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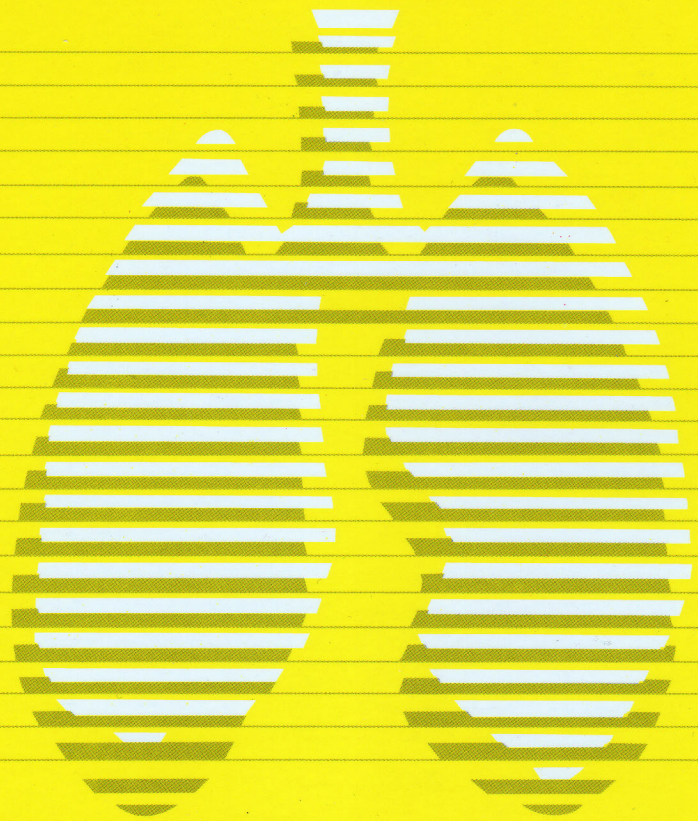

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Cryorecanalization in Airway Obstruction: Initial Experience in a Medical Center

Ke-Cheng Chen, Ying-Chun Chin, Tung-Ming Tsai, Shuenn-Wen Kuo, Pei-Ming Huang, Hsao-Hsun Hsu, Jin-Shing Chen, Jang-Ming Lee, Hong-Shiee Lai

Background: Endobronchial cryotherapy is an established recanalization method for stenoses of the respiratory tract. However, previous applications of cryotherapy have seldom been reported in Taiwan. In this study we demonstrate a newly developed cryoprobe allowing recanalization of tumor stenoses during a single intervention.

Methods: We retrospectively reviewed the clinical characteristics and outcomes of 12 patients with endobronchial obstruction treated by cryosurgery between 2010 and 2012.

Results: Three women and 9 men were included in our study. The mean age was 54 ± 15.9 years. The etiology of the obstruction included tumor (n=7), post-intubation (n=3), and tuberculosis (n=2). Ten patients were treated successfully (83.3%). Re-intervention was required in 6 patients (60%).

Conclusions: This initial experience with cryosurgery for airway obstruction suggests that it can be used safely. It was effective in improving symptoms and reducing the severity of airway narrowing. Re-intervention was still required in some patients. Further study should be undertaken to determine factors that may be associated with success or failure, as well as the relative efficacy of cryosurgery compared with other endoscopic therapies. ***(Thorac Med 2014; 29: 1-7)***

Key words: cryorecanalization, cryosurgery, airway obstruction

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冷凍再通術於呼吸道阻塞的治療：一個醫學中心的經驗

陳克誠　金盈君　蔡東明　郭順文　黃培銘　徐紹勛　陳晉興　李章銘　賴鴻緒

前言：氣管狹窄是一個嚴重的疾病，常常會造成嚴重的併發症，甚至死亡。現今針對氣管狹窄有許多的治療方式，而冷凍治療是眾多方法中的其中一個方法，但是迄今在台灣治療經驗的報導仍不多。

