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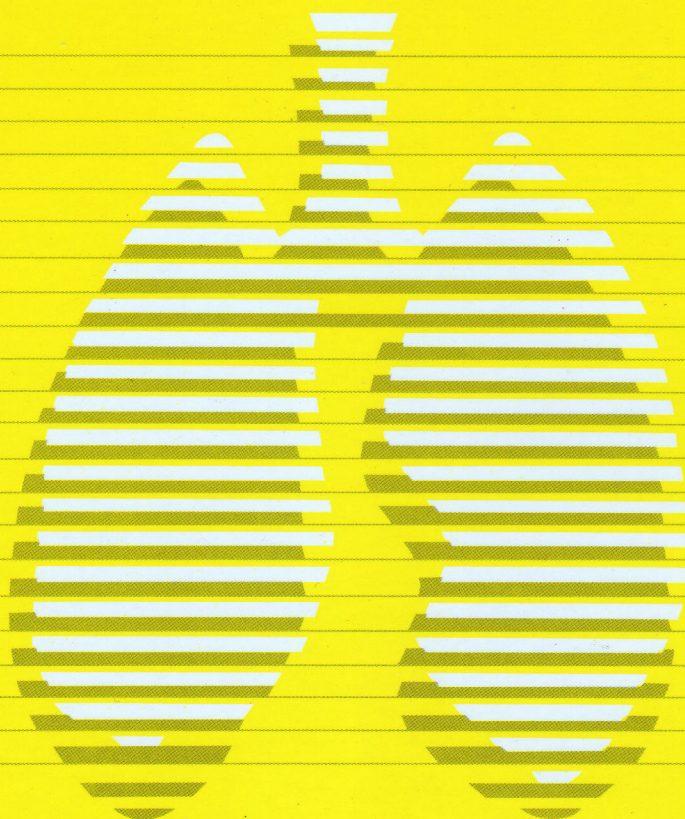
## Thoracic Medicine

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# Comparison of Transbronchial Biopsy and Open Lung Biopsy in Ventilated Patients with Diffuse Pulmonary Infiltrates after Hematopoietic Stem Cell Transplantation

Chen-Yiu Hung, Po-Nan Wang\*, Han-Chung Hu, Chung-Chi Huang, Meng-Jer Hsieh, Cheng-Ta Yang, Ying-Hung Tsai\*\*, Kuo-Chin Kao

**Background:** Establishing a specific diagnosis in ventilated patients with diffuse pulmonary infiltration after hematopoietic stem cell transplantation (HSCT) is challenging. The aim of this study was to review and compare our experience with transbronchial biopsy (TBBx) and open lung biopsy (OLB), with a focus on diagnostic yields, the influence of pathological results on altering therapy, and procedure-related complications.

**Patients and Methods:** Data of 20 mechanically ventilated patients with diffuse pulmonary infiltrates receiving lung biopsy (TBBx or OLB) were recorded for analysis. The collected data included general information, pathological results, treatment alterations, complications and clinical outcomes. Characteristics of patients receiving TBBx or OLB were compared using Fisher's exact test for categorical variables and the Mann-Whitney U test for continuous variables.

**Results:** Twenty ventilated HSCT patients with diffuse pulmonary infiltrates receiving lung biopsy, including TBBx (N=9) or OLB (N=11), were enrolled. The most frequent pathologic results were diffuse alveolar damage (DAD) in 4 patients, diffuse alveolar hemorrhage (DAH) in 3 patients, aspergillosis in 3 patients, and *Pneumocystis jiroveci* pneumonia (PJP) in 3 patients. The rate of treatment alteration in OLB patients was higher than in TBBx patients, although the difference was not significant (82% versus 56%;  $p=0.34$ ). One of the 11 OLB patients (9%) had subcutaneous emphysema due to chest tube dysfunction. The overall ICU survival rate of the patients receiving lung biopsy was 15% (3/20).

