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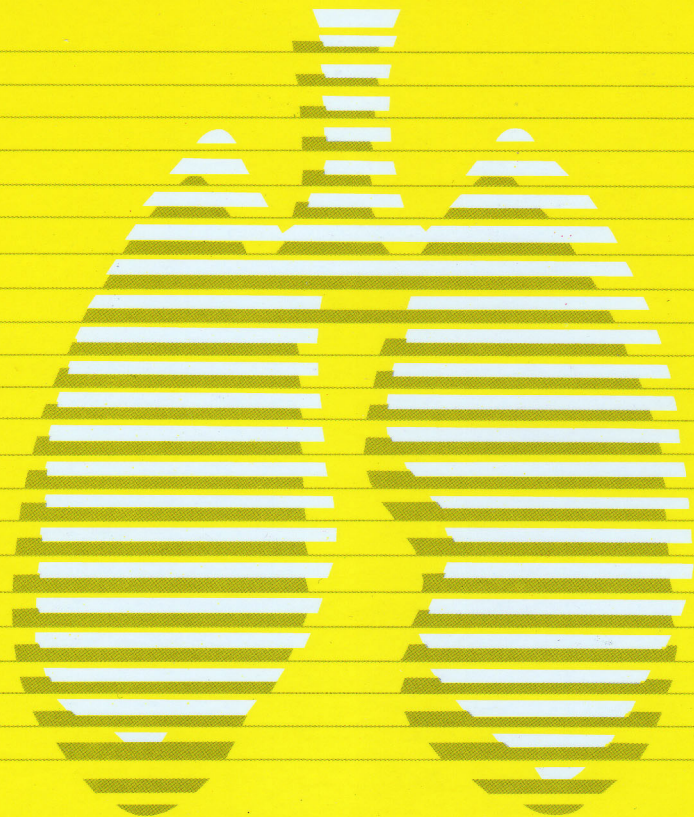
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Original Article

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Analyzing Characteristics Associated with Symptomatic Sleep Disturbance in COPD Patients

Shan-Fon Tsai, Shew-Meei Sheu*, Ching-Fang Tsai*, Ming-Shian Lin, Wei-Chen, Yi-Jen Chen

Introduction: Sleep disturbance, characterized by difficulty of falling asleep, interrupted sleep, and feeling unrefreshed upon waking, may compromise a patient's quality of life and survival rate. Cough and shortness of breath are the most frequent symptoms in chronic obstructive pulmonary disease (COPD) patients. However, symptomatic sleep disturbance is not clearly defined. Our study aimed to identify characteristics that correlate with symptomatic sleep disturbance in COPD patients in Taiwan.

Methods: This was a cross-sectional study conducted between 2011 and 2012. We successfully recruited 180 COPD patients over 40 years of age. Each participant had to fill out a questionnaire to determine whether they had symptomatic sleep disruption due to cough and difficulty breathing. Analysis parameters included the participants' demographics, acute exacerbation (AE), comorbidities, COPD Assessment Test (CAT) scores, and lung function test results.

Results: The mean age and body mass index of all patients were 71.7 years and 22.8 kg/m², respectively. The prevalence of symptomatic sleep disturbances among the COPD patients was 28.9% (52/180). Those with symptomatic sleep disturbances also had significantly higher CAT scores (15.9 ± 10.5 vs. 9.5 ± 7.0 , $p < 0.01$) and AE occurrence (52.0% vs. 29.8%, $p < 0.05$) than those without sleep disturbances. Multivariable analysis revealed that the CAT score (odds ratio, 1.1, 95% confidence interval, 1.1-1.2) was an independent factor significantly associated with symptomatic sleep disturbance.

Conclusions: Symptomatic sleep disturbances occurred in 28.9% of COPD patients. The CAT score was correlated with self-reported symptomatic sleep disturbances in COPD patients and can be used as a predictor for symptomatic sleep disturbance. (*Thorac Med* 2019; 34: 139-147)

Key words: chronic obstructive pulmonary disease (COPD), sleep disturbance, COPD assessment test (CAT)

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分析 COPD 患者症狀性睡眠障礙相關之病人特徵

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前言：睡眠障礙的特點是入睡困難，睡眠中斷，醒來後感覺不清醒可能會影響患者其生活品質及存活率。咳嗽和呼吸急促是慢性肺阻塞患者最常見之症狀，而症狀性睡眠障礙未被明確定義。此研究在於探討台灣 COPD 患者之症狀性睡眠障礙相關之病人特徵。

方法：此為 2011-2012 年間進行之橫斷面研究，成功招募 180 名 40 歲以上之慢性肺阻塞患者，其皆填寫是否因咳嗽或呼吸困難而產生睡眠障礙之問卷。分析參數包括參與者之人口學變項、急性發作次數、合併症、慢性肺阻塞評估量表 (CAT) 與肺功能。