方法：從 2010 年一月至 2012 年六月，我們蒐集了在台大醫院裡接受冷凍治療的十二位病患，做完整的病例回顧以及統計分析。

結果：所有的病患（n=12）都有達成氣道再通的目的。雖然高達 7 位病患需要再進一步做治療，我們的死亡率是零。少出血量更是冷凍治療的優勢。只有一位病患有較多的流血量，也適當地加以止血。

結論：氣管狹窄是一個嚴重且棘手的疾病，面對氣管狹窄的病患時，可以考慮冷凍治療以及冷凍再通術。*(胸腔醫學 **2014; 29: 1-7**)*

關鍵詞：冷凍再通術，氣管腫瘤，氣管狹窄，氣管阻塞

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Severe Community-Acquired Pneumonia Caused by Methicillin-Resistant *Staphylococcus aureus*

Chung-Yen Tsai, Ming-Hsien Lin*, Chieh-Liang Wu**, Ming-Cheng Chan

Methicillin-resistant *Staphylococcus aureus* is one of the most common pathogens found in healthcare or hospital-associated infections, but it is uncommon in community-acquired infections. Although most are skin and soft tissue infections, methicillin-resistant *Staphylococcus aureus* infection may present as community-acquired pneumonia, with a high mortality rate reported. We present a case of community-acquired pneumonia due to methicillin-resistant *Staphylococcus aureus* with a rapidly progressing clinical course. In the literature review, we compare cases of community-acquired and hospital-acquired methicillin-resistant *Staphylococcus aureus*, and suggest treatment options. ***(Thorac Med 2014; 29: 8-16)***

Key words: methicillin-resistant *Staphylococcus aureus*, community-acquired pneumonia

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抗藥性金黃色葡萄球菌導致之嚴重社區型肺炎

蔡仲晏　林明賢 *　吳杰亮 **　詹明澄

抗藥性金黃色葡萄球菌是院內感染最常見的致病菌之一，但在社區型感染中是很少見的。雖然其中大部分是皮膚及軟組織感染，抗藥性金黃色葡萄球菌也可以造成社區型肺炎，並且合併高致死率。我們報告一位因抗藥性金黃色葡萄球菌引起嚴重社區型肺炎並導致死亡的案例。經由文獻審查，我們比較社區型和院內型抗藥性金黃色葡萄球菌，並提供一個治療上抗生素選擇的新想法。*(胸腔醫學 **2014; 29: 8-16**)*

關鍵詞：抗藥性金黃色葡萄球菌，社區型肺炎

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Tuberous Sclerosis Complex-Lymphangioleiomyomatosis Initially Presenting as Acute Abdominal Pain: A Case Report and Literature Review

Chun-Wei Lin, Jeng-Yuan Hsu, Kun-Yuan Cho*, Ming-Cheng Chan, Chen-Hui Lee**

Abdominal pain is a common complaint at the emergency room. Rare congenital disorders, like tuberous sclerosis complex-lymphangioleiomyomatosis (TSC-LAM), may initially present as abdominal pain. But, the underlying disease is often neglected. Herein we report a patient with severe acute abdominal pain and hypovolemic shock due to massive bleeding from renal angiomyolipoma. The patient underwent surgical excision of the left kidney after failure of transcatheter arterial embolization. One year post-surgery, the patient developed progressive dyspnea. The initial impression was TSC-LAM, based on clinical manifestations, and imaging and pathology studies. The pulmonary function test revealed mixed restrictive and obstructive ventilatory defects. Her symptoms improved with bronchodilator use. ***(Thorac Med 2014; 29: 17-24)***

Key words: lymphangioleiomyomatosis, tuberous sclerosis complex, transcatheter arterial embolization, long acting beta-agonist

