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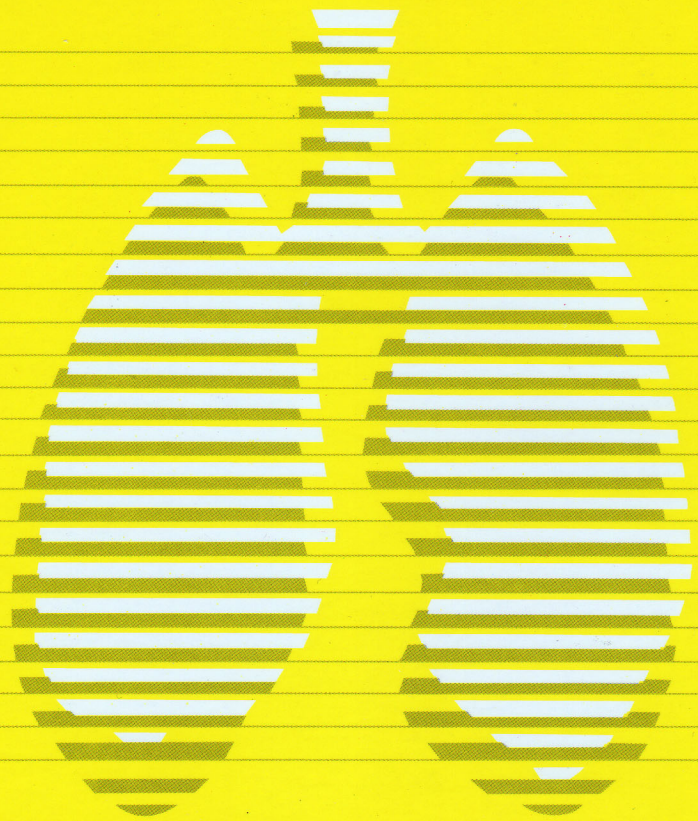

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Effects of Combined Long-Acting Beta 2-Agonists and Inhaled Corticosteroids Therapy on Lung Mechanics and Airway Secretion in Prolonged Mechanical Ventilation Patients with Chronic Obstructive Pulmonary Disease

Jiun-Long Wang*,***, Wen-Cheng Chao**,****, Sheu-Fen Lee**,
Chieh-Liang Wu**,*****

Background: To investigate the effect of combined long-acting β2 agonists (LABA)/inhaled corticosteroids (ICS) on the lung mechanics and airway secretion in prolonged mechanical ventilation (PMV) patients with chronic obstructive pulmonary disease (COPD).

Methods: Data from PMV patients receiving LABA/ICS in the respiratory care ward of Taichung Veterans General Hospital-Chiayi Branch from October 1 to December 31, 2011 were reviewed. The demographic data, nutrient parameters, and airway dynamic parameters were recorded. The weekly checked data during the 6-week period of use of LABA/LCS (4 puffs twice a day) were analyzed, including secretion quantitative grading scores, airway resistance, incidence of pneumonia, and weaning status.

Results: Nineteen male patients with a mean age of 81.1±7.6 years and duration of ventilator use of 198.7±254.9 days were enrolled. They were in a chronic wasting status with low albumin (2.8±0.5 g/dL) and body mass index (19.8±3.8) despite adequate caloric intake (1821.0±199.0 kcal). Airway secretion clearance and dynamic parameters showed impaired airway secretion clearance and increased airway resistance. After the use of LABA/ICS, airway resistance decreased by 16.3±15.2% temporally. Airway secretion quantitative scores decreased gradually and the frequency of ventilator-associated pneumonia (VAP) also significantly decreased from 0.82±0.75 to 0.56±0.55 times/month. Three patients were weaned from ventilator support for a cumulative weaning rate of 18.5%.