結果：患者之平均年齡和身體質量指數 (BMI) 分別為 71.7 歲和 22.8 公斤 / 平方公尺。症狀性睡眠障礙之罹患率為 28.9%。症狀性睡眠障礙患者之 CAT 分數與急性發作率顯著高於無症狀性睡眠障礙患者 ($p < 0.05$)。多變量分析顯示 CAT 分數為與症狀性睡眠障礙具顯著性相關之獨立因子 (OR, 1.1; 95% 信賴區間, 1.1-1.2)。

結論：COPD 患者之症狀性睡眠障礙罹患率為 28.9%，CAT 評分與 COPD 患者自我報告的症狀性睡眠障礙相關，可作為症狀性睡眠障礙的預測因子。(*胸腔醫學* 2019; 34: 139-147)

關鍵詞：慢性肺阻塞 (COPD)，睡眠障礙，慢性肺阻塞評估量表 (CAT)

Nonintubated Thoracoscopic Bullectomy and Pleurodesis for Spontaneous Pneumothorax in a Patient with Duchenne Muscular Dystrophy: A Case Report

Wan-Ting Hung, Po-Ni Hsiao*, Ke-Cheng Chen

Thoracoscopic surgery without tracheal intubation for a patient with Duchenne muscular dystrophy (DMD) has not been reported. We describe a man with DMD who underwent thoracoscopic bullectomy and pleurodesis using a nonintubated anesthetic technique of internal intercostal nerve block, vagal block, and targeted sedation for recurrent spontaneous pneumothorax. The successful results with this patient suggest that nonintubated thoracoscopic bullectomy and pleurodesis is technically feasible and safe for selected patients with DMD. (*Thorac Med* 2019; 34: 148-154)

Key words: Duchenne muscular dystrophy, nonintubated video-assisted thoracic surgery, pneumothorax

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以免插管胸腔鏡肺泡切除術及肋膜沾黏術治療一名氣胸之 裘馨氏肌肉失養症病人：病例報告

洪琬婷 蕭柏妮* 陳克誠

以免插管方式為裘馨氏肌肉失養症病人進行胸腔鏡手術尚未被報告過。在此，我們報告一名裘馨氏肌肉失養症之男性，接受免插管麻醉方式，包括腔內肋間神經阻斷、迷走神經阻斷、及目標導向鎮靜，進行胸腔鏡肺泡切除術及肋膜沾黏術以治療復發自發性氣胸。此成功的案例經驗表示，對裘馨氏肌肉失養症的病人，免插管胸腔鏡肺泡切除術及肋膜沾黏術是技術上可行且安全的手術方式。(*胸腔醫學* 2019; 34: 148-154)

關鍵詞：裘馨氏肌肉失養症，免插管胸腔鏡手術，氣胸

Tuberculous Peritonitis Complicated with Bowel Perforation and Intestinal Obstruction: A Case Report

Yuan-Fu Huang*, Yu-Wung Yeh*,**

Abdominal tuberculosis (TB) is not an uncommon presentation, although severe forms of the disease are rather rare. Young physicians may not be familiar with the presentations of this disease entity. Unfortunately, the proportion of extrapulmonary TB is on the rise, which presents challenges to both the diagnosis and management of advanced abdominal TB. We herein present a case of severe abdominal TB. While infrequently encountered, early identification and diagnosis remain crucial to a favorable outcome. (*Thorac Med* 2019; 34: 155-159)

Key words: abdominal tuberculosis, tuberculous peritonitis, intestinal obstruction, intestinal perforation

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結核性腹膜炎合併腸穿孔和腸阻塞：病例報告

黃元甫* 葉育雯*,**

腹部結核 (TB) 並不罕見。然而，嚴重的疾病形式相當罕見。年輕的醫生可能不熟悉此種疾病的臨床表現。不幸的是，肺外結核的比例正在上升，這對晚期腹部結核病的診斷和治療帶來了挑戰。我們在此提出一例嚴重的腹部結核病。雖然很少遇到，但早期識別和診斷對於有利結果仍然至關重要。(*胸腔醫學* 2019; 34: 155-159)

關鍵詞：腹部結核，腹膜結核，腸阻塞，腸穿孔

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Kirschner Wire Migration from the Clavicle into the Left Lung Parenchyma after Trauma – A Case Report

Kuan-Liang Chen, Ming-Cheng Tsao*, Xian-Yuan Guo

Kirschner wires (K-wires) and pins are useful tools in the management of shoulder fractures and dislocations. Migration of broken K-wires after trauma is a rare but serious complication. We describe the case of a 73-year-old woman who underwent open reduction internal fixation for a distal clavicle fracture. Following a second trauma, a broken K-wire migrated into the left lung parenchyma and was successfully retrieved via video-assisted thoracoscopic surgery. Avoiding trauma can be helpful in preventing K- wire migration. (*Thorac Med* 2019; 34: 160-165)

Key words: broken Kirschner wire migration, clavicle fracture, lung parenchyma, trauma

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創傷後克氏鋼針自鎖骨移入左側肺部

陳冠良 曹明正* 郭獻源

克氏鋼針是治療肩關節骨折和脫位的工具。創傷後斷裂的克氏鋼針的移行是一種罕見但嚴重的併發症。我們描述了一名 73 歲女性的病例，她為鎖骨遠端骨折進行了開放性復位併內固定術。在第二次創傷後，其中一根克氏鋼針移入左肺實質，並通過胸腔內視鏡輔助手術成功移除。避免創傷有助於防止克氏針移位。(*胸腔醫學* 2019; 34: 160-165)

