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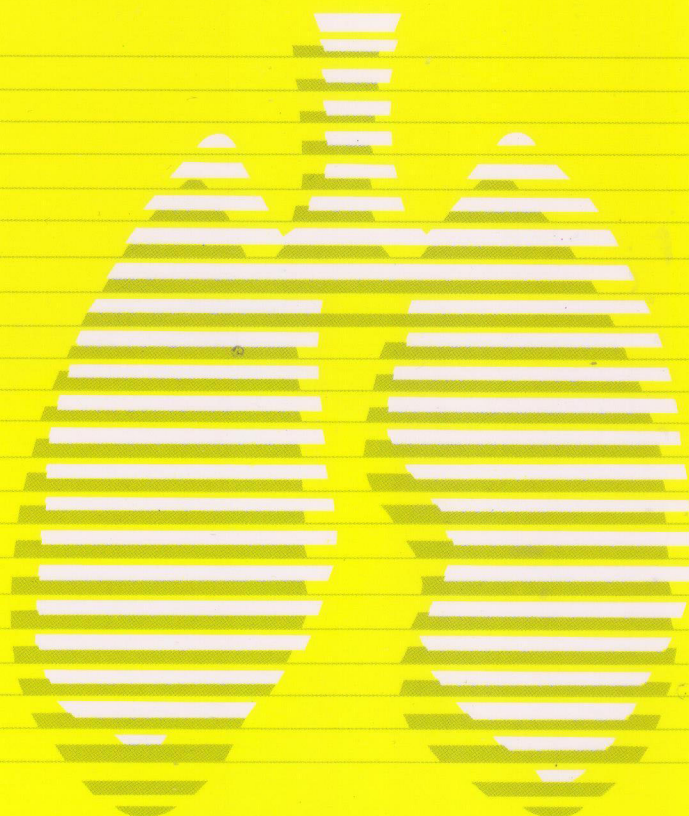
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Factors Associated with Compliance with Sepsis Bundle Care in the Intensive Care Unit

Ya-Chun Chang*, Hung-Chen Chen*, Chin-Chou Wang*, **, ***, ****,
Chia-Cheng Tseng*, Mei-Lien Tu****, Meng-Chih Lin*, **, ****,
Wen-Feng Fang*, **, ****

Background: The aim of this study was to determine which factors are associated with compliance with sepsis bundle care in the intensive care unit.

Patients and Methods: Forty-five patients with severe sepsis admitted to the medical intensive care units of Kaohsiung Chang Gung Memorial Hospital from December 2009 through December 2010 were enrolled. We analyzed the factors, including patient, organizational, and process factors, that were most likely associated with compliance with the sepsis bundle.

Results: The total compliance rate with the 6-hour resuscitation bundle was 17.8%, and that with the 24-hour management bundle was 11.1%. When comparing patient groups with compliance or non-compliance with the sepsis bundle (either 6-hour or 24-hour), there was no statistically significant difference among factors, such as using the sepsis code and intubation-to-ICU time. However, admission source, admission time, resident at admission, nurse-to-bed ratio, and number of dysfunctional organs were associated with compliance with detailed bundle elements.

Conclusions: The factors that are associated with compliance with sepsis bundle elements in the intensive care unit include admission source, admission time, resident at admission, nurse-to-bed ratio, and number of dysfunctional organs. We should be aware of these factors, to improve compliance with sepsis bundle elements. (*Thorac Med* 2012; 27: 260-269)

Key words: surviving sepsis campaign guideline, sepsis bundle, 6-hr resuscitation bundle, 24-hr management bundle

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在加護病房單位有關敗血症準則順從性的因素分析

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林孟志*, ***, **** 方文豐*, ***, ****

背景：此研究的目的為找出哪些因素與敗血症準則的順從性相關。

病人及方法：收錄自 2009 年 12 月至 2010 年 12 月，45 個因敗血症重症住進高雄長庚醫院內科加護病房的病人。分析與敗血症準則順從性相關的因素，如病人的來源、是否使用敗血症碼、自插管至加護病房的時間、年齡、APACHE II 分數、器官衰竭的數目、進入加護病房的時間、護理師與照護床數比、病人被診斷出敗血症重症的地點、有無時間置入中央靜脈導管。