Conclusions: A reduction of airway resistance, airway secretion, and incidence of VAP and ventilator-dependent conditions with combined use of LABA/ICS in PMV patients with COPD was observed. However, more prospective studies are needed to validate further utilization of LABA/ICS for those patients weaning from ventilation. ***(Thorac Med 2014; 29: 323-334)***

Key words: chronic obstructive pulmonary disease (COPD), prolonged mechanical ventilation (PMV), inhaled corticosteroids (ICS), weaning

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評估使用長效乙二型擴張劑（LABA）及吸入性類固醇（ICS）合併吸入劑對於長期呼吸器依賴的慢性阻塞性肺病患者在肺部機械力學及痰液量的影響

王俊隆 *,*** 趙文震 **,**** 李淑芬 ** 吳杰亮 **,*****

前言：評估使用長效乙二型擴張劑（LABA）及吸入性類固醇（ICS）合併吸入劑對於長期呼吸器依賴的慢性阻塞性肺病患者在肺部機械力學及痰液量的影響。

方法：我們回溯性的從 2011 年 10 月 01 日至 2011 年 12 月 31 日期間，針對於台中榮民總醫院嘉義分院呼吸照護病房長期呼吸器依賴的慢性阻塞性肺病患者，接受長效乙二型擴張劑（LABA）及吸入性類固醇（ICS）合併吸入劑的案例做病歷資料回顧。我們收集並記錄個案相關的流行病學情形，營養參數及呼吸道動力參數。收案個案給予每天兩次、每次四噴的長效乙二型擴張劑（LABA）及吸入性類固醇（ICS）合併吸入劑，為期六週的藥物使用。收案期間，每週都會定期分析相關指標及參數（痰液分泌量化指數、呼吸道阻力指數、肺炎發生率及呼吸器脫離情形）。

結果：經篩選後符合收案條件的共 19 位男性病患。平均年齡為 81.1±7.6 歲，使用呼吸器的平均時間為 198.7±254.9 天。每天維持足夠的灌食熱量（1821.0±199.0 大卡路里），檢測其營養狀況皆呈現慢性耗損情形：低白蛋白（albumin: 2.9±0.5 g/dL）及低身體質量指數（BMI: 19.8±3.8)。病患大多呈現氣道痰液清除能力較差且合併較高的呼吸道阻力。經由使用長效乙二型擴張劑（LABA）及吸入性類固醇（ICS）合併吸入劑後發現呼吸道阻力可下降達 16.3±15.2% 嗅液分泌量化指數也明顯改善 呼吸器相關肺炎（VAP）發生次數從每月 0.82±0.75 次減為 0.56±0.55 次。最後有 3 位病患成功脫離呼吸器(平均脫離率為 18.5%)。

結論：從我們的研究觀察發現，使用長效乙二型擴張劑（LABA）及吸入性類固醇（ICS）合併吸入劑對於長期呼吸器依賴的慢性阻塞性肺病患者可以降低呼吸道阻力，減少痰液分泌量及有較低呼吸器相關肺炎（VAP）發生的機會，關於協助脫離呼吸器，需要更多大型的研究來進一步佐證。*(胸腔醫學* ***2014; 29: 323-334)***

關鍵詞：慢性阻塞性肺病，長期呼吸器依賴，吸入性類固醇，脫離呼吸器

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Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitor (EGFR-TKI)-Related Severe Interstitial Lung Disease in Taiwanese Patients with Non-Small Cell Lung Cancer

Chi-Lu Chiang*, Chao-Hua Chiu*,**,***, Yu-Chin Lee*,**, Chun-Ming Tsai*,**, Chieh-Hung Wu*,**

Background: It has been shown in recent years that epidermal growth factor receptor tyrosine kinase inhibitor (EGFR-TKI), whether gefitinib or erlotinib, can provide significant benefit to patients with advanced non-small cell lung cancer (NSCLC). A major concern with EGFR-TKI treatment is the development of interstitial lung disease (ILD). The incidence and clinical characteristics of ILD associated with EGFR-TKIs in Taiwanese patients are less well defined.

Methods: Patients with advanced NSCLC in Taipei Veterans' General Hospital were screened and those who had received an EGFR-TKI were enrolled in this study. Their clinical information, including medical records and chest images, was reviewed. The diagnosis of EGFR-TKI-related ILD was confirmed by 2 pulmonologists in accordance with previously published criteria. Association between ILD development and clinical factors was evaluated.

Results: From February 2008 to July 2012, 1212 patients who received an EGFR-TKI as single therapy for NSCLC were screened. Patients who developed severe ILD and needed hospitalization (NCI CTC grade 3-5) were included. Nine of the 1212 patients (0.7%) were diagnosed as having severe EGFR-TKI-related ILD. The median time interval from EGFR-TKI use to onset of ILD was 31 days (range: 10-75 days). The most common symptom of EGFR-TKI-related ILD was dyspnea (88.9%). The most common radiological manifestation was bilateral ground glass opacity, which was noted in 5 patients (55.6%). Six of the 9 patients (67%) died due to ILD.

