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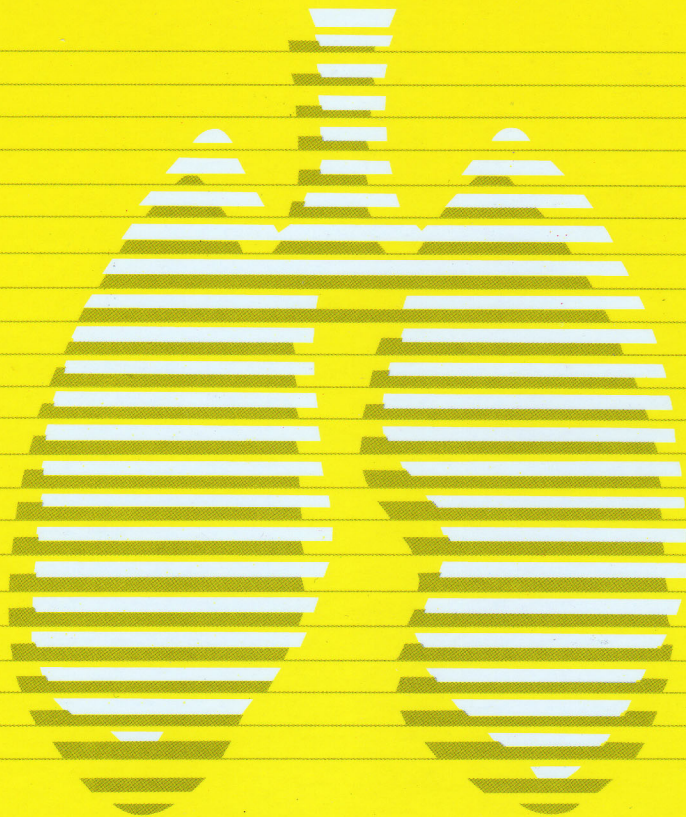
## Thoracic Medicine

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## Thoracic Medicine

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# Prognostic Value of Chemo-Naïve Serum Carcinoembryonic Antigen Level in Patients with Non-Small-Cell Lung Cancer

Hsu-Ching Kao\*, Huang-Chih Chang\*, Meng-Chih Lin\*,\*\*, Wen-Feng Fang\*,\*\*, Kuo-Tung Huang\*, Chia-Chen Tseng\*, Shih-Feng Liu\*,\*\*, Chin-Chou Wang\*,\*\*

**Background:** Carcinoembryonic antigen (CEA) is a known marker for non-small cell lung cancer (NSCLC) and was suggested as a risk factor for mortality and poor prognosis in some studies of a small sample size involving patients in early and advanced stages of NSCLC. The aim of this study was to assess the prognostic value of the serum CEA level in a larger chemo-naïve patient population with NSCLC of different stages.

**Methods:** Two hundred fifty-one (251) patients with stage II to IV NSCLC had their serum CEA measured before chemotherapy, and then received cisplatin and gemcitabine as first-line chemotherapy at Kaohsiung Chang Gung Memorial Hospital from 2008/01 to 2011/12. Patients were subdivided into 2 groups: pre-chemotherapy serum CEA level  $\geq 40$  ng/ml and  $< 40$  ng/ml. We analyzed the difference in clinical characteristics, overall survival, and 2-year mortality between the 2 groups. We also examined the association between the serum CEA level and the sites of metastasis.

**Results:** Of the 251 patients with NSCLC, 183 (72.9%) had a serum CEA level  $< 40$  ng/mL and 68 (27.1%) had a CEA level  $\geq 40$  ng/mL. Univariate analysis showed adenocarcinoma ( $p=0.014$ ), advanced staging ( $p=0.007$ ), and metastasis ( $p=0.037$ ) were associated with CEA  $\geq 40$  ng/ml. Multivariate Cox regression analysis showed that performance status (AHR 3.49; 95% CI, 1.81-6.72;  $p=0.000$ ), staging (AHR 5.37; 95% CI, 1.94-14.82;  $p=0.001$ ) and age  $\geq 70$  (AHR 1.84; 95% CI, 1.02-3.24;  $p=0.044$ ) were prognostic factors for mortality in patients with NSCLC. The serum CEA level was not a prognostic factor for mortality, nor did it predict the site of metastasis in patients with stage IIIb NSCLC.

