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# Thoracic Medicine

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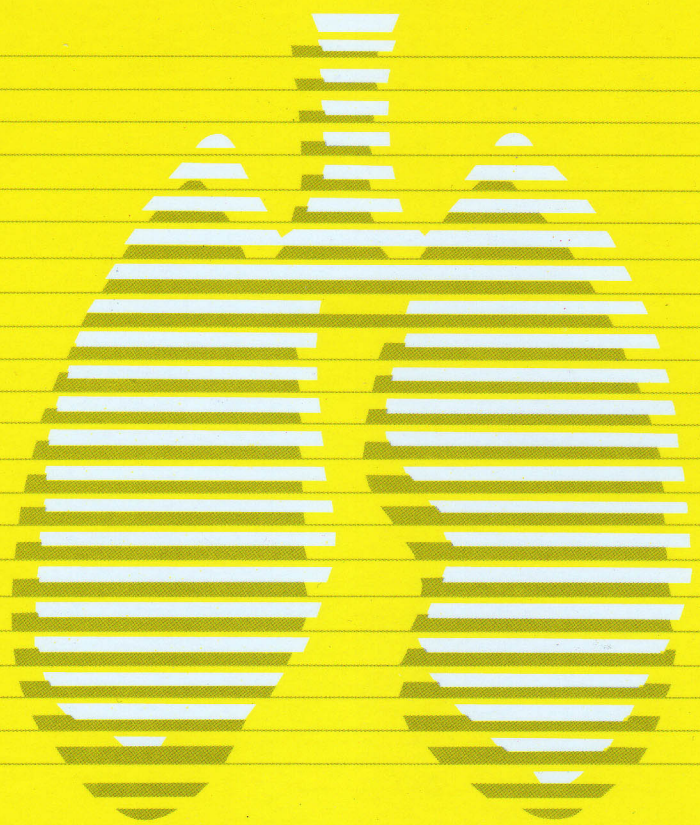

台灣胸腔暨重症加護醫學會

11217 台北市北投區石牌路二段201號

5.No.201, Sec. 2, Shipai Rd., Beitou District, Taipei City, Taiwan 11217, R.O.C.

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## 原著



## 病例報告

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## Orginial Articles



## Case Reports

# Pretreatment Neutrophil/Lymphocyte Ratio as a Prognostic Factor for Survival in Patients with Advanced Non-Small Cell Lung Cancer

Chin-Shui Yeh, Bin-Chuan Ji, Cheng-Hsiung Chen, Woei-Horng Chai, Ching-Hsiung Lin

**Introduction:** Peripheral neutrophils, lymphocyte counts and the neutrophil/lymphocyte ratio (NLR) have been associated with survival of patients with non-small cell lung cancer (NSCLC). In this study, we investigated the prognostic effect of NLR on overall survival of stage IIIB and IV NSCLC patients.

**Methods:** Patients with stage IIIB and IV NSCLC who underwent radiotherapy or chemotherapy between January 2004 and December 2006 were studied retrospectively. The complete blood count data with differential counts of peripheral blood before chemotherapy or radiotherapy were analyzed. The prognostic effect of clinicopathological factors and NLR were examined by univariate and multivariate analysis. Overall survival curves were derived using the Kaplan-Meier method, and the difference between the high and low NLR groups was assessed by log-rank test.

**Results:** In all, 375 eligible NSCLC patients, including 246 men and 129 women with a mean age of 66.7 years, were enrolled. Median overall survival durations of the low NLR (NLR<8.91) and high NLR groups (NLR≥8.91) were 10.15 and 2.20 months, respectively ($p$<0.001). The pretreatment NLR was an independent prognostic factor for overall survival (hazard ratio: 1.966; 95% CI: 1.527-2.532; $p$<0.001), Multivariate analysis showed that age younger 66 years and performance status were independent prognostic factors. Increased pretreatment NLR was associated with a poor prognosis for advanced NSCLC patients.

