ISSN 1023-9855

胸腔醫學

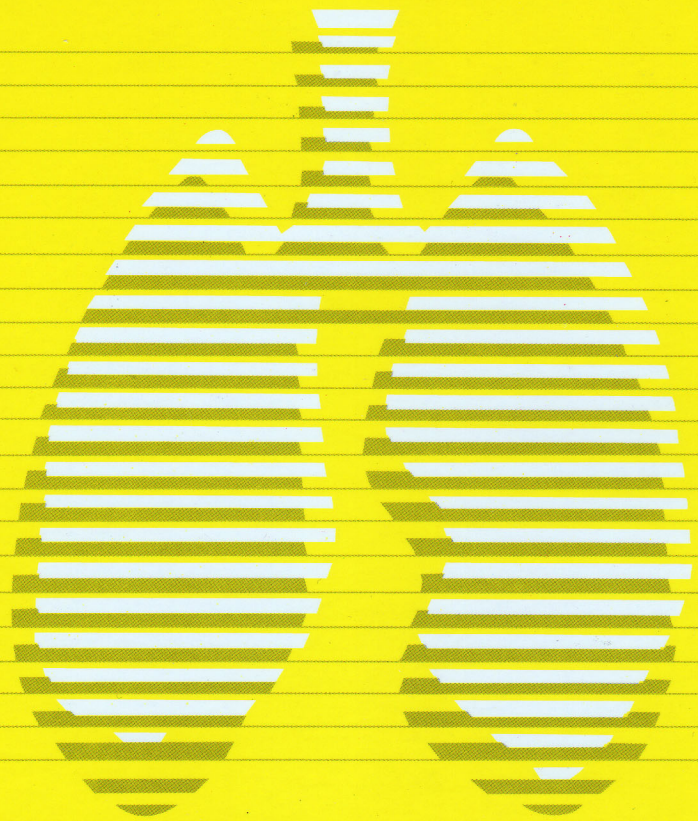
Thoracic Medicine

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

Vol.30 No.4 August 2015

第三十卷 第四期

中華民國一〇四年八月



台灣胸腔暨重症加護醫學會

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

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ISSN 1023-9855

中華民國一〇四年八月　第三十卷　第四期
ISSN 1023－9855

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原著

病例報告

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ISSN 1023－9855

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Thoracic Medicine

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

Orginial Articles

Case Reports

Survival Benefit of Uracil-Tegafur (UFT) for AJCC 7th Pathologic Stage IB Non-Small Cell Lung Cancer Patients: A Propensity Score Matching Study

Ching-Feng Wu, Jui-Ying Fu*, Chi-Wei Wang**, Yun-Hen Liu, Ming-Ju Hsieh, Ching-Yang Wu, Yi-Cheng Wu, Hui-Ping Liu***

Purpose: Adjuvant chemotherapy with uracil-tegafur (UFT) is widely used for pathologic stage IB (pIB) non-small cell lung cancer (NSCLC) in Taiwan and Japan. The aim of this study was to identify the survival benefit for patients with and without UFT treatment.

Methods: We performed a retrospective review of 220 patients with stage pIB disease (using the 6th American Joint Committee on Cancer (AJCC 6th) Cancer Staging Manual) who underwent lung resection from January 2005 to July 2012. All patients were reclassified using the AJCC 7th cancer staging system, and 130 matched subjects were included. Using a propensity score matching method (1:4 match), patients with stage pIB disease were divided into 2 groups (UFT: 26, Non-UFT: 104). The oral dose of UFT was 400 mg/body. Multiple risk factors were analyzed, including age, gender, surgical method, cell type, visceral pleural invasion, and angiolymphatic invasion. The 2 study groups were well matched with respect to age, gender, surgical method (video-assisted thoracoscopic surgery or open thoracotomy), and pathological parameters, including cell type, visceral pleural invasion, and angiolymphatic invasion.