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肺淋巴管平滑肌增生症以不尋常的急性腹痛表現：病例報告

林俊維　許正園　裘坤元 *　詹明澄　李貞慧 **

腹痛在急診室是很常見的問題，在罕見的肺淋巴管平滑肌增生症也可能以腹痛來表現。我們提出一個病患她因為急性腹痛伴隨有休克的症狀被送至急診，經診斷為左側腎臟血管脂肪瘤出血。因為經導管動脈栓塞術止血失敗，病人接受腎臟切除。一年後，病人開始有活動性喘不適的表現。病人肺功能有阻塞性與限制性的混合表現，經過長效 ß 受體激動劑的治療，病人症狀明顯改善。*(胸腔醫學 **2014; 29: 17-24**)*

關鍵詞：肺淋巴管平滑肌增生症，結節性硬化症，動脈血管栓塞治療術，阻塞性肺疾，長效 ß 受體激動劑

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Gefitinib-Related Interstitial Lung Disease with Pleural Effusion Successfully Treated with Medium Dose of Steroid: A Case Report and Literature Review

Shu-Fan Lin, Ming-Tai Lin, Ching-Hsing Lin

Gefitinib, an epidermal growth factor receptor tyrosine kinase inhibitor, is effective for patients with non-small cell lung cancer. However, the serious adverse effect of interstitial lung disease has been reported with its use. We present the case of a patient with lung adenocarcinoma with re-challenge gefitinib-induced interstitial lung disease with pleural effusion. The patient was then initially treated for atypical pneumonia and gefitinib was stopped, however re-administration of gefitinib led to the same symptoms re-occurring. The patient recovered from the interstitial lung disease with pleural effusion after steroid therapy. Re-administration of gefitinib should be considered cautiously in patients who have previously developed gefitinib-induced interstitial lung disease. ***(Thorac Med 2014; 29: 25-31)***

Key words: gefitinib, lung adenocarcinoma, interstitial lung disease, pleural effusion

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經中劑量類固醇成功治療的艾瑞莎再激發引起之間質性肺炎併肋膜積水：病例報告與文獻回顧

林書帆　林明泰　林慶雄

艾瑞莎是種有效治療非小細胞肺癌的表皮生長因子酪氨酸激酶抑制劑。然而，此藥物仍有可能產生如間質性肺炎等嚴重的種副作用。我們提出一個肺癌的案例，一開始無法明確診斷是治療過程中發生非典型肺炎還是艾瑞莎所引起的管直性肺炎合併肋膜積水，經由再次使用艾瑞莎導致間質性肺炎亦合併肋膜積水，進而確診此病例為艾瑞莎引起之間質性肺炎及肋膜積水。*(胸腔醫學 **2014; 29: 25-31**)*

關鍵詞：艾瑞莎，肺腺癌，間質性肺炎，肋膜積水

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Pulmonary and Rhino-orbito-cerebral Mucormycosis in a Patient with Diabetic Ketoacidosis: A Case Report and Review of the Literature

Jing-Yao Jhan, Chun-Chi Chang, Ying-Ming Shih, Hui-Chun Tai*, Ching-Hsiung Lin

Mucormycosis is an opportunistic fungal infection mainly occurring in patients with poorly controlled diabetes mellitus or neutropenia, in recipients of corticosteroids or other immunosuppressive medications, and in those with iron overload. The infection begins in the nose and paranasal sinuses and then rapidly spreads to pulmonary, orbital, and intracranial structures. Herein, we report a case of pulmonary and rhino-orbito-cerebral mucormycosis in a patient with diabetic ketoacidosis to emphasize the importance of an early diagnosis of this potentially fatal fungal infection. We also review the recent literature on the management of mucormycosis. ***(Thorac Med 2014; 29: 32-38)***

Key words: diabetic ketoacidosis, mucormycosis, rhino-orbito-cerebral

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一位糖尿病酮酸血症患者併發肺部及鼻眼腦白黴菌病：病例報告與文獻回顧