**Conclusions:** Serum CEA level was not a prognostic factor for mortality in patients with NSCLC in our study. (*Thorac Med* 2014; 29: 200-208)

Key words: non-small cell lung cancer, carcinoembryonic antigen (CEA), mortality, predictor

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## 血清癌胚抗原在未接受化學治療的非小細胞肺癌患者之預測價值

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劉世豐\*\*,\*\* 王金洲\*\*,\*\*

**背景：**癌胚抗原（CEA）是一個已知的非小細胞肺癌（NSCLC）的標記。而在一些針對非小細胞肺癌患者中的小樣本研究發現，癌胚抗原是這些患者死亡率和預後不良的一個危險因素。本研究目的是評估血清癌胚抗原值，在不同腫瘤分期且未接受化學治療，且較大樣本數的非小細胞肺癌患者中之預測價值。

**方法：**251 位患有第 2 期至第 4 期非小細胞肺癌者，其血清癌胚抗原值在接受化療前接受測量。之後 251 位患者於 2008/01 to 2011/12 期間，在高雄長庚紀念醫院接受 cisplatin and gemcitabine 的第一線化學治療。這些病人被分為兩組：一組其血清癌胚抗原值在接受化療前大於等於 40 ng/mL，另一組血清癌胚抗原值小於 40 ng/mL。我們分析此兩組病人在臨床特徵，總生存率，以及 2 年死亡率之差異。另外，我們也檢視血清癌胚抗原值與癌症轉移部位之關聯性。

**結果：**在 251 個患者中，183 位（72.9%）其血清癌胚抗原值小於 40 ng/mL，68 位（27.1%）血清癌胚抗原值大於等於 40 ng/mL。單變項分析發現肺腺癌（ $p=0.014$ ），後期肺癌（ $p=0.007$ ），以及癌細胞轉移（ $p=0.037$ ）與血清癌胚抗原值大於或於 40 ng/mL 有關。Cox 多變項回歸分析結果顯示病人體能狀態，癌症分期，以及患者年齡大於等於 70 歲為非小細胞肺癌患者死亡的獨立預測因子。血清癌胚抗原值並非患者死亡與否的預測因子，也無法預測 IIIb 期患者之後癌症轉移部位。

**結論：**在此研究中，血清癌胚抗原不是非小細胞肺癌患者死亡的預測因子。（*胸腔醫學 2014; 29: 200-208*）

關鍵詞：非小細胞肺癌，血清癌胚抗原，死亡，預測因子

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# High Incidence of Treatment-Related Hypothyroidism in Multidrug-Resistant Tuberculosis Patients

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Shen-Hsuan Chien, Ming-Chih Yu

**Background:** Hypothyroidism is a known adverse effect of treatment for multidrug-resistant tuberculosis (MDR-TB). It has been suspected to be rare; however, recent studies report an incidence ranging from 3.5% to 71.4%. Development of hypothyroidism is considered to be attributed to the administration of prothionamide, ethionamide, and p-aminosalicylic acid, but whether a combination of these drugs influences this development is not known. The present study retrospectively analyzed the incidence of hypothyroidism in patients treated for MDR-TB and the correlation with these drugs.

**Methods:** The records of 50 patients treated for MDR-TB from January 1, 2009 to March 31, 2012 were retrospectively analyzed. All patients were followed until completion of treatment, or until March 31, 2012. Data regarding patient characteristics, co-morbidities, baseline blood test and thyroid function test results, administration of prothionamide and p-aminosalicylic acid, and thyroid-stimulation hormone (TSH) levels during treatment were extracted for analysis.