Results: A tumor diameter greater than 3 cm was a poor prognostic factor for overall survival of patients with stage pIB NSCLC. The survival rate was significantly higher in the UFT group than in the surgery-alone group. Multivariate analyses revealed that a tumor diameter >3 cm (odds ratio=3.496; 95% confidence interval, 1.49-8.20) and use of UFT (odds ratio=0.180; 95% confidence interval, 0.049-0.660) were predictive of overall survival. The overall survival of patients with a tumor diameter >3 cm who were treated with UFT was better than the overall survival of those not treated with UFT. (p=0.041)

Conclusion: In conclusion, UFT treatment was shown to prolong the overall survival of patients with newly diagnosed stage pIB NSCLC in our study. In addition, patients with a tumor diameter >3 cm had poor overall survival, but could obtain a survival benefit after completing 2 years of UFT treatment. ***(Thorac Med 2015; 30: 191-200)***

Key words: non-small cell lung cancer, stage IB, uracil-tegafur, chemotherapy

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友復（UFT）對於 Stage IB 非小細胞肺癌病患術後的生存益處評估

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目的：對於 Stage IB 的病患使用友復膠囊作為術後追加的化學治療在台灣以及日本都被廣泛的討論及使用，本篇論文所要討論的就是對於第七版的 AJCC 分期的 IB 病患，使用友復膠囊對於病患生存的益處評估。

方法：我們回溯性的分析 220 位原本在第六版的 AJCC 分期裡 IB 的病患重新依據第七版的 AJCC 分期條件及利用傾向分數（propensity score）1:4 作為分類的方式選出 130 位病患分成兩組：術後使用友復膠囊的病患 26 位，沒有使用友復膠囊的病患 104 位，對於這整群的 IB 病患做預後危險因子分析：包括年紀、性別、手術方式、細胞種類、臟器肋膜的侵犯，以及血管淋巴管侵犯。

結果：根據本文的統計結果，腫瘤大小小於 3 公分跟接受友復（UFT）治療的非小胞肺癌 IB 病患有較好的存活率。在多重變數分析中，腫瘤大於 3 公分為負向存活指標，（勝算比 odds ratio=3.496; 95% confidence interval, 1.49-8.20），有服用友復的 IB 病患則有較好的存活率（odds ratio=0.180; 95% confidence interval, 0.049-0.660），如果大於 3 公分的病患接受過友復膠囊治療，存活率也較無接受治療的病患好（p=0.041）。

結論：總結而言，對於 IB 病患術後服用友復（UFT）的確能增加病患的生存率，且對於大於 3 公分的 IB 病患也能增加術後的存活時間。*(胸腔醫學* ***2015; 30: 191-200)***

關鍵詞：非小細胞肺癌，分期 IB，友復膠囊，化療

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Increased Risk of Active Tuberculosis in Diabetic Patients: A Nationwide Population-Based Study

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Background: Although several studies have shown a positive correlation between diabetes mellitus (DM) and active tuberculosis (TB), a majority of these studies were conducted with a case-control design or a limited number study subjects. Using a nationwide, population-based database in Taiwan, we conducted a study to examine the relationship between DM and TB.

Methods: We designed a population-based cohort study using the Taiwan National Health Insurance database. After excluding patients who had TB infections diagnosed in the most recent 3 years, we were able to include 47,353 patients with type 2 DM as the study group and 910,577 non-diabetic patients as the control group.

Results: The rate of TB infection during the 2005-2009 follow-up was significantly higher in patients with type 2 DM than in the control group (2.87% vs 0.72%, $P<0.0001$). The cumulative incidence increased with age among both the diabetic and non-diabetic patients. Risk ratio analysis revealed that diabetic patients had a higher risk than non-diabetic patients in all age groups, especially diabetic males aged <40 years. Overall, the crude hazard ratio (HR) was 4.019 and the fully adjusted HR (age, gender, hypertension, malignancy, dyslipidemia, chronic obstructive pulmonary disease, liver disease, stroke, nephropathy, pneumoconiosis, and autoimmune diseases) was significant at 1.597 ($P<0.0001$).