詹景堯　張竣期　施穎銘　戴蕙君 *　林慶雄

白黴菌病是一種伺機性黴菌感染，主要發生在糖尿病控制不良、嗤中性白血球低下、接受類固醇或者其他免疫抑制劑、及鐵質過度攝取的患者身上。感染開始於鼻部及鼻竇，然後快速的蔓延到肺部、眼部、及腦部內構造。在此我們報告一位糖尿病酮酸血症患者併發肺部及鼻眼腦白黴菌病，以強調早期診斷這個潛在致命性黴菌感染的重要性。我們也回顧最近關於白黴菌病處置的文獻。*(胸腔醫學 **2014; 29: 32-38**)*

關鍵詞：糖尿病酮酸血症，白黴菌病，鼻眼腦

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Bronchial Asthma and Septic Lung in a Patient with Hyperimmunoglobulin E Syndrome

Hsuan-Fu Ou, Jiunn-Min Shieh, Shian-Chin Ko

Hyperimmunoglobulin E syndrome (HIES), or Job's syndrome, is a rare and complex primary immunodeficiency disorder characterized by a spectrum of abnormalities related to the immune system, connective tissue, and bones. Despite more than 40 years of research, the etiology of HIES is still unclear. Most cases are sporadic, but autosomal dominant (AD) and autosomal recessive (AR) inheritances have been reported. HIES is characterized by a particular susceptibility to staphylococcal and mycotic infections. Therapy for HIES is directed at prevention and management of infections through the use of sustained systemic antibiotics and antifungals along with topical therapy for eczema and drainage of abscesses. Anti-staphylococcal antibiotic prophylaxis is useful. We present the case of a patient with HIES syndrome who had a long history of bronchial asthma. She was admitted due to recurrent oxacillin-resistant *Staphylococcus aureus* (ORSA) bacteremia, infectious spondylodiscitis (L2-3) and septic lungs. ***(Thorac Med 2014; 29: 39-45)***

Key words: hyperimmunoglobulin E syndrome (HIES), bronchial asthma, *staphylococcus aureus* infection

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高免疫球蛋白E症候群併發氣喘與敗血性肺炎：病例報告

歐軒甫　謝俊民　柯獻欽

高免疫球蛋白E症候群是一種先天性、罕見的免疫功能缺陷疾病、可以體染色體顯性或隱性方式遺傳，二者在臨床上表現不同。高免疫球蛋白E症候群最常見的表現為復發性的皮膚感染、復發性肺炎伴隨肺囊腫的形成、與血清免疫球蛋白E濃度增高，顯性遺傳患者常合併臉部、牙齒及骨骼特徵，如：臉型粗獷、皮膚粗糙、額頭明顯、下巴前凸、鼻翼距離增加、乳牙不易脫落等。皮膚特徵包括：異位性皮膚炎與間歇性葡萄球菌膿瘍。復發性感染為此病的主要特色，特別是金黃色葡萄球菌與黴菌感染。處置上首重感染的預防與治療，減少合併症的產生，藥物包括：抗生素、抗黴菌劑、與抗病毒劑。本文報告一例高免疫球蛋白E症候群併發氣喘、反覆性菌血症、細菌性骨髓炎、與敗血性肺炎，長期抗生素治療合併脊椎手術，終使病人順利出院。高免疫球蛋白E症候群影響多個器官系統，故需各個相關學科協調處置，方可使病人得到最好的照顧。*(胸腔醫學 **2014; 29: 39-45**)*

關鍵詞：高免疫球蛋白E症候群，敗血性肺炎，葡萄球菌感染

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Melioidosis with Lung Mass and Mediastinal Lymphadenitis: A Case Report

Chun-Li Chen*, Jeng-Yuan Hsu*,**, Chun-Shih Chin*,**

Melioidosis, caused by *Burkholderia pseudomallei*, is highly endemic to northern Australia and northeast Thailand. An outbreak of melioidosis was identified in southern Taiwan after a rainy season in 2005. The lung is the most commonly affected organ. Acute pulmonary melioidosis is commonly presented with pneumonia. Subacute or chronic infection has diverse lung manifestations, such as abscess, cavitation, and calcified node. Lung mass and mediastinal lymphadenopathy are rarely seen. The radiographic pattern of chronic pulmonary melioidosis can mimic pulmonary tuberculosis or lung cancer.