**Conclusion:** TBBx and OLB had a high diagnostic yield rate for some selected ventilated HSCT patients with diffuse pulmonary infiltrates. Patients that underwent OLB had more adequate specimens, more pathological results, and greater rates of treatment alteration than those receiving TBBx, especially after a non-diagnostic BAL examination. The surgical complication rate of the OLB patients was low and acceptable. Further prospective,

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randomized controlled studies are warranted to define the specific role of OLB. (***Thorac Med* 2012; 27: 131-142**)

Key words: transbronchial biopsy (TBBx), open lung biopsy (OLB), hematopoietic stem cell transplantation (HSCT), treatment alteration; complication

# 比較經支氣管鏡肺切片及開肺切片在造血幹細胞移植後 使用呼吸器病人的研究

洪禎佑 王博南\* 胡漢忠 黃崇旂 謝孟哲 楊政達 蔡熒煌\*\* 高國晉

**前言：**造血幹細胞移植後呼吸衰竭常常會造成嚴重的併發症和很高的死亡率。由於這一群病人相對是免疫力低下的族群，造成肺部浸潤的原因常常是多樣性且不易診斷。這個回溯性研究比較經支氣管鏡進行肺切片或開肺切片在這一類病人的病理診斷，治療改變，併發症和預後的分析。

**方法：**這個研究收集了20位因瀰漫性肺部浸潤導致呼吸衰竭進到加護病房的病人接受了經支氣管鏡肺切片或開肺切片。我們記錄下病人基本資料，病理切片結果，治療的改變，併發症和預後的資料，同時利用Fisher's exact test和Mann-Whitney U test做變數分析。

**結果：**瀰漫性肺泡破壞，瀰漫性肺泡出血，麴黴病（Aspergillosis），肺囊蟲肺炎（*Pneumocystis jiroveci* pneumonia），巨形細胞病毒肺炎（CMV pneumonitis）佔了多數病理診斷。開肺切片比經支氣管鏡肺切片有較高的診斷率和治療上的改變（82% versus 56%）。開肺切片只有一位個案有嚴重的皮下氣腫，顯示這個檢查的安全性是可以被接受的。

**結論：**大多數瀰漫性肺部浸潤使用呼吸器的病人在切片之後得到一個特定的診斷並且有治療的改變。特別是在做完支氣管沖洗術的病人若沒有確定診斷，開肺切片比經支氣管鏡肺切片有較高的診斷率和治療上的改變。這篇研究顯示開肺切片都可以得到適當的檢體與支氣管鏡肺切片都有高的安全性。未來在評估這一類病人，開肺切片的角色仍需進一步前瞻性研究。（*胸腔醫學* 2012; 27: 131-142）

**關鍵詞：**經支氣管鏡肺切片，開肺切片，造血幹細胞移植，治療改變，併發症

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# FEV<sub>1</sub> Response to Bronchodilation with HFA Fenoterol and CFC Fenoterol by Inhalation

Wen-Kuei Chang, Ching-Lung Liu, Ming-Jen Peng

**Objectives:** Chlorofluorocarbon metered-dose inhalers (CFC-MDIs) have been reformulated, and now, the non-ozone-depleting propellant, hydrofluoroalkane, is used in metered-dose inhalers (HFA-MDIs). The aim of the study was to evaluate the bronchodilation response of the 2 products.

**Methods:** We assessed bronchodilation by measuring FEV<sub>1</sub> before and after inhalation of fenoterol CFC-MDI 400 mcg (2 puffs), fenoterol HFA-MDI 200 mcg (2 puffs) or fenoterol HFA-MDI 400 mcg (4 puffs) delivered using a spacer.

**Results:** Of the 3449 outpatients tested, those who had a positive bronchodilator result, defined as  $\Delta\text{FEV}_1 > 12\%$  and 200 mL, were enrolled in the study. The percentage of positive bronchodilation results in the fenoterol CFC-MDI (400 mcg) group was 19.0% (108/569), that in the fenoterol HFA-MDI (200 mcg) group was 14.4% (138/957) and in the HFA-MDI (400 mcg) group was 15.9% (148/928). FEV<sub>1</sub> responses to bronchodilation (absolute  $\Delta\text{FEV}_1$ ) were similar between the fenoterol CFC-MDI (400 mcg) group, fenoterol HFA-MDI (400 mcg) group, and fenoterol HFA-MDI (400 mcg) group ( $380.7 \pm 176.5$  mL vs.  $344.1 \pm 132.0$  mL vs.  $340.2 \pm 142.6$  mL,  $p=0.072$ ).