Conclusion: EGFR-TKIs, both gefitinib and erlotinib, may cause fatal ILD in Taiwanese NSCLC patients. Physicians should be aware of this rare side effect of EGFR-TKIs and monitor this pulmonary toxicity closely. ***(Thorac Med 2014; 29: 335-343)***

Key words: non-small cell lung cancer, epidermal growth factor receptor, tyrosine kinase inhibitor, interstitial lung disease

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非小細胞肺癌患者使用表皮生長因子受體激酶抑制劑後發生嚴重間質性肺炎之研究

江起陸 *　邱昭華 *,**,***　李毓芹 *,**　蔡俊明 *,**　吳杰鴻 *,**

前言：非小細胞肺癌是國人因癌症死亡最重要的原因之一。表皮生長因子受體激酶抑制劑的發現對晚期非小細胞肺癌的患者提供相當大的幫助；但其最嚴重的副作用為間質性肺炎。雖然罕見，但據國內外文獻指出具有高死亡率。國內目前對於表皮生長因子受體激酶抑制劑引起之間質性肺炎，其發生率及臨床特徵仍無深入研究。

方法：以回溯性病例研究方法，搜集台北榮民總醫院過去病理或細胞學診斷為非小細胞肺癌的病患，其於表皮生長因子受體激酶抑制劑治療期間發生嚴重間質性肺炎之機率及臨床表現。

結果：於 2008 年二月至 2012 年七月間，篩選本院 1212 位使用表皮生長因子受體激酶抑制劑的非小細胞肺癌病患，找出治療期間發生嚴重間質性肺炎而需要住院治療的患者。其中 9 位（0.7%）被診斷為表皮生長因子受體激酶抑制劑引起之間質性肺炎，服藥至發生間質性肺炎的時間之中位數為 31 天（10-75 天）。在這九位患者中，最常見的臨床症狀為喘（88.9%），最常見的影像學變化為雙側毛玻璃狀病變（55.6%），其中六位病人因間質性肺炎死亡，死亡率為 67%。

結論：雖然罕見，表皮生長因子受體激酶抑制劑在國人仍可造成致命之間質性肺炎。臨床醫師在開立此藥時應密切監測和注意。*(胸腔醫學 **2014; 29: 335-343**)*

關鍵詞：非小細胞肺癌，表皮生長因子受體激酶抑制劑，間質性肺炎

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Primary Pulmonary Synovial Sarcoma: A Case Report and Literature Review

Pao-Min Lai*, Jen-Jyh Lee*,**, En-Tin Chang*,**, Yung-Hsiang Hsu**,***, Chih-Bin Lin*,**

Primary synovial sarcoma in the lung is a very rare disease. Herein, we presented a 59-year-old female with the symptoms of chest tightness, exertional dyspnea and hemoptysis. CXR and chest CT showed a primary tumor located at the right lower lobe with invasion into the right middle lobe. Curative operation with bilobectomy was performed and monophasic synovial sarcoma was suspected by histology and immunohistochemical stains. The tumor was then confirmed by reverse transcription-PCR analysis to be a SYT-SSX2 fusion type. After 7 months of follow-up, local recurrence was noted. The patient was lost to follow-up thereafter and died 2 months later due to sepsis. ***(Thorac Med 2014; 29: 344-350)***

Key words: lung tumor, synovial sarcoma, SYT-SSX fusion type

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原發性肺滑膜肉瘤：病例報告

賴寶民 *，李仁智 *,**，張恩庭 *,**，許永祥 **,***，林智斌 *,**

原發性滑膜肉瘤在肺部是相當罕見的腫瘤，我們報導了一位 59 歲女性，因為胸悶及活動性呼吸喘及咳血來求診，胸部 CXR 及電腦斷層顯示腫瘤位於右下肺，經手術切除之後病理報告為單相滑膜肉瘤，且確診為滑膜肉瘤 SYT-SSX 第二型。術後七個月胸部電腦斷層發現腫瘤局部復發，但病人拒絕進一步治療與追蹤，病人於兩個月之後死於敗血性休克。*(胸腔醫學 **2014; 29: 344-350**)*

關鍵詞：肺腫瘤，滑膜肉瘤，SYT-SSX

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Pulmonary Cryptococcosis Mimicking Malignancy in Cancer Patients Diagnosed by Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration: Two Case Reports

