest auscultation with an increased wheeze intensity in the right lower lung field. Chest radiography was normal. Because of the uneven wheeze, bronchoscopy was arranged to rule out an endobronchial lesion. A yellowish hard mass was noted in the right intermediate bronchus obstructing about 70 % of the lumen. The surrounding mucosa was hyperemic and edematous. Histologic examination showed colonies of filamentous bacteria forming sulfur granules consistent with actinomycosis. The patient was treated with intravenous penicillin, 3-million units every 6 hours for two weeks, followed by oral amoxicillin 250 mg every 6 hours for one year. Repeated bronchoscopy showed improvement in the mucosal inflammation, but the endobronchial tumor had only partially regressed. A thoracotomy with bronchotomy was performed, and four pieces of a foreign body (animal bone tissue) were removed. After operation, her asthma symptoms resolved without the use of a bronchodilator.

Aspiration of a foreign body with chronic inflammation of the airways due to actinomycosis may have contributed to the intractable bronchospasm in this case. Since actinomycosis can be treated successfully with antibiotics alone, actinomycosis associated with an endobronchial lesion should be suspected in patients who respond poorly to antibiotic treatment. ***(Thorac Med 2004; 19: 250-254)***

Key words: actinomycosis, fiberoptic bronchoscopy, asthma, foreign body

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異物吸入併發支氣管內放線菌感染以氣喘爲臨床表現：病例報告

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放線菌病很少是造成支氣管內腫塊之原因，且與吸入異物有關之病例僅有少數被提出，此次報告個案為一位57歲女性，主要臨床表現為持續四年有無法控制之喘鳴呼吸聲，當時被診斷為氣喘，雖口服類固醇、茶鹼（Theophylline）及乙二型交感神經興奮劑（β_2-agonist）仍無法有效控制其氣喘症狀。從理學檢查中發現兩側喘鳴呼吸聲且右下肺野喘鳴聲強度增加，而胸部X光檢查無異常發現。因這一無法有效控制之喘鳴呼吸聲，所以安排支氣管鏡檢查以排除支氣管內之病變，支氣管鏡檢查發現在右邊中間支氣管（Intermediate bronchus）有一黃色硬的腫塊，約阻塞70%之管腔且周圍之黏膜呈現紅腫情形，病理組織報告顯示絲狀之細菌體形成磺胺顆粒（Sulfur granules）此符合放線菌病之診斷。此個案治療是採每6小時靜脈注射3百萬單位青黴素（Penicillin），2星期後仍每6小時給予口服青黴素（Amoxil）250毫克並持續治療一年，之後支氣管鏡的追蹤檢查結果顯示支氣管黏膜發炎反應已有改善，但支氣管內之腫塊僅部分縮小；因此予施行胸廓切開術（Thoracostomy）和支氣管部分切除術（Bronchotomy），共切除了四塊類似動物骨頭之組織，個案於術後氣喘症狀完全緩解且不需支氣管擴張劑的治療。

就這個病例而言，吸入異物而引發放線菌感染，其所導致呼吸道慢性發炎反應是造成無法控制之支氣管痙攣之原因。一般氣管內放射菌病可成功的單獨使用抗生素治療。然而，若是治療效果不佳時，是否合併異物吸入是需被審慎考慮的。 ***（胸腔醫學 2004; 19: 250-254）***

關鍵詞：放線菌病（Actinomycosis）、支氣管鏡（Fiberoptic bronchoscopy）、氣喘（Asthma）、異物（Foreign body）

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Benign Metastasizing Leiomyoma of the Lung: A Case Report

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Benign metastasizing leiomyomas of the lung are very rare tumors. Patients are usually asymptomatic with incidental findings of pulmonary lesions. Typical radiographic findings include well-circumscribed solitary or multiple pulmonary nodules. Woman who have undergone hysterectomy for leiomyoma are most commonly afflicted.