**Conclusions:** This study shows that fenoterol HFA-MDI and fenoterol CFC-MDI provide a comparable bronchodilation response. Inhaled fenoterol 400 mcg is better than fenoterol 200 mcg for testing the reversibility of airflow limitation. (*Thorac Med* 2012; 27: 143-149)

Key words: bronchodilation, chlorofluorocarbon (CFC), fenoterol, metered-dose inhaler (MDI), hydrofluoroalkane (HFA)

# 吸入 HFA Fenoterol 和 CFC Fenoterol 引起 FEV<sub>1</sub> 改變及支氣管擴張作用

張文魁 劉景隆 彭明仁

**前言：**Fenoterol CFC metered-dose inhalers (CFC-MDIs) 已被換成不會耗竭臭氧的Fenoterol hydrofluoroalkane metered-dose inhalers (HFA-MDIs)。本研究的目的便在於評估兩種劑型對於支氣管擴張的反應。

**方法：**我們以吸入Fenoterol CFC-MDI 400 mcg, Fenoterol HFA-MDI 200 mcg, Fenoterol HFA-MDI 400 mcg 前後FEV<sub>1</sub>的改變來評估支氣管擴張的反應。

**結果：**在3449位接受檢查的病患中，對支氣管擴張測試結果呈陽性 (FEV<sub>1</sub> 改變 >12% 且 >200 ml) 者即納入本研究中。Fenoterol CFC-MDI 400 mcg組的支氣管擴張測試陽性率為19.0% (108/569)，fenoterol HFA-MDI 200 mcg組的陽性率為14.4% (138/957)，fenoterol HFA-MDI 400 mcg組的陽性率為15.9% (148/928)。支氣管擴張對於FEV<sub>1</sub>的影響在CFC-MDI 400 mcg組、HFA-MDI 200 mcg組、HFA-MDI 400 mcg組之間的結果相當 (380.7 ± 176.5 mL vs. 344.1 ± 132.0 mL vs. 340.2 ± 142.6 mL,  $p=0.072$ )。

**結論：**HFA Fenoterol及CFC Fenoterol對於支氣管擴張的效果相當。吸入性fenoterol 400 mcg較fenoterol 200 mcg更適合用於測試氣流限制的可逆性。(胸腔醫學 2012; 27: 143-149)

**關鍵詞：**支氣管擴張，chlorofluorocarbon (CFC), fenoterol, metered-dose inhaler (MDI), hydrofluoroalkane (HFA)



# Comparison of Abrams and Tru-cut Needle Biopsies in Diagnosing Pleural Effusion in an Area with a High Prevalence of Tuberculosis

Chien-Tung Chiu, Yung-Fa Lai, Yu-Feng Wei, Jiun-Ting Wu,  
You-Lung Chang, Chao-En Huang

There are only a limited number of reports comparing the Abrams needle with the Tru-cut needle in diagnosing pleural effusion of an undetermined etiology. This retrospective study aimed to investigate whether ultrasound-assisted Tru-cut biopsy is superior to standard Abrams needle pleural biopsy, especially in an area with a high prevalence of tuberculosis. Of 193 patients with pleural effusion of an undetermined etiology after initial thoracentesis, 116 received Abrams needle biopsy and 77 underwent ultrasound-assisted Tru-cut biopsy. The results of both biopsy procedures were compared. There were no immediate or late complications among the patients, except 1 in the Tru-cut group who had minimal pneumothorax. The size of the specimen obtained by the Abrams needle was significantly larger than that from the Tru-cut needle (34 vs. 5 mm<sup>3</sup>,  $p<0.001$ ). There was no difference in the sensitivity of diagnosing tuberculous pleurisy (56% vs. 53%,  $p=0.723$ ) and malignancy (47% vs. 31%,  $p=0.312$ ) between the 2 biopsy procedures. However, the rate of diagnosis of tuberculous pleurisy was higher using the Abrams needle than by Tru-cut biopsy when tissue culture was done (79% vs. 53%,  $p=0.027$ ). In conclusion, both Abrams needle and ultrasound-assisted Tru-cut needle pleural biopsies are useful in diagnosing patients with pleural effusions of undetermined etiology with minimal complications. Abrams needle biopsy is more likely to obtain a large amount of pleural tissue and has a higher TB culture rate, so it should be the choice for closed biopsy in diagnosing pleural tuberculosis. (*Thorac Med* 2012; 27: 150-158)