Yi-Cheng Shen*, Chih-Yen Tu*,**, Wei-Chih Liao*, Chia-Hung Chen*, Chuen-Ming Shih*, Wu-Huei Hsu*

In cancer patients, pulmonary nodules are often considered a metastatic disease or primary lung tumor. We report the cases of a 43-year-old woman with breast cancer and a 56-year-old man with early-stage lung adenocarcinoma, both of whom presented with asymptomatic pulmonary nodules. A presumptive diagnosis of pulmonary metastasis or tumor relapse was made, and they underwent endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) to establish the diagnosis of cryptococcal infection. Antifungal therapy was prescribed subsequently, and full recovery followed. We demonstrate the importance of differentiating between pulmonary cryptococcal infection and metastasis in cancer patients, and the safety and efficacy of TBNA in the diagnosis of pulmonary cryptococcosis. ***(Thorac Med 2014; 29: 351-357)***

Key words: pulmonary cryptococcosis, endobronchial ultrasound-guided transbronchial needle aspiration

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模仿惡性腫瘤之肺隱球菌於癌症病人經支氣管內視鏡超音波導引細針抽吸術診斷

沈宜成 *　涂智彥 *,**　廖偉志 *　陳家弘 *　施純明 *　徐武輝 *

在癌症患者中，肺結節常常被認為是轉移性惡性腫瘤或原發性肺腫瘤。我們在此報告兩位案例，一位為 43 歲女性病患患有乳腺癌，和一位 56 歲男性病患患有早期肺腺癌，他們的表現皆為沒有症狀的肺部結節。初步懷疑診斷為肺部轉移或腫瘤復發，他們接受微創診斷方法的支氣管內視鏡超音波導引細針抽吸術（EBUS-TBNA）確定肺隱球菌感染的診斷。隨後，接受抗黴菌藥物的治療，患者恢復良好。我們証明在癌症患者區別肺隱球菌感染或癌症肺部轉移，並因此接受正確治療的重要性，以及利用支氣管內視鏡超音波導引細針抽吸術診斷肺隱球菌感染確實是安全及有效。*(胸腔醫學 **2014; 29: 351-357**)*

關鍵詞：肺隱球菌，支氣管內視鏡超音波，支氣管內視鏡超音波導引細針抽吸術

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Diffuse Idiopathic Pulmonary Neuroendocrine Cell Hyperplasia (DIPNECH) – A Case Report

Shu-Yung Lin*, Jin-Shing Chen**, Min-Shu Hsieh***, Chao-Chi Ho*

Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH) is a rare pulmonary condition presenting with cough, wheezing, and obstructive ventilatory defect. The pathogenesis of the disease is diffuse hyperplasia or dysplasia of pulmonary neuroendocrine cells, multiple carcinoid tumorlets, and peribronchiolar fibrosis causing small airway obliteration. Herein, we present the case of a 70-year-old patient with this rare condition who had been treated for asthma for years, and who had a left lower lung tumor noted during follow-up chest radiography. Chest computed tomography showed a mosaic pattern of the lung parenchyma and multiple lung nodules. The pathological diagnosis of DIPNECH was made after a surgical resection of the lung nodules. The patient's symptoms remained stable with inhaled corticosteroid and bronchodilator use. ***(Thorac Med 2014; 29: 358-364)***

Key words: diffuse idiopathic pulmonary neuroendocrine cell hyperplasia, neuroendocrine cells, tumorlets, carcinoid, lung neoplasm

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瀰漫性自發肺部神經內分泌細胞增生－病例報告

林書永 *　陳晉興 **　謝明書 ***　何肇基 *

瀰漫性自發肺部神經內分泌細胞增生是一種罕見的肺部疾病，主要臨床表現為咳嗽、呼吸哮鳴聲、以及肺功能呈現阻塞性缺損。此疾病主要的致病機轉為肺部神經內分泌細胞瀰漫性增生或異生，產生多發的類癌微瘤、以及小支氣管周邊之纖維化造成小氣道之阻塞。我們報告一位七十歲病人，之前因哮鳴症狀被診斷為氣喘。在追蹤過程中因胸部 X 光出現左下結節而進一步檢查。電腦斷層顯現肺實質有拼貼狀變化，以及多顆肺部結節。手術切除肺部結節之後，病理診斷為瀰漫性自發肺部神經內分泌細胞增生。病人之症狀在使用吸入型類固醇及支氣管擴張劑下維持穩定，持續在門診追蹤。*(胸腔醫學 **2014; 29: 358-364**)*