**Results:** Twenty-four (48%) of the 50 patients developed hypothyroidism. The median and mean times from start of treatment to detection of hypothyroidism were 151 days and 162 days, respectively. Patients who developed hypothyroidism were significantly younger ( $p=0.045$ ) than those who did not. Prothionamide and p-aminosalicylic acid were found to be associated with hypothyroidism development. The combination of these 2 drugs was associated with a higher risk of developing hypothyroidism (odds ratio=4.385,  $p=0.03$ ) than the use of prothionamide alone.

**Conclusion:** Hypothyroidism is relatively common in patients treated for MDR-TB. The incidence is higher in patients receiving a combination of prothionamide and p-aminosalicylic acid. Clinicians should be aware of this possible adverse effect, and watch for clinical symptoms and signs suggesting hypothyroidism, especially in young patients and during the first few months of treatment. Beginning TSH testing as early as 1 month after beginning treatment may be appropriate. (*Thorac Med* 2014; 29: 209-217)

Key words: multidrug-resistant tuberculosis, hypothyroidism, prothionamide, p-aminosalicylic acid

## 多重抗藥性結核治療產生高發生率的甲狀腺功能低下症

黃萬均 黃晟維 徐克明 簡慎萱 余明治

**背景：**甲狀腺功能低下症是已知的多重抗藥性結核治療副作用，在過去被認為是罕見的狀況，然而最近文獻報導的發生率介於 3.5 到 71.4%。甲狀腺功能低下症的發生被認為和丙硫異煙胺、乙硫磷酰胺及對氨基水楊酸有關，但合併這些藥物的使用是否影響甲狀腺功能低下症的發生並不清楚。本研究回顧性分析多重抗藥性結核病人產生甲狀腺功能低下症的機率以及與這些藥物的相關性。

**方法：**本研究回顧性分析從 2009 年 1 月 1 日至 2012 年 3 月 31 日開始接受治療的 50 位多重抗藥性結核病人，並且這些病人都追蹤至治療完成或至少到 2013 年 3 月 31 日。我們收集病人的臨床特徵、共病、基礎血液檢測及甲狀腺功能、丙硫異煙胺和對氨基水楊酸的使用以及促甲狀腺激素數值進行分析。

**結果：**50 位病人中有 24 位 (48%) 發生甲狀腺功能低下症，從治療開始到檢測出甲狀腺功能低下症的中位時間及平均時間分別為 151 天及 162 天，發生甲狀腺功能低下症的病人比起沒有發生的病人明顯較年輕 ( $p=0.045$ )。丙硫異煙胺及對氨基水楊酸和甲狀腺功能低下症的發生有關聯性，這兩種藥物合併使用比單純使用丙硫異煙胺有更高的發生率 (odds ratio=4.385,  $p=0.03$ )。

**結論：**甲狀腺功能低下症在接受多重抗藥性結核治療的病人中是常見的，在合併使用丙硫異煙胺和對氨基水楊酸的病人中其發生率更高。臨床人員應該留意這個可能的副作用，並且觀察相關的臨床症狀，特別是較年輕的病人及開始治療的前幾個月。我們認為，開始治療後一個月即進行促甲狀腺素的測量可能是必要的。( *胸腔醫學* 2014; 29: 209-217)

**關鍵詞：**多重抗藥性結核，甲狀腺功能低下症，丙硫異煙胺，對氨基水楊酸

# Primary Tracheal Squamous Cell Carcinoma - Presenting with Circumferential Invasion and Treated with Photodynamic Therapy

Lih-Yu Chang\*, Sheng-Kai Liang\*\*, Chia-Lin Hsu\*, Jang-Ming Lee\*\*\*, Chong-Jen Yu\*