**Conclusions:** NLR is easily measured and may be utilized as a reliable prognostic predictor for advanced NSCLC. ***(Thorac Med 2013; 28: 321-329)***

Key words: neutrophil/lymphocyte ratio, prognostic factor, non-small cell lung cancer

Division of Chest Medicine, Changhua Christian Hospital, Changhua, Taiwan
Address reprint requests to: Dr. Chin-Shui Yeh, Division of Chest Medicine, Changhua Christian Hospital, 135 Nanxiao St., Changhua, Taiwan

# 治療前嗜中性白血球／淋巴球比值可作爲非小細胞肺癌患者存活之預測因子

葉金水　紀炳銓　陳正雄　蔡偉宏　林慶雄

**背景：**週邊嗜中性白血球，淋巴球數目及嗜中性白血球 / 淋巴球比值（NLR）據研究顯示與非小細胞肺癌患者存活有關。本研究探討 NLR 作為非小細胞肺癌第 IIIB 及第 IV 期患者存活之預測因子。

**方法：**非小細胞肺癌第 IIIB 及第 IV 期患者於 2004 年 1 月至 2006 年 12 月曾接受放射線治療或化學治療納入此回溯性研究。紀錄分析患者接受治療前週邊血液常規檢查及白血球分類比。臨床病理因子及 NLR 以單變數分析和多變數分析。總存活曲線以 Kaplan-Meier 法行存活分析，高 NLR 比值與低 NLR 比值組的存活差異以 log-rank 法檢定。

**結果：**375 個非小細胞肺癌患者包含 246 位男性及 129 位女性平均 66.7 歲納入研究。低 NLR 值與高 NLR 值組的存活中數分別為 10.15 及 2.20 個月（$p$<0.001）。治療前 NLR 值為存活獨立癒後因子。多變數分析顯示年紀小於 66 歲及體能狀態亦為獨立癒後因子 晚期非小細胞肺癌患者NLR值升高可能存活較差。

**結論：**NLR 值為一容易測量並且可能作為晚期非小細胞肺癌患者存活之預測因子。*(胸腔醫學* ***2013; 28: 321-329)***

關鍵詞：嗜中性白血球 / 淋巴球比例值，存活預測因子，非小細胞肺癌

彰化基督教醫院　胸腔內科
索取抽印本請聯絡：葉金水醫師，彰化基督教醫院　胸腔內科，彰化市南校街 135 號

# Successful Management of Tracheo-innominate Artery Fistula by Endovascular Embolization – A Case Report

Yu-Hung Fang, Yu-Ching Lin, Ying-Huang Tsai, Yuan-Hsiung Tsai*, Tsung-Ming Yang

Tracheostomy is increasingly used in patients receiving prolonged mechanical ventilation (PMV). Tracheo-innominate artery fistula (TIF) is a rare but potentially life-threatening complication of tracheostomy. The incidence of TIF formation usually peaks 7 to 14 days after tracheostomy. Surgical intervention with full or partial median sternotomy followed by ligation of the innominate artery is recommended for definitive management of this fatal complication. Nonetheless, effective hemostasis by endovascular procedures in selected patients has been reported. We herein present a case of TIF that developed on the very next day after a tracheostomy in a 72-year-old man with PMV, which was successfully treated by endovascular embolization. ***(Thorac Med 2013; 28: 330-335)***

Key words: prolonged mechanical ventilation, tracheostomy, tracheo-innominate artery fistula, endovascular embolization

Division of Pulmonary and Critical Care Medicine & *Department of Diagnostic Radiology, Chang Gung Memorial Hospital, Chiayi, Taiwan
Address reprint requests to: Dr. Tsung-Ming Yang, Division of Pulmonary and Critical Care Medicine, Chang Gung Memorial Hospital, Chiayi, Taiwan, No. 6, Sec. W, Jiapu Rd., Puzi City, Chiayi County 613, Taiwan (R.O.C.)

# 使用血管栓塞術成功治療併血管異常之氣管無名動脈瘻管出血－病例報告

方昱宏　林裕清　蔡熒煌　蔡元雄 *　楊聰明

氣管切開術的使用在長期使用呼吸器輔助呼吸的病人逐漸地增加，在氣管切開術的併發症中氣管無名動脈瘺管出血雖然少見但卻常常容易致命。氣管無名動脈瘺管最常形成的時間是在接受氣管切開術之後的第 7 到第 14 天之間。以胸骨切開術進行氣管無名動脈瘺管結紮是目前治療這項致命併發症的主要治療方式，但是血管栓塞術也曾被報告過可以成功地治療氣管無名動脈瘺管出血。我們在此報告一位 72 歲長期使用呼吸器的男性病患在接受氣管切開術之後隔天即發生氣管無名動脈瘺管出血，並使用血管栓塞術成功地治療此瘺管出血。*( 胸腔醫學 **2013; 28: 330-335**)*