關鍵詞：瀰漫性自發肺部神經內分泌細胞增生，神經內分泌細胞，微瘤，類癌，肺部腫瘤

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Chylothorax after Video-Assisted Thoracoscopic Anterior Release for Severe Adolescent Idiopathic Scoliosis

Yen-Chiang Tseng*, Chih-Cheng Hsieh*,**, Jen-Wei Chen***, Chi-Kuang Feng***

Chylothorax has been reported rarely in patients with anterior release of severe adolescent idiopathic scoliosis (AIS) using video-assisted thoracoscopic surgery (VATS). A young girl was diagnosed with chylothorax after anterior release of the spinal deformity. After medical treatment, massive chyle leakage was still noted, and 2 surgical interventions were performed to treat the complicated condition. Anatomic variation of the thoracic duct as a network was highly suspected, and tissue glue was applied for adhesion. We present this case with a discussion of treatment for complicated chylothorax after VATS correction of severe AIS. ***(Thorac Med 2014; 29: 365-370)***

Key words: chylothorax, scoliosis, video-assisted thoracoscopic surgery

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胸腔內視鏡手術矯正嚴重青少年原因不明型脊椎側彎術後之乳糜胸

曾彥強 *　謝致政 *,**　陳仁偉 ***　奉季光 ***

在經胸腔內視鏡手術矯正嚴重青少年原因不明型脊椎側彎，術後併發乳糜胸是非常稀少的。本文將簡述一名十三歲女性病人，在診斷為青少年原因不明型脊椎側彎後，接受胸腔內視鏡矯正手術，術後併發乳糜胸之治療過程。我們初始以飲食控制及藥物治療為主，然而大量乳糜滲漏的情況沒有改善。於是我們選擇以手術治療。在接受胸腔內視鏡胸管結紮手術後，大量淋巴液滲漏依舊，最後病人接受開胸探查，發現於右側橫膈上胸壁淋巴液到處滲漏。我們以組織凝膠行肋膜沾黏術後，終於止住滲漏。我們將陳述這個病例並且討論其治療方式及文獻回顧。*(胸腔醫學 **2014; 29: 365-370**)*

關鍵詞：乳糜胸，脊椎側彎，胸腔內視鏡手術

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Pulmonary Benign Metastasizing Leiomyoma: A Case Report and Review of the Literature

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Benign metastasizing leiomyoma (BML) is a rare disease characterized by growth of uterine leiomyoma tissue at distant sites. Most reported cases are those of women of reproductive age with a surgical history of hysterectomy or myomectomy. The lung is the most commonly involved site and patients are usually asymptomatic. Herein, we reported the case of a 51-year-old woman with pulmonary nodules incidentally found after uterine myomectomy. The tumor consisted of estrogen and progesterone receptor-positive smooth muscle cells, similar to those in the patient's resected uterine leiomyoma. She received gonadotropin-releasing hormone receptor agonist therapy for 6 months, and the size and number of the pulmonary lesions stabilized at 16 months after diagnosis. In conclusion, BML usually presents as an incidentaloma of the lung in asymptomatic women who have a uterine leiomyoma history. Its growth can be suppressed by hormonal therapy. ***(Thorac Med 2014; 29: 371-376)***

Key words: uterine leiomyoma, lung metastasis, gonadotropin-releasing hormone receptor agonist

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肺部良性轉移性平滑肌瘤病例報告及文獻回顧

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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。曾經因為子宮平滑肌瘤而接受過子宮切除手術或肌瘤切除手術的婦女最常受到侵犯。本病例為一位 51 歲女性，於胸部 X 光意外發現雙側肺葉多發性節結。病理組織切片證實為良性平滑肌瘤。嗣後患者接受長效型性腺釋放激素促效劑治療 6 個月，腫瘤大小 16 個月後皆維持穩定。此類患者若無症狀且已停經，可以小心觀察。若未停經則可考慮接受賀爾蒙治療。長效型性腺釋放激素促效劑因施打方便且副作用較小，較多醫師選用。*(胸腔醫學 **2014; 29: 371-376**)*

關鍵詞：子宮平滑肌瘤，肺部轉移，性腺釋放激素促效劑

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Small Cell Lung Cancer with Paraneoplastic Dermatomyositis: A Case Report