結果：6 小時復甦套裝全部完成有 17.8%，而 24 小時處置套裝全部完成有 11.1%。雖然使用敗血症碼，或是自插管至加護病房的時間來比較是否遵循敗血症套裝（不論 6 小時復甦套裝或是 24 小時處置套裝）均未達統計學上的意義。但病人的來源，進入加護病房的時間，進入加護病房時的住院醫師，護理師與照護床數比，及器官衰竭的數目與敗血症套裝細項的遵循及完成有關。

結論：有很多的因素與敗血症套裝細項的執行有關，如病人的來源，進入加護病房的時間，進入加護病房時的住院醫師，護理師與照護床數比，及器官衰竭的數目。我們期望透過這個研究能讓我們更注意這些因素，來達到改善敗血症套裝細項的執行。(*胸腔醫學* 2012; 27: 260-269)

關鍵詞：戰勝敗血症準則，敗血症套裝，6 小時復甦套裝，24 小時處置套裝

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Unplanned Extubation in Surgical Patients: Clinical Outcomes and Risk Factors for Reintubation

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Li-Ying Chiu****, Yao-Kuang Huang*, Ying-Huang Tsai*****

Objectives: To determine the clinical outcomes of unplanned extubation (UE), and the incidence and risk factors of reintubation in surgical patients.

Design: Retrospective medical chart and electronic database review.

Materials and Methods: All adult patients admitted to the Surgical and Neurosurgical Intensive Care Unit of Chang Gung Memorial Hospital, Chiayi, from January 2007 to December 2009 were included. The medical charts and electronic records, cross-matched with the quality practice database of the Critical Care Audit Committee, were reviewed.

Results: There were 50 episodes of UE involving 42 patients (29 males) from among 2,165 intubated patients during this period. The median age was 61.4 years. UE was categorized as intentional in 42 episodes (84%). The following factors were associated with reintubation in univariate analysis: accidental UE ($p=0.03$), time on mechanical ventilation ($p=0.021$), and $\text{PaO}_2/\text{FIO}_2$ ($p=0.002$). In multivariate analysis, accidental UE ($p=0.004$) and $\text{PaO}_2/\text{FIO}_2$ ($p\leq 0.001$) remained as significant risk factors for reintubation. Reintubation was mandatory in 71.4% of patients within 1 hour of UE. Reintubated patients spent an average of 11.7 more days in the intensive care unit (ICU) and had 31.0 more days of hospital stay. Reintubation correlated strongly with ICU stay ($p<0.001$), hospital stay ($p<0.001$) and mortality ($p<0.001$).

Conclusion: The incidence of UE in surgical patients is low. Reintubations occur more frequently within one hour of UE. Accidental extubations are more likely to require reintubation. (*Thorac Med* 2012; 27: 270-275)

Key words: unplanned extubation, reintubation

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外科病患的非預期性拔管：危險因子及預後分析

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前言：呼吸器的運用在任何現代重症加護病房是日常活動的一部分。氣管插管，是用於提供安全的呼吸通道及有效的呼吸器的運用的主要途徑。當導致呼吸衰竭的疾病或手術情況穩定後，可考慮脫離呼吸器。外科病患通常在接受重大或高風險的手術後因需要血流動力學監測而轉住加護病房。這些患者通常在加護病房的停留時間較短。不幸的是，非計劃性的拔管，仍然會造成某些病人有較複雜的病程。非計劃性的拔管對外科病患影響尚未有詳細的探討。此論文是探討外科病患在非預期性拔管之後再插管的發生率，危險因子及臨床上之預後。

設計：採回溯性病歷及電子資料檢閱分析。

資料與方法：在此回溯分析研究中之成人病患，皆於2007年1月至2009年12月間於長庚紀念醫院嘉義分院，外科及腦神經外科加護病房住院。本研究分析病患病歷及加護病房委員會交叉比對之電子資料。