關鍵詞：長期呼吸器，氣管切開術，氣管無名動脈瘺管，血管栓塞術

嘉義長庚紀念醫院　呼吸胸腔科，* 放射診斷科
索取抽印本請聯絡：楊聰明醫師，嘉義長庚紀念醫院　呼吸胸腔科，嘉義縣朴子市嘉朴路西段 6 號

# Trans-diaphragmatic Actinomycosis from Liver Abscess

Yen-Han Tseng*,**, Hsin-Kuo Kao*,***, Yen-Chiang Tseng****, Wen-Kuang Yu*,**, Yi-Chen Yeh*****, Chien-Sheng Huang****

Actinomycosis is a rare and slowly progressive infection. We report a 42-year-old female patient whose computed tomography scan showed liver nodules at first. Biopsy revealed no malignant cells. Five months later, follow-up chest-computed tomography still showed hypodense lesions in the liver. She was admitted for further survey. During admission, we arranged ultrasound-guided liver abscess drainage. However, her liver abscess continued to spread continuously, and pleural empyema and pericardial abscess were identified. All culture reports showed negative findings. She also had respiratory failure and received endotracheal intubation and ventilator support. After decortication, the pathology report showed *Actinomyces*. We changed antibiotics immediately. Her condition gradually improved and extubation was performed successfully. She was discharged with outpatient department follow-up and antibiotics treatment. Trans-diaphragmatic actinomycosis rarely occurs. The initial clinical symptoms and signs are often nonspecific, which led in this case to a delayed diagnosis. It is important to take actinomycosis into consideration in case of liver abscess, pleural empyema, and pericardial abscess. ***(Thorac Med 2013; 28: 336-341)***

Key words: *Actinomyces*, empyema, liver abscess, pericardial effusion

*Department of Respiratory Therapy, Taipei Veterans General Hospital, Taipei, Taiwan; **School of Medicine, National Yang-Ming University, Taipei, Taiwan; ***Institute of Physiology, School of Medicine, National Yang-Ming University, Taipei, Taiwan; ****Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, Taipei, Taiwan; *****Department of Pathology, Taipei Veterans General Hospital, Taipei, Taiwan
Address reprint requests to: Dr. Chien-Sheng Huang, Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, No. 201, Section 2, Shi-Pai Road, Taipei, 112 Taiwan, ROC

# 穿越橫膈膜之放射線菌肝膿瘍

曾彥寒 *,** 柯信國 *,*** 曾彥強 **** 余文光 *,** 葉奕成 ***** 黃建勝 ****

放射線菌感染是一種少見及進展緩慢的感染。我們提出一位 42 歲病患。開始時為肝臟出現結節。進行切片後並未發現惡性細胞。5 個月後追蹤發現為肝膿瘍。入院後進行肝膿瘍引流。此時肝膿瘍直接穿過橫膈膜形成肺膿瘍以及心包膜積液。病患因呼吸衰竭使用呼吸器並進入加護病房。肝膿瘍，肺膿瘍和心包膜積液在引流出來後進行細菌培養，結核菌培養，和厭氧菌培養皆呈陰性反應。後來因肺膿瘍狀況未改善進行剝除術，病理報告顯示為放射線菌感染。在改用適當抗生素治療後，病患狀況逐步改善並脫離呼吸器。之後順利出院並接受長期抗生素治療。*( 胸腔醫學 **2013; 28: 336-341**)*

關鍵詞：放射線菌，膿胸，肝膿瘍，心包膜積液

* 台北榮民總醫院　呼吸治療科，** 陽明大學醫學院，*** 陽明大學生理所
**** 台北榮民總醫院　胸腔外科，***** 台北榮民總醫院　病理部
索取抽印本請聯絡：黃建勝醫師，台北榮民總醫院　呼吸治療科，112 台北市北投區石牌路二段 201 號