Key words: Abrams needle biopsy, Tru-cut needle biopsy, undetermined pleural effusion, malignancy, tuberculosis

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## 比較兩種不同切片方式 Abrams 及 Tru-cut needle biopsies 在高結核病盛行地區肋膜積液的診斷率

邱建通 賴永發 魏裕峰 吳俊廷 張祐綸 黃照恩

**前言：**目前的文獻報告對於比較Abrams needle及Tru-cut needle biopsies在肋膜積液的診斷率上仍不多。所以這個研究目的是比較Tru-cut biopsy在高結核病盛行的地區對於肋膜積液的診斷率是否真的較Abrams needle biopsy為佳。

**方法：**經由回塑性的病例研究，總共有193個病人在本院接受了肋膜切片的檢查，其中116人接受了Abrams needle biopsy，另外77個病人接受了Tru-cut biopsy。除了有一個接受Tru-cut biopsy的病人發生了氣胸之外，其餘病人均無併發症。

**結果：**在檢體的比較上，由Abrams needle biopsy取得的檢體明顯大於Tru-cut biopsy (34 vs. 5 mm<sup>3</sup>,  $p<0.001$ )。但兩者取得的檢體在病理組織診斷結核病 (56% vs. 53%,  $p=0.723$ ) 或惡性腫瘤 (47% vs. 31%,  $p=0.312$ ) 上並無差異。然而，在診斷結核性肋膜炎方面若病理組織合併組織培養，則Abrams needle biopsy明顯優於Tru-cut biopsy (79% vs. 53%,  $p=0.027$ )。

**結論：**Tru-cut及Abrams needle biopsy在肋膜積液病因的診斷上都是很有幫助的，而且很少發生併發症。Abrams needle biopsy可以取得較大的組織切片，有較高的機會培養出結核菌，針對結核性肋膜炎的診斷上是為優先選擇。(胸腔醫學 2012; 27: 150-158)

**關鍵詞：**Abrams needle切片，Tru-cut切片，未診斷肋膜積液，惡性腫瘤，結核病

# Choroid Metastasis from Primary Lung Cancer in 26-year-old Male Successfully Treated with Pemetrexed – Case Report and Literature Review

Wei-An Chang\*, Chih-Jen Yang\*, \*\*, Po-Yen Lee\*\*\*, Jhi-Jhu Huang\*, \*\*, Inn-Wen Chong\*, \*\*, Ming-Shyan Huang\*, \*\*

Choroid metastasis from primary lung cancer is rare and has a poor prognosis. It can be treated with an external beam of radiation or by laser photocoagulation. However, visual defects or blindness are possible complications related to radiotherapy. Chemotherapy for such a condition has not been widely reported. We report a 26-year-old patient who had stage IV lung adenocarcinoma and suffered from progressive blurred vision during a scheduled chemotherapy regimen. Fundoscopy, fluorescence angiography and optic coherence tomography indicated choroidal metastasis of both eyes. We prescribed a platinum double chemotherapy regimen with pemetrexed and cisplatin. A follow-up examination demonstrated complete remission of the choroid metastasis. Herein, we report the first case of lung cancer with choroid metastasis that underwent complete remission after pemetrexed administration. We share our experience and conduct a literature review. (*Thorac Med* 2012; 27: 159-166)

Key words: choroid metastasis, lung cancer, pemetrexed

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## 在一位 26 歲肺癌患者合併眼球脈絡膜轉移，成功使用 Pemetrexed 治療—案例報告及文獻回顧