We report a case of leiomyoma of the lung diagnosed in a 31-year-old woman who had undergone myomectomy at the age of 24 for uterine leiomyoma. ***(Thorac Med 2004; 19: 255-260)***

Key words: uterine leiomyoma, lung metastasis

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肺部良性轉移性平滑肌瘤病例報告

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肺部良性轉移性平滑肌瘤是一種相當少見的腫瘤，病人通常是沒有症狀，而是意外發現病灶。典型的胸部X光攝影可見到，邊緣清楚的單一或多發性節結。曾經因為子宮平滑肌瘤而作過子宮切除手術的婦女最常受到侵犯。

本病例為一位31歲女性，因乾咳一個禮拜而就醫，胸部X光攝影顯示雙側肺葉有邊緣清楚的多發性節結，經一系列檢查，包括：大腸鏡、腹部超音波等，排除為轉移性肺部疾病。胸腔鏡手術切除左下肺葉病灶，病理報告證實為良性平滑肌瘤。***(胸腔醫學 2004; 19: 255-260)***

關鍵詞：子宮平滑肌瘤 (Uterine leiomyoma)，肺部轉移 (Lung metastasis)

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Invasive Pulmonary Mucormycosis Complicating Pneumothorax in a Diabetic Woman — A Case Report

Yin-Tzu Tsai, Heng-Ching Huang, Wen-Liang Yu, Chun-Chieh Yang, Kuo-Chen Cheng

A 41-year-old diabetic woman was admitted to our intensive care unit due to *Klebsiella pneumoniae* bacteremia and septic shock. In the emergency room, left-sided spontaneous pneumothorax was found, however the patient, had no history of preceding trauma. The total collapse of the left lung and persistent air leakage didn't improve with a tube throacostomy. Therefore, an exploratory thoracotomy was performed, and a ruptured lung abscess was noted within the left lower lobe. Histopathological examination demonstrated tissue invasion by *Mucor* species. The pneumothorax resolved after surgical decortication. The empyema and lung abscess also resolved after surgical drainage and antifungal therapy. The patient recovered and remained well without recurrent pneumothorax during the outpatient follow-up. ***(Thorac Med 2004; 19: 261-266)***

Key words: mucormycosis, pneumothorax, fungal, lung abscess

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狀似自發性氣胸的肺部白黴菌病—病例報告

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患者為一位四十一歲的女性，因罹患克雷白氏肺炎桿菌所導致的菌血症，合併敗血性休克和血糖過高而住到加護病房治療。在沒有接受呼吸器治療的情況下，卻意外地發現左側肺部有自發性氣胸。經接受胸管插入引流之後，左肺仍然是塌陷的，而且有空氣繼續洩漏出來。手術中發現一顆破裂的肺膿瘍在左下肺葉空洞處。病理報告證實有白黴菌侵犯組織。氣胸在手術後明顯改善，膿胸及肺膿瘍在接受抗黴菌治療和手術引流後也呈現改善，病人痊癒出院後仍繼續在門診追蹤治療中。***(胸腔醫學 2004; 19: 261-266)***

關鍵詞：白黴菌病，氣胸，黴菌肺膿瘍

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Mediastinal Hemangioma Presenting with Recurrent Pleural Effusion — A Case Report and Review of the Literature

Wei-Li Lien, Tse-Min Chen, Poe-Jen Hsu*, Hung-Chune Maa**, Jhi-Jhu Hwang***, Tung-Heng Wang***, Ming-Shyan Huang***

Mediastinal hemangiomas are rare and benign vascular tumors. They commonly occur in the anterior mediastinum, with a few arising in the posterior mediastinum, and are typically found in young adults aged under 35. They are usually asymptomatic and incidentally detected on a routine chest radiograph. Other presentations, such as cough, chest pain, and dyspnea, are associated with invasion or compression to the adjacent structures. Radiographically, mediastinal hemangiomas usually present as a nonspecific mass. On computed tomography (CT), these tumors demonstrate characteristic "puddles" of contrast medium within the mass, following an intravenous contrast medium administration. The presence of phleboliths is virtually diagnostic.

We present the case of an anterior mediastinal mass with recurrent pleural effusion mimicking advanced malignancy. After intravenous contrast medium administration, an enhancement of the mediastinal mass similar to the adjacent vascular structures was found on CT films, and a vascular origin was favored. The tumor was resected and proved to be a mediastinal cavernous hemangioma.