# Rare Anterior Tongue Metastasis from Primary Lung Cancer: A Case Report

Biing-Ru Wu*,***, Chia-Hung Chen*,**, Chih-Yen Tu*,***,****, Wei-Chih Liao*, Te-Chun Hsia*,**, Wu-Huei Hsu*,***

Primary tumors metastasizing to the tongue are extremely rare. There is a 1% rate of metastasis to the oral cavity from other primary sites, most commonly the lung, breast, skin, gastrointestinal tract, and liver. There is a 1.6% rate of primary lung cancer metastasized to the tongue. We describe a patient with adenocarcinoma of the lung who developed a metastatic lesion on the tongue. A 71-year-old Taiwanese male was diagnosed with adenocarcinoma of the lung at stage IV (cT4N2M1a, stage IV [lung-to-lung metastasis]) with a tongue tumor. The tumor was painful, palpable, and firm, measuring around 1 x 1 x 1 $cm^3$ on the anterior part of the tongue. There was no cervical lymphadenopathy. The tumor was thought to be a metastasis of the lung adenocarcinoma. The tongue lesion was excised and revealed adenocarcinoma. The histology of the specimen was consistent with that of the previous lung cancer, so he was considered to have had tongue metastasis from adenocarcinoma of the lung (right upper lung, cT4N2M1b, stage IV [lung-to-lung and tongue metastasis]). ***(Thorac Med 2013; 28: 342-346)***

Key words: lung cancer, adenocarcinoma, tongue metastasis

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan; **Department of Respiratory Therapy, China Medical University, Taichung, Taiwan; ***School of Medicine, China Medical University; ****Department of Life Science, National Chung Hsing University

Address reprint requests to: Dr. Te-Chun Hsia, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Taichung, Taiwan

# 肺腺癌合併舌部轉移－病例報告

吳秉儒 *,***　陳家弘 *,**　涂智彥 *,***,****　廖偉志 *　夏德椿 *,**　徐武輝 *,***

舌部轉移是肺癌中少見的轉移，這類轉移多在肺癌晚期才會出現，因此病人大多預後不佳，過去關於這類病例報告並不多，我們描述一個七十一歲的患者，初期以舌部腫瘤的症狀來表現，並意外發現肺部亦有一顆腫瘤，肺部腫瘤的切片結果肺腺癌，舌部腫瘤切片與免疫螢光染色後發現 CK7 與 TTF-1 呈現陽性反應，確定為肺腺癌轉移，在經過六個療程第一線化學治療（Alimta 跟 cisplatin）後，病人於診斷後七個月後死亡。*( 胸腔醫學 **2013; 28: 342-346**)*

關鍵詞：肺癌，腺癌，舌部轉移

* 中國醫藥大學附設醫院　內科部　胸腔暨重症系，** 中國醫藥大學　呼吸治療學系
*** 中國醫藥大學醫學系，**** 國立中興大學生命科學院
索取抽印本請聯絡：夏德椿醫師，中國醫藥大學附設醫院　內科部　胸腔暨重症系，台中市北區育德路 2 號

# Human Herpes Virus 8-Unrelated Primary Effusion Lymphoma-like Lymphoma Presenting with Acute Respiratory Failure – A Case Report

Wei-Lun Chien*, Jeng-Yuan Hsu*,**, Chun-Shih Chin*

Primary effusion lymphoma (PEL) is a high-grade non-Hodgkin lymphoma of B-cell origin that is predominantly found in human immunodeficiency virus (HIV)-seropositive patients, and presents exclusively as a lymphomatous effusion in the absence of a solid mass. It is universally related to herpes virus type 8 (HHV-8) infections. There have been a small number of cases of HHV-8-unrelated PEL-like lymphoma, and it is a rare cause of pericardial effusion. In this report, we describe the case of a 69-year-old man who presented with acute respiratory failure due to massive pericardial effusion. The cytopathologic examination of the pericardial fluid showed diffuse B cell lymphoma in the absence of a solid mass. Extubation was performed successfully after pericardiocentesis. The pericardial effusion resolved after chemotherapy with a regimen of cyclophosphamide, hydroxydaunorubicin, vincristine, prednisolone and rituximab (R-CHOP). Herein, we report this rare case and review the literature. ***(Thorac Med 2013; 28: 347-353)***