Primary neoplasms of the trachea are extremely rare. The diagnosis usually depends on computed tomography (CT) scan. We report a 50-year-old woman who suffered from chronic productive cough for 1 year. Roentgenograms and chest CT showed no abnormal finding. Bronchoscopy showed diffuse circumferential papilloma-like lesions at the trachea. Endobronchial ultrasound showed submucosal invasion of the trachea. The pathology of the endotracheal biopsy showed squamous cell carcinoma. She received photodynamic therapy as first-line treatment with a good response and tumor regression. (*Thorac Med* 2014; 29: 218-223)

Key words: squamous cell carcinoma, tracheal tumor, bronchoscopy, endobronchial ultrasound, photodynamic therapy

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## 原發性氣管內鱗狀細胞癌－以氣管環狀侵犯為表現 並接受光動力療法治療

張立禹\* 梁勝鎧\*\* 許嘉林\* 李章銘\*\*\* 余忠仁\*

原發性的氣管腫瘤非常罕見,其診斷往往需要倚賴電腦斷層掃瞄。本篇病例報告一位 50 歲女性病患,主訴慢性咳嗽約一年。胸部 X 光及電腦斷層皆無發現異常。支氣管鏡檢查發現瀰漫性且呈環狀侵犯的氣管內乳突瘤狀病灶,而支氣管鏡超音波檢查發現此病灶已侵犯超越基底膜的範圍。該病灶的病理切片結果為鱗狀細胞癌。病患接受光動力療法做為第一線治療且初步獲得不錯的腫瘤治療反應。(胸腔醫學 2014; 29: 218-223)

關鍵詞：鱗狀細胞癌，氣管腫瘤，支氣管鏡，支氣管鏡超音波，光動力療法

# Upper Airway Obstruction and Tracheal Perforation Caused by Thyroid Involvement of Disseminated Mucormycosis

Kai-Ping Chang, Tzu-Hsiu Tsai, Chong-Jen Yu

Thyroid fungal infection is extremely rare because the thyroid gland possesses a well-developed capsule, rich vasculature and high iodine content. We report a case of disseminated mucormycosis involving the thyroid gland, which caused catastrophic upper airway obstruction and tracheal perforation. This 57-year-old man with chronic myeloid leukemia had taken immunosuppressive agents for the treatment of graft-versus-host disease, which occurred after allogenic peripheral blood stem cell transplantation and donor lymphocyte infusion. The initial presentations of thyroid mucormycosis included fever, a painful neck mass and transient hyperthyroidism, with the imaging study showing a cystic lesion occupying the left thyroid gland. With extension of the thyroid abscess, the clinical course became complicated with upper airway obstruction, palsy of the left vocal cord, tracheal perforation and pulmonary infection. The diagnosis of disseminated mucormycosis involving the thyroid gland was made on the basis of histopathology of neck debrided tissue and biopsy of concomitant skin lesions, which disclosed non-septated and right-angle branching hyphae conforming to the morphology of mucormycosis. Despite treatment with antifungal agents, as well as intensive surgical debridement and reconstruction, he eventually succumbed to progressive pulmonary infection and deterioration of his hemodynamic status. Our case emphasizes the requirement of intensive monitoring and management of airway compromise, in addition to surgical debridement and systemic antifungal therapy, for the treatment of thyroid mucormycosis. The dismal prognosis and difficulty in diagnosis of this disease highlight the importance of a high index of suspicion regarding the presence of risk factors, and early invasive tissue sampling for histological and microbiological analyses. (*Thorac Med* 2014; 29: 224-232)

Key words: mucormycosis, thyroid abscess, upper airway obstruction, tracheal perforation

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## 彌漫性毛黴菌病侵犯甲狀腺引起之上呼吸道阻塞與 氣管破裂