Conclusion: In this national population-based study, we found that DM itself would independently and significantly increase the risk of TB. ***(Thorac Med 2015; 30: 201-209)***

Key words: age, diabetes mellitus, risk, tuberculosis

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糖尿病患者有較高活動性結核病的風險－以全國人口爲對象之研究

沈文偉　林恆毅 *　陳衛洲 **

背景：雖然許多的研究都顯示出糖尿病和活動性結核病的正相關性，但是其中大多數的研究都是進行於病例對照研究法或侷限於研究對象的數目。這次我們利用臺灣全國性的資料庫的優勢，針對糖尿病和結核病的關係進行本次研究。

方法：我們使用臺灣國家健康保險資料庫設計此一以全國人口為基礎的世代追蹤研究。排除了最近三年內才診斷感染結核病的人數，研究組共有 47,353 位是糖尿病患者，相對於 910,577 位非糖尿病患者作為控制組。

結果：在西元 2005 至 2009 年間的追蹤內，患有第二型糖尿病的患者，得到結核病感染的機率是有意義的高於控制組（2.87% vs 0.72%, P<0.0001）。不論是否有糖尿病，累計發生率都是隨著年紀增加。危險比值（risk ratio）分析顯示在所有年齡組別中，糖尿病患者的風險都是比非糖尿病患者高，尤其是小於四十歲的男性糖尿病患者。總結來說，粗估危險比（crude hazard ratio, HR）是 4.019，完全校正危險比（fully adjusted HR）（年齡、性別、高血壓、癌症、血脂異常、慢性阻塞性肺疾、肝臟疾病、中風、腎臟病、塵肺症及自體免疫疾病）仍然是有意義的 1.597（P<0.0001）。

結論：根據此次以全國人口為對象的研究，糖尿病本身就是增加結核病感染的風險，而且具有統計上的意義。*(胸腔醫學 **2015; 30: 201-209**)*

關鍵詞：年齡，糖尿病，風險，結核病

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Double Primary Lung Cancer with Contralateral Spontaneous Pneumothorax – A Case Report

Bo-Nian Huang, Wei-Li Huang*, Yi-Jen Chen, Ming-Shian Lin, Shih-Yu Lee

Patients with lung cancer may present with more than one primary lesion arising in the lung at the same time and then be classified as having synchronous multiple primary lung cancer (MPLC). We described an 80-year-old man who presented with a chronic cough and respiratory distress. A roentgenogram of the chest showed the presence of a tumor at the right upper lobe (RUL) and right lower lobe (RLL), accompanied by left pneumothorax. The findings on a computed tomography of the chest showed a tracheal tumor and tumors at the RUL and RLL. Histological examination was carried out, and revealed that the tracheal tumor and the RUL tumor were squamous cell carcinoma, while the RLL tumor was small cell carcinoma. ***(Thorac Med 2015; 30: 210-216)***

Key words: double primary, lung cancer, pneumothorax

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兩個同時發現的原發性肺癌合併對側自發性氣胸

黃柏年　黃維立*　陳奕仁　林明憲　李世瑜

同時期發現兩個原發性肺癌並不常見。兩處的病灶必須是互相獨立且必須是惡性的。我們報告一位八十歲男性因長期咳嗽及呼吸困難而住院；其影像學顯示腫瘤位於氣管，右上肺葉及右下肺葉並合併左側氣胸。氣管內及右上肺葉腫瘤的病理切片為鱗狀上皮癌；右下肺葉腫瘤的病理切片為小細胞癌。氣胸發生前的電腦斷層發現左側肺氣腫且無腫瘤侵犯。*(胸腔醫學* ***2015; 30: 210-216)***

關鍵詞：氣胸，同時期原發的肺癌

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Pneumonia and Bacteremia Due to Community-Acquired *Staphylococcus aureus* in a Healthy Adult Carrying the Panton-Valentine Leukocidin Gene – A Case Report