We herein report this rare case and review the literature. ***(Thorac Med 2004; 19: 267-272)***

Key words: mediastinal mass, hemangioma, phleboliths, pleural effusion

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反覆性胸水表現之縱隔腔血管瘤一病例報告與文獻回顧

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縱隔腔血管瘤為一罕見的良性腫瘤，大部分發生在前縱隔，只有少數發生在後縱隔。病患的年齡分佈大部份發生在35歲以前，其中大部份是無症狀、僅在常規身體檢查意外發現；少部份則是以侵患或壓迫到鄰近構造而表現出咳嗽、喘或胸痛。其胸部X光常以典型之縱隔腔腫瘤表現。然而，在快速靜脈注射顯影劑後的胸部電腦斷層掃描常會出現如〝積水〞般的顯影劑不均勻的分佈在腫瘤內，此時若再出現靜脈石（phlebolith），則幾乎可獲得確定診斷。

我們報告一名62歲女性以反復性胸水，仿似惡性表現的前縱隔腫瘤，但是在打完顯影劑的電腦斷層掃瞄中卻發現該腫瘤與旁邊血管有相同程度顯影而懷疑為血管相關之腫瘤,後經手術切除證實為海綿性血管瘤、藉此一病例描述其臨床表現、影像學特徵、診斷及治療經過，並回顧相關的文獻報告。***(胸腔醫學 2004; 19: 267-272)***

關鍵詞：縱隔腔腫瘤、血管瘤、靜脈石、胸水

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Thoracic Empyema Associated with Colorectal Cancer — A Case Report and Literature Review

Ching-Lung Liu, Chiao-Hsien Lee, Chien-Liang Wu, Pei-Jan Chen

A previously healthy 31-year-old female was transferred to our hospital after laparoscopic drainage of an abdominal abscess. She was found to have a left-sided empyema, which grew *Bacteroides fragilis* on culture. She was then diagnosed with rectal adenocarcinoma that had perforated, accounting for the abdominal abscess. An unusual pathologic finding in the resected specimen was septic thrombi in the lumen of a small vein.

To our knowledge, only six other cases of empyema associated with colorectal cancer have been reported since the 1960s. Aside from the colo-pleural fistula in two of those cases, the route of pleural infection in the reported cases was not totally clear. The finding of septic thrombi in a small vein in our case is good evidence that *B. fragilis*, a normal flora in the colorectum, may enter the circulation causing bacteremia and empyema. Therefore, unusual infections with fecal flora may indicate the presence of a malignancy. ***(Thorac Med 2004; 19: 273-278)***

Key words: thoracic empyema, colorectal cancer, *Bacteroides fragilis*

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大腸直腸癌合併膿胸—病例報告及文獻回顧

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一位31歲先前健康的女性病患，此次因腹膿瘍經腹腔引流術後轉診入院接受治療。住院期間，發現左側膿胸，而肋膜積液細菌培養結果為鬆脆類桿菌 (*Bacteroides fragilis*) 感染。之後，病患確診為直腸腺癌合併腸破裂，因而造成腹膿瘍。另一個意外的病理發現，在一條小靜脈管徑內存在著散播性的微小膿瘍。

據我們所知，自1960年代以來，共有六例大腸直腸癌合併膿胸罕見病例之文獻記載。其中，除二例發現有大腸肋膜瘻管外，其餘四例的感染途徑並不十分清楚。在本篇報告中的一個意外發現，在一條小靜脈管徑內存在散播性的微小膿瘍，由此可以證明鬆脆類桿菌，一種大腸直腸正常內生菌，可以進入血液循環，造成菌血症和膿胸。因此，在一個不尋常的內生腸道菌感染，有可能存在著惡性腫瘤。***(胸腔醫學 2004; 19: 273-278)***

關鍵詞：膿胸，大腸直腸癌，鬆脆類桿菌 (*Bacteroides fragilis*)

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Acute Intermittent Porphyria with Respiratory Failure — A Case Report and Review of the Literature