Key words: primary effusion lymphoma-like lymphoma, pericardial effusion, acute respiratory failure

*Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; **Division of Critical Care & Respiratory Therapy, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan

Address reprint requests to: Dr. Chun-Shih Chin, Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, 160, Sec. 3, Taichung Port Road., Taichung 40705, Taiwan

# 類原發性積液淋巴瘤導致之急性呼吸衰竭－病例報告

簡暐倫 *　許正園 *,**　覃俊士 *

原發性積液淋巴瘤為一高度惡性 B 細胞非何杰金氏淋巴瘤，常見於後天免疫不全病毒陽性病患，常以淋巴性積液表現而無實質性腫瘤。其普遍與第八型人類疱診病毒感染有關。有一小部份的積液淋巴瘤和第八型人類疱診病毒感染無關稱之為類原發性積液淋巴瘤。類原發性積液淋巴瘤為造成心包膜積液之罕見原因。我們報告一位 69 歲男性患者，此次因喘及急性呼吸衰竭之表現就診且檢查發現有大量心包膜積液。心包膜積液經病理診斷為類原發性積液淋巴瘤。病人經心包膜積液放液後成功拔管。並經 cyclophosphamide，hydroxydaunorubicin，vincristine，prednisolone 及 rituximab 治療後心包膜積液消退。我們報告此一罕見個案並做文獻回顧。*( 胸腔醫學 **2013; 28: 347-353**)*

關鍵詞：類原發性積液淋巴瘤，心包膜積液，急性呼吸衰竭

* 台中榮民總醫院　內科部　胸腔內科，** 台中榮民總醫院　內科部　呼吸治療科
索取抽印本請聯絡：覃俊士醫師，台中榮民總醫院　內科部　胸腔內科，台中市中港路三段 160 號

# Tension Pneumopericardium after Removal of a Pericardial Drainage Catheter – Case Report

Eng-Guan Khor, Jiunn-Min Shieh, Shian-Chin Ko

Pneumopericardium is an uncommon complication of blunt or penetrating chest trauma. It may also occur iatrogenically, e.g., as a result of thoracic procedures, endoscopy, mechanical ventilation and pericardiocentesis. Tension pneumopericardium may progress rapidly, leading to cardiovascular compromise or circulatory collapse, and require emergent drainage of the pericardial sac. We describe the case of a patient with bilateral pneumonia and pericardial effusion. The patient underwent pericardiocentesis with pigtail drainage; however, subcutaneous emphysema, pneumopericardium, pneumomediastinum and pneumothorax developed immediately after removal of the drain catheter. Cardiac tamponade signs were noted. The patient underwent emergency pericardial window operation. Pneumopericardium is a rare complication of pericardiocentesis, occurring either as a result of direct pleuro-pericardial communication or a leaky drainage system. Although there have been several case reports in the literature describing pneumopericardium associated with pericardiocentesis, none had concurrent pneumothorax and/or pneumomediastinum. ***(Thorac Med 2013; 28: 354-359)***

Key words: pneumopericardium, pericardiocentesis, pericardial drainage

Division of Chest Medicine, Department of Internal Medicine, Chi Mei Medical Center, Tainan City, Taiwan
Address reprint requests to: Dr. Shian-Chin Ko, Division of Chest Medicine, Department of Internal Medicine, Chi Mei Medical Center, No. 901, Zhonghua Rd., Yongkang Dist., Tainan City 710, Taiwan (R.O.C.)

# 拔除心包引流導管後產生張力性心包積氣－個案報告

許永毅　謝俊民　柯獻欽

心包積氣是胸腔外傷所造成的罕見併發症，但它也可能由醫源性原因導致，如：使用呼吸器、心包穿刺術。心包積氣可能快速惡化而造成心臟血管循環系統衰竭，此時稱之為張力性心包積氣，需要緊急做心包引流術。我們報告一位成年男性病人，起始表現為兩側肺炎併心包積液，接受心包穿刺術併豬尾巴導管置入，引流數天後在拔除導管時，卻立即發生張力性心包積氣、縱膈積氣、氣胸與皮下氣腫，出現心臟填塞徵候，病人緊急接受心包膜開窗術。張力性心包積氣是可能危及生命的併發症，需要立即診斷與妥善治療。*( 胸腔醫學 **2013; 28: 354-359**)*