Chia-Wei Kuo, Shu-Chen Kuo*, Jeng-Yuan Hsu, Pin-Kuei Fu**

Community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA) differs from nosocomial MRSA in that the former often carries genes for virulence factors such as Panton-Valentine leukocidin (PVL), which produce toxins and cause infections in previously healthy individuals. Pneumonia caused by CA-MRSA that harbors the PVL toxin gene is often characterized by high fever, sepsis, respiratory failure, and high mortality. We report a young adult who suffered from CA-MRSA-associated pneumonia and bacteremia. The CA-MRSA isolate was a staphylococcal cassette chromosome *mec* (SCC*mec*) type V strain and carried the PVL gene. The young man presented with high fever and multi-lobar pneumonia, and subsequently developed pneumatoceles. All symptoms and pneumonic consolidations resolved after completion of the treatment course. ***(Thorac Med 2015; 30: 217-223)***

Key words: community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA), Panton-Valentine leukocidin (PVL), pneumonia, pneumatocele

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有 PVL 毒素之社區型 methicillin 抗藥性金黃色葡萄球菌在健康成年人引起的肺炎與菌血症病例報告

郭家維　郭書辰 *　許正園　傅彬貴 **

社區型抗藥性金黃色葡萄球菌（CA-MRSA）感染所致的社區型肺炎與院內感染型肺炎最大的不同處在於，前者多半感染於過去健康狀態良好的宿主，而且金黃色葡萄球菌上帶有 Panton-Valentine leukocidin（PVL）的毒素。被帶有 PVL 毒素的抗藥性金黃色葡萄球菌感染的社區型肺炎，常見的表現為高燒、敗血症及呼吸衰竭，因此有較高的死亡率。本病例報告在闡述一位台灣健康年輕男性得到抗藥性金黃色葡萄球菌導致的社區型肺炎和菌血症，經檢查分析發現此 CA-MRSA 菌株為 staphylococcal cassette chromosome *mec* (Scc*mec*) type V 菌株並帶有 PVL 基因，且在影像學方面表現出多葉性肺炎而後進展成 pneumatoceles。在經過完整的抗生素包括 vancomycin 及 clindamycin 治療後，患者的症狀以及影像學上的病灶便消失。*(胸腔醫學* ***2015; 30: 217-223)***

關鍵詞：社區型抗藥性金黃色葡萄球菌，Panton-Valentine leukocidin (PVL)，肺炎，Pneumatocele

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Proper Diagnostic Differentiation of Atypical Adenomatous Hyperplasia and Pulmonary Adenocarcinoma

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Shih-Hsin Hsiao*, Chi-Li Chung*,***

Atypical adenomatous hyperplasia (AAH) is a precursor of lung adenocarcinoma. Pure AAH lesions often manifest as ground glass opacities on computed tomography (CT) scans, and are usually less than 5 mm in diameter. The histological diagnosis of AAH is often made with small biopsies, which raises doubts about the true nature of the whole lung lesion. We reported 4 patients presenting with a solitary pulmonary nodule greater than 5 mm in diameter and with an initial diagnosis of AAH based on CT-guided lung biopsies. Three of the patients who later received surgical resection or lung re-biopsy were ultimately diagnosed as having pulmonary adenocarcinoma. Further gene analyses revealed that all 3 patients with adenocarcinoma harbored epidermal growth factor receptor (*EGFR*) mutations. Differentiation between AAH and adenocarcinoma is clinically important, particularly with small biopsy specimens or when radiological images highlight the possibility of a more advanced disease status. ***(Thorac Med 2015; 30: 224-231)***

Key words: atypical adenomatous hyperplasia, pulmonary adenocarcinoma epidermal growth factor receptor

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異形腺瘤性增生與肺腺癌的迷思

黎書亮 *　林賜恩 **　曾明雄 *　李凱靈 *　蕭世欣 *　鍾啟禮 *,***

異形腺瘤性增生（atypical adenomatous hyperplasia，簡稱 AAH）為肺腺癌的癌前病變。真正的 AAH 在電腦斷層影像中多呈現小於 5 mm 的毛玻璃狀病灶。如使用小的肺切片檢體診斷出 AAH 時，需懷疑是否能代表肺病灶的全部性質。我們提出 4 個病例，其肺結節皆大於 5 mm，經電腦斷層導引切片初步診斷為 AAH，其中 3 個個案接受手術切除，最終診斷為具有表皮細胞生長因子接受器（epidermal growth factor receptor）基因突變的肺腺癌。在只有小切片檢體可供病理診斷或影像高度懷疑為肺惡性腫瘤時，仔細鑑別 AAH 或肺腺癌是非常重要的。*(胸腔醫學 **2015; 30: 224-231**)*