Shin-Pin Chen, Jia-Horng Wang

Acute intermittent porphyria (AIP) is a rare autosomal dominant inherited disease. The pathogenesis is impaired heme biosynthesis in the liver or bone marrow. Abdominal pain, weakness in the four extremities, discoloration of the urine, psychiatric disorders, neuropathy, and respiratory failure may occur. Early diagnosis and early treatment are very important. We report a patient with AIP suffering from progressive respiratory muscle weakness, subsegmental atelectasis of the lungs, carbon dioxide retention, and hypoxemia. Endotracheal intubation and mechanical ventilator support were necessary. After prompt diagnosis and appropriate treatment, he was successfully weaned from the ventilator. Unfortunately, another episode of respiratory failure occurred because of the use of prescribed Bactrium. He was successfully weaned from the ventilator again after discontinuation of the Bactrium. We emphasize that AIP should be considered in the differential diagnosis of every patient with unexplained respiratory failure.In addition, the avoidance of specific precipitating factors is necessary. ***(Thorac Med 2004; 19: 279-283)***

Key words: acute intermittent porphyria, mechanical ventilator, Bactrium

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Acute Intermittent Porphyria with Respiratory Failure

急性間歇性紫質症合併呼吸衰竭—病例報告與文獻回顧

陳世彬　王家弘

急性間歇性紫質症 [acute intermittent porphyria(AIP)] 是一少見的自體顯性遺傳性疾病。其致病機轉乃血色素 (heme) 主要經肝臟及骨髓合成，當合成路徑發生問題時，會導致腹痛、四肢無力、尿液變色、精神症狀、神經病變，以及呼吸衰竭等。因此早期診斷早期治療是非常重要的。本文報告—急性間歇性紫質症患者合併漸進式呼吸肌肉無力 (respiratory muscle weakness)、肺葉次節葉塌陷 (subsegmental atelectasis)、二氧化碳蓄積、低血氧，以致於必須插上氣管內管 (endotracheal tube) 並使用呼吸器 (mechanical ventilator)。因立即診斷和適當的治療,於是成功脫離呼吸器，很不幸的，因為使用 Bactrium ，以致於再次發生呼吸衰竭。在停掉 Bactrium 後，又再次成功脫離呼吸器。我們強調：在每一個無法解釋的呼吸衰竭病人身上，應該要把急性間歇性紫質症列入鑑別診斷當中。此外，避免誘發因子也是必須的。*(胸腔醫學 2004; 19: 279-283)*

關鍵詞：急性間歇性紫質症，呼吸器， Bactrium

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Malignant Lymphoma in Pregnancy Presenting with Severe Dyspnea — A Case Report

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While dyspnea is commonly observed during pregnancy, the presence of a disproportionately severe symptom may imply a serious complication, such as status asthmaticus, foreign body impaction, tumor obstruction, pulmonary embolism, infection, or heart dysfunction. We report a rare case of a 26-year-old primigravida at 34 weeks' gestation complicated with malignant lymphoma presenting as severe dyspnea and orthopnea. The initial investigation included chest X-ray and chest ultrasound. The management was a cesarean section followed by chemotherapy. We stress the importance of a differential diagnosis with any unexplained dyspnea in pregnancy. We also show the usefulness and versatility of chest ultrasound when dealing with unfavorable patient conditions. ***(Thorac Med 2004; 19: 284-288)***

Key words: pregnancy, lymphoma, Hodgkin's disease

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以嚴重呼吸困難表現的懷孕合併惡性淋巴瘤—病例報告

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懷孕特別是後期會有呼吸困難現象，但如果症狀過於嚴重異於尋常，則可能是併發其他嚴重合併症，如氣喘重積狀態、異物或腫瘤阻塞、肺栓塞、感染、心臟功能異常等。我們報告一個罕見病例，26歲初產婦於懷孕34週併發惡性淋巴瘤以嚴重呼吸困難及端坐呼吸為表現。剛開始的檢查包括胸部X光及超音波檢查。病人於住院第三天接受剖腹生產及頸淋巴結生檢並於當日開始接受化學治療。我們在此強調懷孕合併不明原因氣喘時鑑別診斷的重要性。我們也顯示胸腔超音波檢查在病人情況不佳時的實用性與靈活性。***(胸腔醫學 2004; 19: 284-288)***