結果：從2007年1月至2009年12月總共有2,165位插管病患。本研究收錄42位病患（共50次非預期性拔管）。其中有29位男性病患，平均年齡為61.4歲。這50次非預期性拔管中，有42次是蓄意的（84%）。單變量的分析顯示：意外性非預期拔管（ $p=0.03$ ），使用人工呼吸器時間（ $p=0.021$ ）及 $\text{PaO}_2/\text{FIO}_2$ 比值（ $p=0.002$ ）等因子與非預期性拔管後再插管有關。多變量的分析結果顯示：意外性非預期拔管（ $p=0.004$ ）及 $\text{PaO}_2/\text{FIO}_2$ 比值（ $p \leq 0.001$ ）仍然是再插管的危險因子。需要再插管的病患中，71.4%的病患需要在一小時內再插管。再插管使病患的加護病房及總住院平均天數增加11.7及31.0天。此外，再度插管與加護病房住院天數（ $p<0.001$ ），總住院天數（ $p<0.001$ ），及死亡率（ $p<0.001$ ）有極強烈的相關。

結論：在外科病患中，非預期性拔管是個發生率低的突發事件；而再度插管通常發生在非預期性拔管一小時內。意外性非預期拔管常需要再度插管。（*胸腔醫學* 2012; 27: 270-275）

關鍵詞：非預期性拔管，再插管

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A Very Rare Case of Combined Pleomorphic Carcinoma and Small Cell Lung Carcinoma: A Case Report

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Cheng-Ta Yang*, ***, Kuo-Chin Chiu*****

Lung cancer is the most common cause of cancer mortality worldwide. Pleomorphic carcinoma, defined as a poorly differentiated, non-small cell carcinoma, admixed with at least 10% malignant spindle cells and/or giant cells, is a rare tumor with an incidence rate of 0.1-0.3% of all lung tumors. Combined small cell lung carcinoma (SCLC) is also an unusual tumor with a poor prognosis than pure SCLC. A 76-year-old male, a smoker, complained of chest pain and chest X-ray revealed a large lobulated mass in the left lower lung field. Chest computed tomography mainly revealed a 9.7 x 8.7 cm soft tissue mass in the left lower lung. The pathological result of a sample retrieved by thoracotomy revealed combined pleomorphic carcinoma and small cell carcinoma, composed of spindle cell carcinoma (85%), squamous cell carcinoma (10%) and small cell carcinoma (5%). Two months later, the patient died of septic shock with multiple-organ failure without receiving chemotherapy, due to the poor performance status. We reported a relatively rare case of combined pleomorphic carcinoma and SCLC with a poor prognosis. Due to its aggressive behavior and the difficulty of reaching an accurate diagnosis, physicians should be aware of this kind of combined lung cancer, though it is rare. (*Thorac Med* 2012; 27: 276-281)

Key words: combined pleomorphic carcinoma, lung cancer, spindle cell carcinoma, small cell carcinoma

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多型性細胞與小細胞混合肺癌：一個病例報告

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肺癌是癌症死亡的最大主因。多型性細胞癌是一種分化不良的非小細胞癌、混有至少十分之一以上的惡性梭狀細胞和/或巨型細胞。它是一種罕見腫瘤、發生率僅佔所有肺腫瘤的0.1~0.3%。混合多型性細胞與小細胞肺癌更為罕見、且比單純小細胞肺癌有更差的預後。一位七十六歲抽菸男性主訴胸痛而且胸部放射線圖像顯示左胸有多葉性腫塊。胸腔電腦斷層發現左下肺有9.7×8.7 cm大小的軟組織腫塊。胸腔手術病理分析顯示是混合多型性細胞與小細胞癌、含有梭形細胞(85%)、鱗狀扁平細胞(10%)與小細胞癌(5%)。病患於兩個月後因敗血症與多器官衰竭而死亡。病患因身體狀況不佳未給予化學藥物治療。吾人於此報告此一罕見與預後不佳的混合多種型態細胞與小細胞肺癌病例。因其具侵犯性佳且不易正確診斷，因此值得注意。(胸腔醫學 2012; 27: 276-281)

關鍵詞：混合多型性上皮細胞癌，肺癌，梭形細胞癌，小細胞癌

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Infective Endocarditis with Septic Shock in a Rheumatoid Arthritis Patient being Treated with Etanercept