張維安\* 楊志仁\*,\*\* 李柏延\*\*\* 黃吉志\*,\*\* 鍾飲文\*,\*\* 黃明賢\*,\*\*

肺癌合併眼球脈絡膜轉移被認為是較差預後的象徵。針對眼球脈絡膜轉移的第一線治療方法為放射線治療，但可能會併發視力缺損甚至於全盲，另外也可以使用手術、雷射以及化學治療。化學治療並非廣泛使用，回顧之前的文獻，尚無以Pemetrexed成功治療肺癌合併眼球脈絡膜的報告。這位26歲男性被診斷為肺腺癌，經過化學治療之後疾病仍持續進展並出現新的眼力模糊，經過一系列眼科檢查，發現是罕見的眼球脈絡膜轉移，推測是轉移自原本的肺腺癌。經過Pemetrexed的治療之後，病人的視力完全回復，且眼底檢查也顯示眼球脈絡膜轉移癌完全消散。就我們所知，這是第一個肺癌合併眼球脈絡膜轉移且成功地以Pemetrexed治療的病人，我們分享此經驗並作文獻回顧。*(胸腔醫學 2012; 27: 159-166)*

關鍵詞：脈絡膜轉移，肺癌，愛寧達（Pemetrexed）

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# Use of Interventional Bronchoscopy to Manage Solitary Bronchial Squamous Papilloma with Malignant Change – A Case Report

Ya-Chun Chang\*, Hung-Chen Chen\*, Chin-Chao Wang\*,\*\*, Yu-Hsiu Chung\*,  
Tung-Ying Chao\*, Yi-Hsi Wang\*

We reported a 74-year-old male patient with multiple comorbidities (diabetes mellitus, hypertension and stroke) who underwent endovascular aortic replacement due to abdominal aortic aneurism. In the postoperative follow-up, a nodule in the left main bronchus was found. Bronchoscopy confirmed a polyp-like lesion in the orifice of the left upper lobe. The biopsy report revealed a squamous cell papilloma with moderate dysplasia. Following that, electrocautery was performed monthly. The 3rd biopsy report revealed papillary squamous cell carcinoma. The patient then underwent positron emission tomography-computed tomography, which showed fluorodeoxyglucose-avid lesions in the left upper lobe and pretracheal lymph node. The patient refused operation and continued to undergo electrocautery. The biopsy report before the 5<sup>th</sup> electrocautery procedure began found no malignancy. Since then, he has been followed up regularly in our clinic with autofluorescence endoscopy. (*Thorac Med* 2012; 27: 167-172)

Key words: solitary bronchial squamous papilloma, electrocautery, autofluorescence endoscopy

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## 使用治療性支氣管鏡來處置肺部癌化的鱗狀乳頭瘤： 病例報告

張雅淳\* 陳泓丞\* 王金洲\*\*, \*\* 鍾聿修\* 趙東瀛\* 王逸熙\*

一位74歲男性病患，伴有多種共病症（糖尿病、高血壓、中風），因腹主動脈瘤接受支架手術。在術後例行檢查中發現左主支氣管有小結節，接著接受支氣管鏡檢查確定左上葉開口處有一息肉狀結節。切片報告為鱗狀乳突瘤伴有中等程度異常（dysplasia）。於是病患接受多次雷射燒灼治療，每次間隔一個月。第三次燒灼前切片報告為鱗狀上皮細胞癌，因此續接受正子電腦斷層（PET-CT），正子結果為左上肺葉病灶和氣管前淋巴結信號增強。病患拒手術切除，續維持原先燒灼治療。在第五次燒灼前切片已沒有惡性細胞，目前在門診以自體螢光支氣管鏡定期追蹤。*(胸腔醫學 2012; 27: 167-172)*

關鍵詞：鱗狀乳頭瘤，雷射燒灼治療，自體螢光支氣管鏡

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# Ectopic Thymus in the Middle Mediastinum: A Case Report and Literature Review