關鍵詞：懷孕，淋巴瘤，Hodgkin's disease

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A Rare, Huge Carcinoid Tumor of the Thymus — A Case Report

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It was not until 1972 that thymic carcinoids were recognized as distinct lesions and not as variants of thymomas. Carcinoid tumors are classified among the amine precursor uptake and decarboxylation tumors (APUDomas), which have the potential to produce several peptides, amines, kinins, and prostaglandins. Thymic carcinoid tumors are uncommon, and only about 250 cases have been reported in the world literature to date. In our case, the thymic carcinoid tumor was bigger (22 × 16 × 10 cm) than those described before. The use of immunohistochemical studies permitted a more accurate differentiation and diagnosis of this tumor. The treatment and prognosis are reported herein. Treatment included surgical excision for a complete tumorectomy or debulking of the primary or recurring tumor. Radiotherapy and adjuvant octreotide therapy were used with limited success, and chemotherapy added no benefit. Despite close follow-up and multifaceted adjuvant therapy, the mortality rate for thymic carcinoid tumors remains high.
(Thorac Med 2004; 19: 289-294)

Key words: thymus, carcinoid tumor

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罕見巨大胸腺類癌瘤—病例報告

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自 1972 年胸腺類癌瘤才被視為異於胸線瘤的病灶。類癌瘤被分類在 APUDomas 之中，能製造多種胜肽、胺類、激肽及前列腺素。胸腺類癌瘤罕見，僅 250 例在世界文獻報告過。我們這例胸腺類癌瘤 (22 × 16 × 10 cm) 大於過去報告的所有病例。利用 immunohistochemical studies 獲許更正確的鑑別診斷。治療及預後在此報告：治療是包括像腫瘤完全切除術、原發或復發腫瘤的大範圍切除術。放射線療法、輔助性 octreotide 療法少有成功而化學療法並無益處。儘管有密切追蹤及多方面輔助性療法，胸腺類癌瘤的死亡率仍高。*(胸腔醫學 2004; 19: 289-294)*

關鍵詞：胸腺、類癌

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Left Pulmonary Artery Agenesis — A Case Report

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Pulmonary artery agenesis is an extremely rare congenital anomaly frequently associated with other cardiovascular abnormalities, and is usually diagnosed and surgically treated in childhood. The patient who survives to adulthood presents with an abnormal chest roentgenogram, few symptoms, or is asymptomatic with a variety of diagnostic possibilities. Since many physicians are not familiar with this disease, it may be misdiagnosed or overlooked. We report a 28-year-old male patient who was referred from another hospital and presented with sharp left chest pain and cough lasting for days, and who was finally diagnosed with left pulmonary artery agenesis with left lung hypoplasia and left main bronchus stenosis after a series of examinations. ***(Thorac Med 2004; 19: 295-299)***

Key words: pulmonary artery agenesis, lung hypoplasia, chest pain

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Left Pulmonary Artery Agenesis

左肺動脈發育不全—病例報告

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肺動脈發育不全是一極罕見的先天變異疾病，且經常伴隨著其他心血管的異常，其診斷通常是在孩童時期。若病人能存活至成人期，其症狀可能輕微或甚至無症狀之表現，病人被發覺通常是因異常的X光表現。由於此疾病較少見故容易被忽略或誤診，在這裡我們報告一位先前表現健康的28歲年輕男性，其主訴症狀為左側胸痛和咳嗽，最後經一系列檢查後診斷為左側肺動脈發育不全。***(胸腔醫學 2004; 19: 295-299)***

關鍵詞：肺動脈發育不全（Pulmonary artery agenesis）、肺發育不全（Lung hypoplasia）、胸痛（Chest pain）

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Tracheal Tumors in a Case of Recurrent Gastric MALToma — A Case Report