關鍵詞：異形腺瘤性增生，肺腺癌，表皮細胞生長因子接受器

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Chest Wall Extramedullary Plasmacytoma with Myelomatous Pleural Effusion

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Plasmacytoma primarily involves the bone marrow, but can also be present in many other organs. Pleural effusion in patients with multiple myeloma is not common, and has many etiologies, including congestive heart failure, nephrotic syndrome, infection, chronic renal failure, pulmonary embolism, and even secondary malignancy. Myelomatous pleural effusions in patients with extramedullary plasmacytoma are extremely rare. We presented a case of extramedullary plasmacytoma of the chest wall presenting with myelomatous pleural effusion. The myelomatous pleural effusion was diagnosed by cytology of the pleural effusion and pleural biopsy. ***(Thorac Med 2015; 30: 232-238)***

Key words: extramedullary plasmacytoma, myelomatous pleural effusion, chest wall

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胸壁漿細胞瘤合併大量的骨髓瘤性肋膜積液

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漿細胞瘤主要侵犯骨髓，也可以影響許多其他器官。在多發性骨髓瘤患者中發生肋膜積液並不常見；肋膜積液有許多病因，包括充血性心臟衰竭，腎病症候群，感染，慢性腎衰竭，肺栓塞，甚至是續發性惡性腫瘤所造成。在多發性骨髓瘤患者發生骨髓瘤性肋膜積液是極其罕見的。我們提出胸壁的漿細胞瘤合併有骨髓瘤性肋膜積液的罕見病例，骨髓瘤性肋膜積液是經由肋膜積液細胞學檢查和肋膜切片檢查診斷，並且做文獻回顧。*(胸腔醫學 **2015; 30: 232-238**)*

關鍵詞：漿細胞瘤，骨髓瘤性肋膜積液，胸壁

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Post-Traumatic Left Main Bronchus Stenosis: Case Report

Kai-Wei Chang, Yi-Ting Yen, Yau-Lin Tseng, Wu-Wei Lai

Tracheobronchial injury following blunt chest trauma is a rare but potentially lethal injury. Often the diagnosis and treatment are delayed, resulting in attempted surgical repair months or even years after the injury. We described the case of a patient with post-traumatic left main bronchus stenosis. Before the diagnosis, the patient, with left lung white-out, was subjected to a tube thoracostomy, resulting in splenic penetration. Thus, the importance of a “safe triangle” and ultrasound guidance are emphasized for chest drainage. The late injury presenting as a stenosis was successfully managed by sleeve resection and reconstruction of the left main bronchus. ***(Thorac Med 2015; 30: 239-246)***

Key words: tracheobronchial injury, tube thoracostomy, splenic penetration

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創傷後左主支氣管狹窄－病例報告

張凱惟　顏亦廷　曾堯麟　賴吾為

胸部鈍傷後引起的氣管支氣管損傷是一種罕見但潛在的致命傷害。診斷和治療時常被延遲，而導致在受傷後幾個月或甚至幾年後才進行修復手術。我們描述一個創傷後左主支氣管狹窄的病例。然而在確定診斷之前，患者因左肺整片變白而接受胸管置入術，進而導致脾臟穿刺傷。藉此再次強調「安全三角區域」和超音波導引在胸腔引流中的重要性。而此病人在創傷晚期以支氣管狹窄呈現，則成功地藉由左主支氣管袖狀切除及重建來處理。*(胸腔醫學* ***2015; 30: 239-246)***

關鍵詞：氣管支氣管損傷，胸管置入術，脾臟穿刺傷

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Ventriculoperitoneal Shunt Catheter Dislocation Causing Massive Right-Side Pleural Effusion: A Case Report