Herein, we report a 67-year-old man with a history of diabetes mellitus who presented with productive cough and loss of body weight. The radiographic finding was a mass at the right hilum with mediastinal lymphadenopathy. A detailed survey revealed no malignancy or pulmonary tuberculosis. The patient was admitted for fever 2 months later. Blood cultures yielded *Burkholderia pseudomallei*. Antibiotics with intravenous ceftazidime for 2 weeks and imipenem/cilastatin for 2 weeks were prescribed. He was discharged 1 month later with good improvement of clinical symptoms and chest x-ray findings. Oral tetracycline was continued for 6 months. ***(Thorac Med 2014; 29: 46-51)***

Key words: melioidosis, *Burkholderia pseudomallei*, mediastinal lymphadenopathy

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類鼻疽合併肺部腫瘤及縱膈腔淋巴結炎：病例報告

陳君禮 *　許正園 *,**　覃俊士 *,**

類鼻疽（melioidosis）是由類鼻疽伯克氏菌（*Burkholderia pseudomallei*）所造成的疾病，且多盛行於澳洲北部及泰國東北部。台灣南部在2005年的雨季時曾出現群聚感染的病患。肺部是最常被感染的器官。急性肺部感染多以肺炎表現。亞急性和慢性感染則有多樣的肺部變化，像是肺膿瘍、肺開洞、肺塌陷以及鈣化結節。縱膈腔淋巴結病變是極少見的肺部變化。因此，慢性肺部感染在影像學上可能會和肺結核或是肺癌混淆。

在此，我們報告一位67歲有糖尿病史的男性，表現為咳嗽有痰和體重減輕。影像學上發現右側肺門的肺部腫瘤合併縱膈腔淋巴結病變，經檢查無惡性細胞或是肺結核的可能。病人於兩個月後因發燒再次入院，血液培養發現感染類鼻疽伯克氏菌，經使用靜脈注射抗生素ceftazidime兩週及imipenem/cilastatin兩週，病人1個月後，在臨床症狀及胸部X光改善下出院。出院後繼續使用6個月的口服抗生素tetracycline。*(胸腔醫學* ***2014; 29: 46-51)***

關鍵詞：類鼻疽，類鼻疽伯克氏菌（*Burkholderia pseudomallei*），縱膈腔淋巴結病變

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Primary Angiomyolipoma with Coincident Adenocarcinoma of the Lung

Min-Shiau Hsieh*, Teh-Ying Chou**,***, Han-Shui Hsu*,****

Extrarenal angiomyolipomas are benign tumors that have been reported in several different organs including the liver, oral cavity and skin, but rarely in the thorax. We herein report the clinical and radiographic presentation, and pathological data of a primary angiomyolipoma of the lung in a 46-year-old female. In addition to the primary angiomyolipoma, an adenocarcinoma was incidentally found during surgery. No evidence of tuberous sclerosis or renal angiomyolipoma was noted in this patient. Previous cases of primary angiomyolipoma of the lung reported in the literature are also reviewed. ***(Thorac Med 2014; 29: 52-57)***