Yu-Hsuan Lin, Kuan-Jung Chen, Che-Pin Lin*

A 49-year-old female presented with cough and intermittent breathlessness for one week. Chest CT and fiberoptic bronchoscopy revealed multiple tumors in the lower trachea. The patient had been diagnosed with unclassified autoimmune disease in 1993. She also had a past history of gastric mucosa-associated lymphoid tissue lymphoma (MALToma) with recurrence, and had received two courses of chemotherapy with durable remission. We treated her tracheal tumors based on the previous lymphoma history, without tissue proof, and she reached complete remission. In this report, we review the characteristics of tracheal or bronchus-associated lymphoid tissue lymphomas (BALToma), as evidence for accepting the possibility of tracheal lymphoma in our case. ***(Thorac Med 2004; 19: 300-305)***

Key words: mucosa-associated lymphoid tissue, bronchus associated-lymphoid tissue

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Tracheal Tumors in Recurrent Gastric MALToma

氣道腫瘤併發於一胃黏膜淋巴瘤病患—病例報告

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一位49歲的女性病患主訴咳嗽、呼吸困難，持續約一週左右。胸部電腦斷層掃描及軟式支氣管鏡檢發現在氣管下段有多發性腫瘤。病患有非特異性自體免疫病史且多年前罹患胃黏膜淋巴瘤。經化療緩解後，其胃淋巴瘤約一年後復發；再次施予相同化療後病患仍有相當程度的緩解，目前定期追蹤病況穩定。由於病人拒絕氣管黏膜切片檢查，故施予相同於治療胃淋巴瘤之化療處方後再次以支氣管鏡追蹤，令人興奮的觀察到氣管腫瘤完全緩解…。此外，我們也查閱相關文獻中氣管淋巴瘤的特性，以佐證本病為氣管淋巴瘤的可能性。*(胸腔醫學 2004; 19: 300-305)*

關鍵詞：黏膜相關淋巴組織，氣管相關淋巴組織

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Surgical Treatment of Thoracic Esophageal Perforation and Pyopneumothorax Induced by Foreign Bodies — A Case Report

Chao-Hung Chen, Chang-Jer Huang, Hung-Chang Liu

Esophageal foreign body impaction occurs commonly in children and edentulous adults. Timely intervention and aggressive management can effectively prevent the catastrophic result of esophageal perforation. Primary repair reinforced with a viable tissue graft can minimize postoperative complications. We report a case with a delayed diagnosis of esophageal perforation induced by food bolus impaction that was successfully treated by surgery. A 52-year-old female presented with saliva drooling and dysphagia immediately after swallowing a piece of hamstring. A rigid esophagoscopy performed the next morning failed to remove the whole food bolus. Esophageal perforation was not detected until the development of severe sepsis and hypotension. Chest radiography revealed left pyopneumothorax and a nasogastric tube in the left pleural cavity. A flexible panendoscope confirmed a food bolus impacted in the lower esophagus; esophageal perforation was also observed. The perforation was primarily repaired and buttressed with an intercostal muscle flap. An esophagogram taken three weeks after the operation showed a diverticulum in the lower esophagus. The subsequent follow-up was uneventful. ***(Thorac Med 2004; 19: 306-312)***

Key words: esophageal perforation, foreign body impaction

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異物導致之胸部食道穿孔及氣膿胸的外科治療—一病例報告

陳兆弘　黃常哲　劉洪彰

食道異物梗塞好發於小孩及沒有牙齒的成年人，適時的診斷與積極的治療才可避免食道穿孔的嚴重後果，立即修補再加上活組織移植的強化方可降低術後併發症。我們報告一個延遲診斷的食道異物梗塞併發食道穿孔之成功外科治療經驗。這位五十八歲的婦人在吞下一大塊牛筋後立刻出現流口水及吞嚥困難的現象，隔天早上安排的硬式食道鏡只找到並取出一小部份的牛筋。病人的食道穿孔並未被發現，一直到她出現嚴重的敗血症及低血壓。胸部X光顯示有左側氣胸及積水，同時發現鼻胃管也跑到左側肋膜腔。胃鏡證實有一大塊牛筋卡在食道下段並造成食道穿孔。我們將食道穿孔處直接縫起來，並用肋間肌覆蓋在接合處。術後三個星期的食道攝影顯示在食道下段有一個食道憩室。隨後的追蹤病人復原良好。***(胸腔醫學 2004; 19: 306-312)***

關鍵詞：食道穿孔，食道異物梗塞

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