Kuo-Shao Sun, Chung-Ta Lee\*, Yau-Lin Tseng\*\*, Han-Yu Chang

The case of a young ethnic Chinese male who presented with rare ectopic thymic tissue in the middle mediastinum is reported and the related literature reviewed. The most common tumors found in the middle mediastinum are mediastinum cyst, bronchogenic cyst, lymphoma and pericardial cyst; most thymic tumors are found in the anterior-superior mediastinum area and less than 4% are found elsewhere. Ectopic thymic tumors in the middle mediastinum are the rarest. Computed tomography has high sensitivity and specificity for thymic tissue, and the gold standard treatment is radical resection. The World Health Organization histological grading and Masaoka staging system for thymoma remain the most important indicators for survival. (*Thorac Med* 2012; 27: 173-180)

Key words: ectopic thymus, middle mediastinum tumor, thymoma

## 異位性中縱膈腔胸線瘤：個案報告及文獻回顧

孫國紹 李忠達\* 曾堯麟\*\* 張漢煜

在此提出的病歷報告是一位18歲年青的亞洲男性患有異位性中縱膈腔胸線併文獻回顧。回顧文獻，中縱膈腔中最常見的腫瘤是縱隔囊泡，支氣管性的囊泡，淋巴瘤和心包膜囊泡。大多數的胸線組織都分佈在前縱隔或上縱隔這兩個區域，只有少於4%的胸線組織會落在這兩個地方以外。異生的胸線組織中又以生長在中縱隔的最少見。電腦斷層掃描對胸線組織的檢查有很高的敏感性和專一性。目前，最好的治療方式是外科手術切除。對於評估疾病預後，仍是以世界衛生組織擬定的病理分期和Masaoka學者所發表的腫瘤對鄰近組織侵犯程度分期為主要指標。*(胸腔醫學 2012; 27: 173-180)*

關鍵詞：異位性胸線，中縱膈腔腫瘤，胸線瘤

# Tracheal Schwannoma Presenting with Chronic Dyspnea – A Case Report

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Chuen-Ming Shih\*, Wu-Huei Hsu\*

Primary tracheal schwannomas are extremely rare among tracheal neoplasms. We present the case of a 36-year-old female who had progressive dyspnea for 1 year. Upper airway obstruction with stridor was noticed after admission. Her pulmonary function test revealed the typical pattern of fixed airway obstruction. CXR and CT scan all showed a mass lesion in the upper trachea. Bronchoscopy was performed and revealed a protruding mass just below the vocal cords. The patient underwent surgical resection of the tracheal tumor, and the final diagnosis was benign tracheal schwannoma. This case demonstrates a rare disease with common dyspnea symptoms. Primary tracheal tumors should be considered in the differential diagnosis of respiratory distress of an unknown origin. (*Thorac Med* 2012; 27: 181-186)

Key words: tracheal neoplasm, schwannoma, neurogenic tumor

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## 以慢性呼吸困難來表現的氣管許旺細胞瘤：病例報告

鄧君威\* 陳家弘\* 廖偉志\* 涂智彥\*\*, \*\* 施純明\* 徐武輝\*

原發性氣管許旺細胞瘤在氣管腫瘤裡是極度罕見的。我們報告一位36歲的女性，主訴為持續一年的慢性呼吸困難，而病患在住院後同時也被發現有喘鳴的症狀。我們安排了肺功能檢查也證實了典型的上呼吸道阻塞的圖型。胸部X光與電腦斷層掃描都顯示了位於上段氣管的腫瘤病灶，而支氣管鏡檢查也證實了位於聲帶下方氣管腫瘤的存在。最後病患接受了外科腫瘤切除手術，而最終的病理診斷為良性的許旺細胞瘤。這個病例顯示了一個合併常見症狀的罕見疾病，因此氣管腫瘤也必須納入不明原因呼吸困難的鑑別診斷之一。(胸腔醫學 2012; 27: 181-186)

關鍵詞：氣管腫瘤，許旺細胞瘤，神經性腫瘤

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# Enlargement of a Bone Island of the Rib: A Case Report and Literature Review