關鍵詞：克氏鋼針斷裂，鎖骨骨折，肺實質，外傷

Surgical Enucleation of a Huge Esophageal Schwannoma Causing Dysphagia and Exertional Dyspnea

Wei-Yi Lee, Jiun-Yi Hsia*

Benign esophageal tumors are not common, and most of them are leiomyomas; schwannomas are rarely seen. Symptoms worsen as the tumor increases in size. A preoperative diagnosis is difficult, and the definitive diagnosis is often established by histological features and immunohistochemical stain after surgery. An 82-year-old woman had dysphagia for 2 years and exertional dyspnea for 1 year. She had a huge esophageal submucosal tumor with nearly total obstruction of the middle esophagus and compression of the left main bronchus. Tumor enucleation followed with primary suture of the mucosal defect through a right mini-thoracotomy under video-assistance was performed successfully. To our knowledge, this is the first report of an elderly woman with a huge schwannoma located in the middle esophagus that was successfully treated with surgical enucleation instead of total or subtotal esophagectomy. (*Thorac Med* 2019; 34: 166-171)

Key words: esophageal schwannoma, dysphagia, dyspnea, enucleation

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手術摘除造成吞嚥困難及活動性喘的巨大食道神經鞘瘤

李威億 夏君毅*

良性食道腫瘤是不常見的，其中最常見的是平滑肌瘤，而神經鞘瘤是相當罕見的，造成的症狀會隨著腫瘤變大而加劇。術前要有確切的診斷是有難度的，通常需要在開刀後，藉由檢體的組織特性和免疫組織化學染色來得到最終診斷。本案例是一位 82 歲女性，有吞嚥困難兩年及活動性喘一年，檢查後發現在食道中段有一巨大的黏膜下腫瘤，造成食道幾乎完全阻塞，左邊主要支氣管也被壓迫到。於是我們為這位病人安排了胸腔鏡輔助下食道腫瘤摘除及黏膜修補手術。經由文獻搜尋，這是第一例成功地以手術摘除巨大中段食道神經鞘瘤，而非全食道或部分食道切除。(*胸腔醫學* 2019; 34: 166-171)

關鍵詞：食道神經鞘瘤，吞嚥困難，呼吸困難，手術摘除

Cyclophosphamide Use in a Young Female with Cryptogenic Organizing Pneumonia and Impending Respiratory Failure: A Case Report

Ho-Sheng Lee*, I-Wei Chang**, Ming-Wei Kao***

A 30-year-old female had productive cough for 1 month, with new fever and dyspnea in the most recent 2 days. Pneumonia was diagnosed, and improved after antibiotic treatment. Recurrent symptoms with severe hypoxia occurred 10 days later, with interstitial infiltration in bilateral lung fields on chest X-ray. There was no response to antibiotics, and the work-up for infection and autoimmune disorders reported negative findings. After strong systemic corticosteroid use, her hypoxia and lung infiltrations improved. The surgical biopsy of the lung revealed organizing pneumonia. Relapse of hypoxia with chylothorax occurred with tapering down of the corticosteroid. Cyclophosphamide was then added. The patient's dyspnea and lung infiltration improved and steroid was discontinued smoothly. Her cryptogenic organizing pneumonia fluctuated when tapering down the dose of cyclophosphamide. Cyclophosphamide was discontinued 2 years later. (*Thorac Med* 2019; 34: 172-177)

Key words: cryptogenic organizing pneumonia, bronchiolitis obliterans with organizing pneumonia, cyclophosphamide

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Cyclophosphamide 在隱源性器質性肺炎（Cryptogenic Organizing Pneumonia）瀕臨呼吸衰竭的治療—案例報告

李和昇* 張宜崴** 高明蔚***

一位三十歲女性咳嗽有痰近一個月，最近兩天因發燒、呼吸困難住院治療，被診斷為肺炎，在抗生素治療後改善並出院。10 天後症狀復發並有嚴重低血氧，胸部 X 光發現兩側肺野有間質性浸潤。再次使用抗生素治療並無改善，而且感染及自體免疫相關的檢查均無特殊發現。在給予高劑量全身性類固醇後，低血氧及肺浸潤開始改善。胸腔鏡肺部切片病理報告為隱源性器質性肺炎（cryptogenic organizing pneumonia, COP）。當減低類固醇劑量時，低血氧再次惡化，並發現有乳糜胸。加入 cyclophosphamide 合併治療後，呼吸困難及肺浸潤改善，並且順利停用類固醇。在後續減量 cyclophosphamide 時，病人 COP 病況起起伏伏，在治療兩年後，在病況穩定的情形下順利停用 cyclophosphamide。（*胸腔醫學* 2019; 34: 172-177）

關鍵詞：隱源性器質性肺炎，阻塞性細支氣管炎，環磷醯胺

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