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Jeng-Hsien Yen**, ^{****}

Rheumatoid arthritis (RA) is a chronic inflammatory polyarticular disorder of unknown cause. Nowadays, biologic agents are widely used to treat RA. Etanercept, a tumor necrosis factor (TNF) type II receptor fused to IgG1, is one of the most commonly used biologic agents. Increased risk of serious infections is recognized as a potential side effect, of which reactivation of tuberculosis is particularly notable. We report the case of a patient with infective endocarditis complicated with septic shock, who had been receiving etanercept for his refractory RA. Through appropriate resuscitation and antibiotic treatment, the patient had a good recovery with resolution of the vegetation on the aortic valve. To the best of our knowledge, this is the first report in the medical literature describing a RA patient taking etanercept complicated with infective endocarditis. Physicians should be cautious when considering the use of biologic agents. (*Thorac Med* 2012; 27: 282-286)

Key words: infective endocarditis, rheumatoid arthritis, etanercept, sepsis, pneumonia

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類風濕性關節炎使用 etanercept 的病人併發 感染性心內膜炎及敗血性休克

蔡明儒* 連啟惇* 蔡忠榮*,*** 吳正欽** 顏正賢**,****

類風濕性關節炎是一種慢性多關節發炎性疾病，其真正的形成原因目前仍不甚清楚。生物製劑已被廣泛地應用在類風濕性關節炎的治療。其中，etanercept 是一種常被使用的生物製劑，它是由第二型腫瘤壞死因子接受器與免疫球蛋白 G1 (IgG1) 結合而成。這類生物製劑被認為有可能會增加嚴重感染的風險。在此，我們報告一個使用 etanercept 治療類風濕性關節炎病人所發生的感染性心內膜炎併發敗血性休克。經過適當的復甦與抗生素治療，此病患恢復良好；其主動脈瓣上的贅生物也在治療後消失不見。據我們了解，這是醫學文獻上初次報告感染性心內膜炎併發敗血性休克發生在使用 etanercept 治療類風濕性關節炎病人。我們提出這個報告以提醒臨床醫師在處方這類生物製劑時須特別謹慎。(*胸腔醫學* 2012; 27: 282-286)

關鍵詞：感染性心內膜炎，類風濕性關節炎，etanercept，敗血症，肺炎

Metastatic Pulmonary Calcification in a Patient with End-Stage Renal Disease and Hyperparathyroidism: A Case Report

Chi-Hung Lo, Shih-Wei Wu*, Chin-Pyng Wu**, Kao-Yao Chang,
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Metastatic pulmonary calcification (MPC) is an occasionally encountered complication of uremia and a disordered calcium metabolism. Chest radiograph has limited effectiveness in the detection of MPC. Chest computed tomography (CT) scan, particularly high-resolution CT (HRCT), and bone scintigraphy are the preferred methods for detecting small amounts of calcification and diagnosing MPC, obviating the need for open lung biopsy. We report the case of a 58-year-old patient with uremia and secondary hyperparathyroidism who was diagnosed as having metastatic calcification, based on the history, chest x-ray, chest CT, and bone scintigraphy. (*Thorac Med* 2012; 27: 287-293)

Key words: metastatic pulmonary calcification, uremia

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一位末期腎病變及副甲狀腺高能症病人併發 轉移性肺鈣化—病例報告

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轉移性肺鈣化在尿毒症及鈣離子代謝異常的病患是一個偶發的併發症。胸部 X 光對於偵測轉移性肺鈣化的並不非常敏感。電腦斷層，尤其是高分辨電腦斷層，以及骨骼掃描對於偵測小量鈣化及轉移性肺鈣化的診斷是較建議的方法，更可以避免開胸切片檢查的必要性。我們報告一個 58 歲尿毒症病人合併續發性副甲狀腺高能症，經由病史、胸部 X 光、電腦斷層，以及骨骼掃描等檢查，診斷為轉移性肺鈣化。(*胸腔醫學* 2012; 27: 287-293)