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The association of dermatomyositis (DM) with malignancies is well known, and has a frequency of about 6-45% [1-9]. Patients with DM have a 31-fold increased risk of lung cancer compared to the general population [7], with small cell lung cancer (SCLC) being the most common type [9-10]. We report a 66-year-old man diagnosed as having SCLC with DM. He had typical cutaneous manifestations of DM accompanied with symmetric proximal muscle weakness, an elevated creatine kinase level, and myositis features present on electromyography. Skin biopsies were consistent with DM, and bronchoscopic biopsy confirmed the diagnosis of SCLC. The signs and symptoms of DM showed improvement after chemotherapy with cisplatin and etoposide. This case report emphasizes the need for intensive screening for cancer in patients with DM. ***(Thorac Med 2014; 29: 377-383)***

Key words: dermatomyositis, small cell lung cancer

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小細胞肺癌合併肌皮炎之病例報告

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有關皮肌炎（Dermatomyositis）與惡性腫瘤的相關性是眾所已知的，惡性腫瘤的平均發生率約佔6-45%。在皮肌炎患者中肺癌的風險相對比一般人群高出 31 倍，以小細胞肺癌（Small cell lung cancer）是最常見的類型。我們提出一名 66 歲男性罹患小細胞肺癌並併有皮肌炎。個案有皮肌炎的典型皮膚表現並伴有對稱的近端肌肉無力的症狀，肌酸激酶指標升高，與肌電圖檢查發現肌炎的表現。皮膚切片檢查的檢體與皮肌炎是一致的。從支氣管鏡病理切片檢體發現為小細胞肺癌。皮肌炎的症狀和徵象在使用阿樂癌（cisplatin）+ 減必（etoposide）治化療後改善。故在皮肌炎的患者可積極的做癌症篩檢。*(胸腔醫學 **2014; 29: 377-383**)*

關鍵詞：皮肌炎，小細胞肺癌

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Castleman's Disease Presenting as a Mediastinal Hypervascular Tumor: A Case Report and Literature Review

Chih-Wei Wu, Pao-Shu Wu*, Yuh-Min Chen

Castleman's disease is a rare lymphoproliferative disease, and comprises a unicentric type and multicentric type. Unicentric Castleman's disease (UCD) usually presents as a solitary hypervascular tumor. In patients with multicentric Castleman's disease (MCD), the radiologic findings include mediastinal lymphadenopathy and pulmonary parenchymal infiltrates. In this report, we present the case of a 47-year-old man with blood-tinged sputum for 1 month. A series of image studies showed a solitary hypervascular tumor located at the posterior mediastinum. The initial differential diagnoses included lung cancer, neurogenic tumor, and pseudoaneurysm of the intercostal artery. After discussion with the surgeon, the patient underwent an operation for complete tumor resection. The pathologic report was hyaline vascular-type Castleman's disease. The patient did not receive steroid or chemotherapy postoperatively, and there was no sign of recurrence at the 2-year follow-up. Physicians should take Castleman's disease into consideration in their clinical practice when a solitary hypervascular tumor is present. ***(Thorac Med 2014; 29: 384-390)***

Key words: Castleman's disease, hypervascular tumor

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卡斯曼病以縱膈腔的單一高血管性腫瘤來表現：病例報告

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卡斯曼病是一種罕見的淋巴細胞增生性疾病。臨床上，它區分為兩種表現型：單中心型與多中心型。單中心型的卡斯曼病通常以單獨一顆的高血管性腫瘤來表現。多中心型的卡斯曼病，影像學上的表現主要是縱膈腔淋巴腺腫大及肺部的浸潤。在本篇個案報告中，一位 47 歲的男性病患因為咳嗽合併血絲痰一個月來求診。一系列的影像學檢查發現一顆位於後縱膈腔的高血管性腫瘤。一開始我們的鑑別診斷包含肺癌、神經性腫瘤及肋間動脈的血管瘤等。經與外科醫師討論後，病患接受了手術切除，病理報告為透明性血管型的卡斯曼病。術後此病患沒接受類固醇治療或化學治療。經過兩年的追蹤，沒有復發的證據。在臨床實務上，對於單一顆高血管性的腫瘤，醫師應該把卡斯曼病列入鑑別診斷中。*(胸腔醫學 **2014; 29: 384-390**)*

關鍵詞：卡斯曼病，高血管性腫瘤

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