Key words: angiomyolipoma, adenocarcinoma, lung

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肺部原發性血管肌脂瘤合併肺腺癌－案例報告

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發生在腎臟以外的原發性的血管肌脂瘤，大多為良性的腫瘤，在過去文獻中有被報告過發生於肝臟、口腔、皮膚，但僅有極少數案例發現於胸腔內。這篇案例報告介紹了一名四十六歲女性於健康檢查發現左上肺葉有一 0.9 × 0.7 公分結節，此外在腎臟、腎上腺、肝臟及膽囊均無發現異常，頸部及縱膈腔淋巴結也沒有異常增大的情形。患者接受手術切除左上肺病兆，術中冰凍切片顯示為良性，術中於左下肺觸診到另一處約 0.3 公分大小之病兆亦予以切除，術後患者順利出院，於兩年追蹤期間也沒有任何腫瘤復發跡象。最後病理組織報告顯示左上肺病兆為血管肌脂瘤，而左下肺病兆為肺腺癌。

大多數血管肌脂瘤發生於腎臟，約有一半的患者可能合併結節性硬化症的病史。腎臟以外原發血管肌脂瘤最常發生在肝臟，而發生在肺部的案例極少，根據文獻上記載只有五例原發性血管肌脂瘤被報告過。我們這位患者是第一位合併有肺腺癌發生的患者。過去報告過的患者多數為女性，腫瘤大小不一，最小直徑有 0.9 公分大，到最大有 9.5 公分大；發生位置有四位是發生於左下肺葉；患者診斷當時的年紀分布也從二十八歲到六十八歲不等；病理免疫組織生化染色發現 HMB-45 多為陰性，而我們的案例為陽性。所有患者皆接受手術切除，沒有任何腫瘤復發的情形被報告過，所有患者中，沒有任何人有結節硬化症的病史。

肺部原發性血管肌脂瘤是極少見的，我們報告的這案例除了血管肌脂瘤外，還合併發現肺腺癌。分析目前發現的案例中，可知道肺部原發性血管肌脂瘤常以單一、非侵襲性的病兆來表現，與結節性硬化症沒有相關，治療還是以手術切除為主，且預後通常都很好。*(胸腔醫學* ***2014; 29: 52-57)***

關鍵詞：血管肌脂瘤，肺腺癌，肺

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Bronchial Diverticula in a Patient with Asthma – A Case Report and Literature Review

Kuan-Chih Kuo, Ching-Lung Liu, Meng-Jen Peng, Chien-Liang Wu

Bronchial diverticula are sometimes asymptomatic and are widely under-diagnosed; they are often incidentally found in patients who have undergone bronchoscopy or chest computed tomography (CT). We reported the case of a 59-year-old female with a history of asthma who presented to our outpatient department with chronic productive cough and intermittent hemoptysis for over 2 months. Chest CT scan and bronchoscopy exam showed multiple bronchial diverticula at the subcarinal region and the left main bronchus. She was treated with antitussive drugs and inhaled budesonide/formoterol combination therapy, which improved her symptoms. This was a rare case, with numerous diverticula (more than 10) located at the subcarinal region and the left main bronchus. Although clinical diagnosis of bronchial diverticula can be delayed due to the absence of symptoms, no specific treatment or intervention is necessary. ***(Thorac Med 2014; 29: 58-62)***

Key words: asthma, bronchial diverticula

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氣喘合併支氣管憩室－病例報告與文獻回顧

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支氣管憩室通常是沒症狀而且偶然在支氣管鏡或胸部斷層掃瞄中發現，因此臨床上常常沒有被診斷出來。我們報告一位過去有氣喘病史的五十九歲女性，因為持續慢性咳嗽合併有輕微的血痰兩個月而來門診求診，安排胸部電腦斷層掃瞄跟支氣管鏡檢查發現在氣管隆凸下和左主支氣管黏膜有多個支氣管憩室。我們使用止咳藥，吸入性類固醇及長效型支氣管擴張劑治療後病人的症狀獲得改善。這個病例是一個罕見病例，在氣管隆凸下和左主支氣管發現超過十個支氣管憩室。雖然支氣管憩室常常因為沒有症狀被延遲診斷，臨床上並不需要特殊的治療。*(胸腔醫學 **2014; 29: 58-62**)*

關鍵詞：氣喘，支氣管憩室

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