關鍵詞：心包積氣，心包引流

奇美醫療財團法人奇美醫院　胸腔內科
索取抽印本請聯絡：柯獻欽醫師，奇美醫療財團法人奇美醫院　胸腔內科，710 台南市永康區中華路 901 號

# Management of Fat Embolism Syndrome Using Extra-Corporeal Membrane Oxygenation: Report of 2 Cases

Hsiang-Wen Liu, Ping-Hung Kuo

Fat embolism syndrome (FES) is a condition characterized by pulmonary dysfunction, changes in mental status and petechial rash. Trauma to the long bones and pelvis is the major cause of FES. The severity of FES can range from sub-clinical to life-threatening. Immediate and appropriate resuscitation is essential to reduce mortality. Although extracorporeal membrane oxygenation (ECMO) has been used for severe respiratory and circulatory failure, its full potential as a rescue therapy for FES has yet to be exploited. In this report, we present 2 trauma cases with fulminant FES that were successfully treated with veno-venous ECMO. On the basis of the results of our report, we suggest that ECMO may be an appropriate therapy for patients with severe pulmonary FES who do not respond to supportive management. ***(Thorac Med 2013; 28: 360-369)***

Key words: fat embolism syndrome, FES, extra-corporeal membrane oxygenation, ECMO

Departments of Internal Medicine, National Taiwan University Hospital, Taiwan
Address reprint requests to: Dr. Ping-Hung Kuo, Department of Internal Medicine, National Taiwan University Hospital, 7, Chung-Shan South Road, Taipei 100, Taiwan

# 脂肪栓塞症候群病患使用葉克膜之兩病例報告

劉祥雯　郭炳宏

脂肪栓塞症候群是長骨骨折的併發症，主要的症狀有呼吸及神經系統異常和淤斑。脂肪栓塞症候群的嚴重度從輕微到致命都有，快速及正確的支持性療法是減少死亡率重要的一環。最近在世界各地的加護中心，體外循環維生系統常被用來治療嚴重呼吸及循環衰竭的病患，但此裝置對於改善脂肪栓塞而引起之呼吸衰竭仍未有定論。我們報告二例因脂肪栓塞症候群而產生嚴重低血氧情形之病患，在接受靜脈 - 靜脈型體外循環維生系統後，病人血氧明顯改善並在良好的狀況下出院。根據此篇結論，我們建議當病人出現因脂肪栓塞症候群引起之致命呼吸衰竭，在支持性療法失敗後，便可使用靜脈 - 靜脈型體外循環維生系統作為治療。*( 胸腔醫學 **2013; 28: 360-369**)*

關鍵詞：脂肪栓塞症候群，體外循環維生系統，葉克膜

國立台灣大學醫學院附設醫院　內科部　胸腔內科
索取抽印本請聯絡：郭炳宏醫師，國立台灣大學醫學院附設醫院　內科部　胸腔內科，台北市中山南路 7 號

# Penetration of Liver, Diaphragm and Lung by Tube Thoracostomy in a Mechanicaly Ventilated Patient: A Rare Case of Chest Tube Malposition

Chi-Lu Chiang*, Heng-Sheng Chao*, Chien-Sheng Huang**, Shi-Chuan Chang*,***

Tube thoracostomy is a standard therapy for a number of pleural disorders. However, the procedure involves a certain rate of complications. We reported a 55-year-old woman who had diabetes and required mechanical ventilation due to respiratory failure at another hospital, and then developed right-side pneumothorax. Her oxygenation showed no improvement after tube thoracostomy. The chest computed tomography scans showed that the chest tube had penetrated the liver, diaphragm, and right lower lung into the pleural cavity. Interstitial pneumonitis was also noted. After insertion of a new chest tube, withdrawal of the original one began inch-by-inch every 2-3 days and, was finally removed uneventfully. This case highlights the importance of performing tube thoracostomy with caution in all patients, especially in those who are mechanically ventilated and with restricted lung. ***(Thorac Med 2013; 28: 370-374)***

Key words: chest tube, mechanical ventilation, pneumothorax, thoracostomy

*Department of Chest Medicine, Taipei Veterans General Hospital, Taiwan; **Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, Taiwan; ***Institute of Emergency and Critical Care Medicine, National Yang-Ming University, Taipei, Taiwan