張凱坪 蔡子修 余忠仁

甲狀腺的黴菌感染相的罕見因為它有結構良好的被膜包覆及擁有豐富的血管及高濃度的碘。我們在此提出一個彌漫性毛黴菌感染併甲狀腺侵犯造成嚴重上呼吸道阻塞及氣管穿孔的個案。這位 57 歲慢性髓性白血病 (chronic myeloid myeloma) 男性病患因週邊血液幹細胞移植 (peripheral stem cell transplantation) 及移植供應者淋巴球輸注 (donor lymphocyte infusion) 治療後的移植物抗宿主病 (graft-versus-host disease) 而服用免疫抑制劑。甲狀腺毛黴菌感染初始表現為發燒、疼痛的頸部腫塊、及暫時性甲狀腺亢進與影像學顯示左甲狀腺囊腫。因甲狀腺膿瘍的擴展，臨床進展成左側聲帶麻痺、氣管穿孔及肺部感染。彌漫性毛黴菌感染的診斷是基於頸部清創組織及皮膚切片的病理學表現為非分隔及有直角分枝的菌絲。雖然以抗黴菌藥及積極的手術清創和重建，病人仍因肺部感染進展及血循惡化而死亡。這個個案強調在治療甲狀腺毛黴菌感染時積極的監測和處理呼吸道的併發症和手術清創及抗黴菌藥的必要性。進一步地，疾病的不佳預後及困難診斷也突顯在高風險病患臨床懷疑及早期侵入性組織診斷的重要性。( *胸腔醫學* 2014; 29: 224-232)

關鍵詞：毛黴菌病，甲狀腺膿瘍，上呼吸道阻塞，氣管穿孔

# Surgery of Triple Synchronous Lung Cancer with Different Cell Types as Demonstrated by <sup>18</sup>F-FDG PET Imaging

Yuan-Ming Tsai\*, Tsai-Wang Huang\*, Chung-Kan Peng\*\*, Yu-Chieh Lin\*\*\*, Lin-Fan Lin\*\*\*\*, Shih-Chun Lee\*

Synchronous multiple primary lung cancer (MPLC) is presumed to be an uncommon entity. In the absence of easily available genetic or molecular markers, the differentiation between MPLC and isolated pulmonary metastasis will remain difficult in a clinical setting, leading to controversies regarding management considerations. We present a rare case of synchronous MPLC with differences in <sup>18</sup>F-FDG avidity on positron emission tomography-computed tomography imaging. We also share our experience with its diagnosis, management, and histopathological results. (*Thorac Med* 2014; 29: 233-237)

Key words: lung cancer, synchronous, PET/CT, surgery, histology

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# 多重原發性肺癌在不同強度正子攝影顯影下之手術治療一個案報告

蔡遠明\* 黃才旺\* 彭忠衍\*\* 林鈺傑\*\*\* 林立凡\*\*\*\* 李世俊\*

臨床上是否為轉移性肺腫瘤或均為原發性肺癌，因缺乏基因學上之分子標記，常造成診斷及治療上之困擾。70歲女性，臨床表徵為持續咳嗽及漸進性喘，時間達一個月之久。經詳細檢查，正子攝影顯示左主支氣管及左肺上葉有腫塊顯影，左肺下葉有一1.4公分腫塊無顯影。支氣管鏡檢證實左主支氣管為鱗狀上皮細胞癌，左肺上葉及下葉腫瘤術後病理組織依新肺腺癌分類準則，分別為微侵犯性肺腺癌及侵犯性肺腺癌，然而術前的正子攝影呈高度顯影的左肺上葉腫塊，術後為微侵犯性肺腺癌；相反地，術前無正子攝影的左肺下葉腫塊，術後為侵犯性肺腺癌。(胸腔醫學 2014; 29: 233-237)

關鍵詞：肺癌，多重原發性，正子攝影，手術切除，病理組織

# An Unusual Case of Pulmonary Sarcomatoid Carcinoma (Subtype Spindle Cell Carcinoma) Presenting as Endobronchial Mass with Pulmonary Artery Invasion: A Case Report and Literature Review