Shih-Yu Lee, Han-Yu Chang

A bone island, known as an enostosis, is a benign entity usually found incidentally on image studies. Bone islands typically appear as sclerotic, round-to-ovoid intramedullary nodules and consist of normal-appearing compact bones surrounded by cancellous bones. The exact etiology of bone islands is not clear. Clinically, the importance of diagnosing bone islands is to distinguish them from more important lesions such as fibrous dysplasia, osteoblastoma, osteosarcoma, ostoma or even lung lesions, especially when noted in the rib. Sometimes bone islands grow, mimicking a worrisome pathological process. We report the case of a young woman with a bone island of the ribs, which showed progressive enlargement on a series of chest film examinations. (*Thorac Med* 2012; 27: 187-193)

Key words: bone island, enostosis

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## 肋骨內成長的骨島：病例報告及文獻回顧

李世瑜 張漢煜

骨島又被稱為內生骨疣，是一種良性的表現，通常是在做影像檢查時意外發現的。骨島通常發生在長形的骨頭上，主要的特徵是硬化的骨髓內結節，形狀是圓形至卵圓形，確切的病因目前仍然不明確。在臨床上的重要性是去區分良性的骨島與其他可能的骨頭病變，如纖維發育不良，骨母細胞瘤，骨肉瘤等，甚至於如果骨島發生在肋骨上，從影像上還要跟肺部的可能病灶做分辨，特別是隨著時間而變大的骨島，會模擬令人擔憂的病理變化。在此，我們描述一個年輕女性在追蹤胸部X光檢查下，肋骨內的骨島漸漸的成長與變化。藉由這樣的病例報告，提醒臨床醫師應該依據病人的個別狀況及影像的變化來正確診斷骨島。(胸腔醫學 2012; 27: 187-193)

關鍵詞：骨島，enostosis

# Broken Stylet in Tracheobronchial Tree as a Complication of Endotracheal Intubation

Ming-Ju Tsai\*, Huang-Chi Chen\*\*, Mei-Hsuan Lee\*\*, Jhi-Jhu Hwang\*,\*\*\*,  
Ming-Shyan Huang\*,\*\*\*\*

Many clinicians use an intubating stylet to facilitate endotracheal intubation, which is a common life-saving procedure in clinical practice. We reported the case of a patient with a broken metallic stylet that was retained in the tracheobronchial tree as a complication of endotracheal intubation, and was initially unnoticed. Difficulty in passing a suction catheter through the endotracheal tube and increased airway pressure under the mechanical ventilator setting aroused the awareness of the physician, and a follow-up chest radiograph confirmed the presence of a retained fragment of the broken stylet. The broken stylet was later successfully removed using fiberoptic bronchoscopy. No other report on the successful bronchoscopic removal of a broken metallic stylet from the endotracheal tube was found in a literature review. Doctors should be conscious of the possibility of a broken stylet when the suction catheter has a difficult passage or there is increased airway resistance. (*Thorac Med* 2012; 27: 194-198)

Key words: endotracheal intubation, broken stylet, complication, bronchoscopy

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## 卡在氣管支氣管中的斷裂通條—氣管內插管的併發症

蔡明儒\* 陳煌麒\*\* 李玟萱\*\* 黃吉志\*,\*\*\* 黃明賢\*,\*\*\*\*

氣管內插管是臨床上常用以維持生命的技術。許多臨床醫師使用通條來幫助氣管內插管的順利進行。我們報告一個氣管內插管時併發通條斷裂並卡在氣管支氣管中的病例。這個合併症在起初並未被察覺，而後由於抽痰時發現抽痰管不易放入，且呼吸器上顯示氣道壓力上升，檢視胸部X光片才發現卡在氣管支氣管中的通條斷片。此斷裂的通條隨後即在支氣管鏡輔助下取出。文獻搜尋顯示這是第一個成功在支氣管鏡輔助下取出氣管支氣管中通條斷片的報告。臨床醫師在發現氣管內插管的病人若抽痰時抽痰管不易放入或呼吸器上顯示氣道壓力上升時，應該警覺氣道內異物的可能性，而通條斷片即是其中一種。(胸腔醫學 2012; 27: 194-198)

關鍵詞：氣管內插管，通條斷裂，併發症，支氣管鏡