Yen-Fu Chen, Chih-Wei Chen, Jiunn-Min Shieh, Shian-Chin Ko

Ventriculoperitoneal (VP) shunting is a common method used to treat hydrocephalus; however, it can cause a variety of complications, such as infection, dysfunction, malposition and over-drainage. Pleural effusion is an uncommon complication of VP shunting and is usually associated with diaphragm defects. Refractory massive pleural effusion can cause respiratory failure. Surgical intervention is usually needed to correct the VP shunt-related pleural effusion. Here, we describe the case of a 51-year-old man who presented with respiratory failure due to persistent massive right-sided pleural effusion, caused by dislocation of the distal tip of the VP shunt catheter. After surgical revision of the VP shunt catheter and proper drainage, the pleural effusion was eliminated. ***(Thorac Med 2015; 30: 247-252)***

Key words: ventriculoperitoneal (VP) shunt, pleural effusion, respiratory failure

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腦室腹膜分流管異位導致大量右側肋膜積液：病例報告

陳彥甫　陳志偉　謝俊民　柯獻欽

腦室腹膜分流術是治療水腦症的一種常用治療方式。腦室腹膜分流術所致肋膜積液是一種少見的併發症，而且過去的病例報告多伴隨著橫隔膜缺損。腦室腹膜分流術所導致的肋膜積液可能會造成呼吸衰竭，必須以手術治療。在此我們描述一位 51 歲男性因腦室腹膜分流管的遠端管尖異位，導致持續性大量肋膜積液，而造成呼吸衰竭。病人在接受腦室腹膜分流管復位手術且適當引流後，才改善此一肋膜積液現象。*(胸腔醫學* ***2015; 30: 247-252)***

關鍵詞：腦室腹膜分流管，肋膜積液，呼吸衰竭

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Hypereosinophilic Syndrome with Liver Involvement in Advanced Lung Cancer

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Eosinophilia is a paraneoplastic syndrome of solid cancer, and is present in approximately 3% of patients with lung cancer. Hypereosinophilic syndrome is defined when marked blood ($\geq 1.5\times10^3/\mu L$) and tissue eosinophilia results in a wide variety of organ damage and/or dysfunction. In patients with lung cancer, hypereosinophilic syndrome is extremely rare. Here, we present a case of advanced lung adenocarcinoma with severe blood eosinophilia and associated eosinophilic hepatitis. The marked blood eosinophilia and associated liver dysfunction resolved after disease control with platinum-based cytotoxic chemotherapy, suggesting that this paraneoplastic phenomenon is linked to tumor extent. However, the rapid disease progression and short survival in our case suggests that reactive hypereosinophilic syndrome may be a poor prognostic indicator associated with aggressive tumors. ***(Thorac Med 2015; 30: 253-260)***

Key words: eosinophilia, hypereosinophilic syndrome, paraneoplastic syndrome, lung cancer

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嗜伊紅性白血球超增多症候群（Hypereosinophilic syndrome）合併肝臟侵犯－晚期肺癌的罕見表現

胡釋文　蔡子修　施金元

嗜伊紅性白血球增多是實質固態癌（solid cancer）的腫瘤附屬症候群之一，大約可見於 3% 左右的肺癌病人。而嗜伊紅性白血球超增多症候群，則定義為當血中的嗜伊紅性白血球每微升高於 1,500 顆、合併組織中有嗜伊紅性白血球浸潤並造成器官損傷。在肺癌病患中，同時患有嗜伊紅性白血球超增多症候群是極少見的。我們提出討論的個案為一位新診斷的晚期肺腺癌病患，同時發現有嚴重的血中嗜伊紅性白血球增多、及肝臟內嗜伊紅性白血球浸潤造成的肝功能異常。此病患在接受化學治療後，血中顯著增加的嗜伊紅性白血球及肝功能異常，皆獲得改善，暗示著此種腫瘤附屬症候群與癌症嚴重程度上有著某種關連。此病患後來病況急速惡化亦顯示嗜伊紅性白血球超增多症候群可能反映腫瘤的高度侵襲性，而為不良預後的指標。*(胸腔醫學 **2015; 30: 253-260**)*

關鍵詞：嗜伊紅性白血球超增多症候群，腫瘤附屬症候群，肺癌

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