Address reprint requests to: Dr. Shi-Chuan Chang, Chief of General Chest Medicine, Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, # 201, Sec. 2, Shi-Pai Rd., Beitou Dist., Taipei City, 112, Taiwan

# 胸管置入造成肺及肝臟穿透：罕見的胸管併發症

江起陸 *　趙恆勝 *　黃建勝 **　張西川 *,***

胸管置入術是肋膜疾患的標準治療之一，但有一定的比例產生併發症。我們報告一位 55 歲本身有糖尿病及呼吸器依賴的女性患者，伴隨發生氣胸而接受胸管置入術。但胸管置入後病患的氧合情況並未改善。胸部電腦斷層發現胸管穿越肝臟、橫膈膜、右下肺後進入肋膜腔，同時發現肺部的瀰漫性間質性病變。在置入新的胸管後，我們以每天往外拔除一些的方式成功移除原來誤置的胸管。臨床上執行胸管置入術時應小心謹慎，尤其是限制性肺疾及呼吸器使用的患者。*( 胸腔醫學 **2013; 28: 370-374**)*

關鍵詞：氣胸，機械通氣，胸管，胸腔造口術

* 台北榮民總醫院　胸腔部，** 台北榮民總醫院　外科部　胸腔外科
*** 國立陽明大學重症醫學研究所
索取抽印本請聯絡：張西川醫師，台北榮民總醫院　胸腔部　一般胸腔科，台北市北投區石牌路二段 201 號

# Ewing's Sarcoma of the Left First Rib: A Case Report

Chi-Wei Duann*, Wen-Hu Hsu*, Yu-Chung Wu*, Wei-Ming Chen**

Ewing's sarcoma is part of a rare group of malignant neoplasms that are localized frequently in the long bone of the lower extremities, the humerus, and the pelvis. However, Ewing's sarcoma can also arise from the rib. We described a 45-year-old male with Ewing's sarcoma of the left first rib, who presented with tenderness and numbness in the upper back and left upper limb for 2 months. CT, MRI and PET were performed and a tumor mass about 2.8 cm at the left first rib was found. Ewing's sarcoma was confirmed by biopsy. He received neoadjuvant chemotherapy, and then tumor-wide excision was performed via the anterior approach. We present this case and discuss its rare presentation, and also provide a literature review. ***(Thorac Med 2013; 28: 375-381)***

Key words: Ewing's sarcoma, rib, wide excision, rare neoplasm

*Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, Taipei, Taiwan; School of Medicine, National Yang-Ming University, Taipei, Taiwan; **Department of Orthopaedics, Taipei Veterans General Hospital, Taipei, Taiwan; School of Medicine, National Yang-Ming University, Taipei, Taiwan
Address reprint requests to: Dr. Wen-Hu Hsu, Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, No. 201, Section 2, Shi-Pai Road, Taipei, Taiwan

# 發生在左側第一肋骨的 Ewing 氏骨肉瘤之個案報告－病例報告

段奇瑋 *　許文虎 *　吳玉琮 *　陳威明 **

Ewing 氏骨肉瘤是罕見的惡性腫瘤之一，它通常位於長骨或是骨盆腔處，不過它也能夠發生在肋骨。本文將簡述一名四十五歲的男性 Ewing 氏骨肉瘤的病人，其病灶正位於左邊的第一肋骨。他一開始表現的症狀是上背及左上肢的壓痛和麻木感長達兩個月的時間，電腦斷層，磁振造影及正子攝影檢查皆發現一個約 2.8 公分的腫瘤，並且經由切片證實為 Ewing 氏骨肉瘤。他接受了手術前的化學治療之後，接受了經前側探查的廣泛性腫瘤切除手術。我們將陳述這個病例並且討論其罕見的表現方式並且進行文獻回顧。*(胸腔醫學 **2013; 28: 375-381**)*

關鍵詞：Ewing 氏骨肉瘤，肋骨

* 台北榮民總醫院　外科部　胸腔外科，國立陽明大學
** 台北榮民總醫院骨科部，國立陽明大學
索取抽印本請聯絡：許文虎醫師，台北榮民總醫院　外科部　胸腔外科，台北市 112 北投區石牌路二段 201 號