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Pulmonary sarcomatoid carcinoma is a rare form of non-small cell lung cancer that comprises 0.1% to 0.4% of all lung malignancies. Patients are predominantly male smokers with a median age of 60 to 70 years. The clinical course is aggressive and the prognosis is significantly worse than that of other forms of non-small cell lung cancer. Pulmonary sarcomatoid carcinoma usually presents as a large, solitary, peripheral mass with chest wall invasion, and very rarely as a protruding endobronchial tumor with pulmonary vessel invasion. We report the case of a 59-year-old female non-smoker with the unusual presentation of pulmonary sarcomatoid carcinoma (subtype spindle cell carcinoma) as an endobronchial mass obstructing the left main bronchus and invading the left pulmonary artery. (*Thorac Med* 2014; 29: 238-245)

Key words: spindle cell carcinoma, pulmonary sarcomatoid carcinoma

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## 肺類肉瘤上皮癌（梭狀細胞上皮癌亞型）以支氣管內腫塊和肺血管侵犯為表現：罕見病例報告及文獻回顧

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肺類肉瘤上皮癌是一種罕見的非小細胞肺癌，約僅佔所有肺癌的 0.1% 至 0.4%。病人常見於 60 至 70 歲的男性吸菸者，其臨床病程相當有侵犯性，且預後明顯比其餘的非小細胞肺癌來得差。肺類肉瘤上皮癌普遍生長為單一且體積大的腫瘤，常位於週邊且侵犯胸壁。儘管其行為如此惡性，但是很罕見到以支氣管內突出的腫瘤併肺血管侵犯為表現。在此，我們報告一位具有肺類肉瘤上皮癌（梭狀細胞上皮癌亞型）的非吸菸 59 歲女性案例，其腫瘤以支氣管內腫塊和肺血管侵犯為不尋常表現。(胸腔醫學 2014; 29: 238-245)

關鍵詞：梭狀細胞上皮癌，肺類肉瘤上皮癌

# Seminal Vesicles Metastasis from Small Cell Lung Cancer: A Rare Entity

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Seminal vesicle metastasis of a primary small cell lung cancer (SCLC) is rare. We present the case of a 59-year-old male who was diagnosed with SCLC of the left upper lung in January 2011 and was treated with chemotherapy and radiotherapy. He was later admitted for complaints of anal pain and dysuria during his regular follow-up. Abdominal computed tomography scan revealed an 8x5.5 cm mass in the left seminal vesicle. Histopathology after trans-rectal ultrasound-guided biopsy confirmed the diagnosis of SCLC. The patient then underwent concurrent chemo-radiotherapy (CCRT). His post-CCRT follow-up at 3 months showed complete response and no recurrence. The management of patients with lung cancer and dysuria should consist of a multi-disciplinary approach, and urologic organ metastasis should be included among the differential diagnoses. (*Thorac Med* 2014; 29: 246-251)

Key words: lung cancer, small cell lung cancer, seminal vesicles metastasis

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## 小細胞肺癌合併儲精囊轉移－病例報告

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小細胞肺癌合併儲精囊轉移是少見的。我們報導一位五十九歲男性在 2011 年 1 月被診斷左上肺葉小細胞肺癌局限型並且接受化學治療及放射線治療，在門診規則追蹤。此次來急診因為肛門疼痛及解尿疼痛。腹部電腦斷層發現在左側的儲精囊有一顆 8×5.5 公分的腫瘤。經直腸超音波指引切片病理報告呈現小細胞肺癌。此病人再次接受化學治療並放射線治療，在治療後三個月追蹤此病人左側儲精囊及症狀皆完全消除。在治療腫瘤病人有解尿疼痛的情況必須多方面去思考包含泌尿器官的轉移。(胸腔醫學 2014; 29: 246-251)

關鍵詞：肺癌，小細胞肺癌，儲精囊轉移

# Oseltamivir-Induced Delirium in an Elderly Patient: Report of a Case and Literature Review

Ching-Yuan Cheng, Jiunn-Song Jiang

Oseltamivir is an influenza virus neuraminidase inhibitor. It is commonly prescribed for the prevention and treatment of influenza virus infection. The most common side effects are gastrointestinal symptoms such as nausea, vomiting and abdominal pain. Delirium rarely has been reported in the elderly. We present the case of an 80-year-old man who developed delirium after taking oseltamivir. He had a past history of chronic obstructive pulmonary disease, type 2 diabetes mellitus, triple-vessel coronary artery disease that underwent coronary artery bypass graft surgery, hypertension, dyslipidemia, benign prostate hypertrophy and rheumatoid arthritis. He was admitted due to fever, dry cough and myalgia for 2 days. Influenza B rapid test was positive. Delirium developed 4 days after he took oseltamivir and gradually subsided after ceasing it. This case report should remind medical staff of possibility of inducing delirium in the elderly with oseltamivir use. (*Thorac Med* 2014; 29: 252-256)

Key words: oseltamivir, influenza, delirium

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## Oseltamivir 引起之譫妄：病例報告以及文獻回顧

鄭景元 江俊松

Oseltamivir 為預防與治療流感病毒感染的神經胺酶抑制劑，此藥物最常見的副作用有噁心、嘔吐、腹痛等胃腸道症狀。老年人服藥後產生譫妄的副作用則少有文獻報導。我們提出了一個 80 歲的男性病例，此患者過去有慢性阻塞性肺病、第 2 型糖尿病以及冠狀動脈疾病經冠狀動脈繞道手術、高血壓、高血脂、攝護腺肥大以及類風濕性關節炎的病史。此次因為發燒、乾咳和肌肉痠痛兩天而前來求診，流感快篩結果顯示 B 型流感陽性。在服用 oseltamivir 治療第四天開始出現譫妄，症狀在停藥後逐漸消失。此案例報告提醒臨床醫療人員在老人使用 oseltamivir 應注意譫妄此副作用的發生。(胸腔醫學 2014; 29: 252-256)

關鍵詞：oseltamivir，流行性感冒，譫妄

# Bronchopulmonary Sequestration with Increased FDG Uptake in PET-CT: A Case Report and Literature Review

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Bronchopulmonary sequestration, also referred to as pulmonary sequestration, is a rare congenital malformation of the lower respiratory tract, in which a mass of non-functioning lung tissue is unable to communicate normally with the tracheobronchial tree. From a clinical standpoint, accurately diagnosing bronchopulmonary sequestration is crucial to the differential diagnosis of malignancies. PET-CT allows accurate differentiation between benign and malignant nodules. However, when bronchopulmonary sequestration is complicated by chronic infection from an organism such as *Aspergillus*, PET-CT will often detect a high FDG uptake, a symptom which may also indicate malignancy. Thus, choosing CT angiography rather than PET-CT can be critical to the accurate diagnosis of sequestration prior to pulmonary surgery. (*Thorac Med* 2014; 29: 257-262)

Key words: bronchopulmonary sequestration, PET-CT

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# 支氣管肺隔離症於正子攝影下呈現高度去氧葡萄糖攝取率： 個案報告與文獻回顧

蘇柏嵐 張漢煜

支氣管肺隔離症，又稱作游離肺，是下呼吸道一種罕見的先天發育異常，通常是由無法正常通氣的肺泡組織組成。在臨床上要診斷游離肺最重要的步驟是與惡性腫瘤做區隔。一般而言，正子造影是目前最頻繁使用於惡性腫瘤診斷的工具。然而，當游離肺合併有慢性發炎感染如麴菌感染時，在正子造影下也會呈現類似惡性腫瘤的成像。因此，選用肺血管攝影觀察血管供應情形，是較好的術前診斷工具。(胸腔醫學 2014; 29: 257-262)

關鍵詞：支氣管肺隔離症，正子造影