關鍵詞：轉移性肺鈣化，尿毒症

Idiopathic Pulmonary Hemosiderosis – A Case Report

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Idiopathic pulmonary hemosiderosis (IPH) is a rare cause of diffuse alveolar hemorrhage and has an unknown etiology and pathogenesis. The clinical presentations of IPH include dyspnea, anemia, and hemoptysis. Chest radiography often reveals diffuse ground glass and ill-defined opacities. Herein, we report a patient with iron-deficiency anemia. The patient had progressive dyspnea, recurrent hemoptysis, hemolytic anemia and alveolar opacities on chest film that were difficult to differentiate from other types of pneumonitis. We excluded autoimmune disease, coagulopathy, renal disease, and pulmonary infection. The pathology report from the transbronchial biopsy revealed hemosiderin-laden macrophages. Intravenous prednisolone was useful in alleviating the symptoms. (*Thorac Med* 2012; 27: 294-298)

Key words: idiopathic pulmonary hemosiderosis, anemia, hemoptysis, pneumonitis

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自發性肺血鐵質沉積症：病例報告

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自發性肺血鐵質沉積症（idiopathic pulmonary hemosiderosis）發生的原因和病理機轉不明。自發性肺血鐵質沉積症的臨床表現以呼吸困難、貧血、咳血。胸部 X 光片以瀰漫性毛玻璃狀陰影表現。我們這裡提出一個病人以漸進式呼吸困難、反覆性咳血、溶血性貧血及肺炎的胸部 X 光表現，我們排除了自體免疫、血液疾病、腎臟疾病及肺炎感染，後經由支氣管鏡取樣病灶部位的病理切片顯示大量血鐵質堆積的巨嗜細胞，後來使用了靜脈注射的類固醇取得良好的療效。（*胸腔醫學* 2012; 27: 294-298）

關鍵詞：自發性肺血鐵質沉積症，貧血，咳血，肺炎

Leiomyosarcoma of the Mediastinum: An Extremely Rare Case

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Malignant smooth muscle tumors usually develop in the uterus and gastrointestinal tract due to the abundance of smooth muscle. They rarely develop in the soft tissue of the mediastinum. We report a 44-year-old male with neurofibromatosis type I who suffered from leiomyosarcoma extending between the left supraclavicle and the left-side middle mediastinum. The patient received debulking surgery to salvage the compromised airway and disabled upper limb. He then refused adjuvant therapy and expired 7 months postoperatively due to recurrence. To our knowledge, this type of case has never been reported in the literature. (*Thorac Med* 2012; 27: 299-304)

Key words: mediastinum, supraclavicle, leiomyosarcoma

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縱膈腔平滑肌惡性肉瘤：極罕見之病例

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惡性平滑肌腫瘤大部分發生在子宮及消化道因其含有大量的平滑肌。在縱膈腔的軟組織中，這些腫瘤是相當罕見的。在此，我們報導了一個 44 歲男性，本身患有第一型神經纖維瘤，因呼吸喘、胸痛及左鎖骨上硬塊就診。經檢查後，診斷出延伸於縱膈腔及鎖骨上的平滑肌惡性肉瘤。因呼吸窘迫及左上肢功能受損，病人接受減瘤手術，術後病人拒絕化學治療及放射線治療。不幸地，三個月後腫瘤復發，七個月後病人死亡。(胸腔醫學 2012; 27: 299-304)

關鍵詞：縱膈腔，鎖骨上，平滑肌惡性肉瘤

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Transformation of Non-Small Cell Lung Cancer to Combined Squamous Cell and Small Cell Carcinoma after Chemotherapy: Case Report

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About 5% of small-cell lung cancer (SCLC) may be combined with non-small cell components. The estimated incidence of SCLC combined with squamous cell and/or adenocarcinoma was probably less than 1% to 2% of all SCLC cases. We presented a case with transformation of non-small cell lung cancer to combined squamous cell and small cell carcinoma after chemotherapy. SCLC occurs almost exclusively in smokers. To our knowledge, this is the 2nd reported case of combined small and squamous cell carcinoma occurring in a patient without a smoking history. A histological change in lung cancer after treatment is considered unusual. Tumor heterogeneity may be found at initial diagnosis, may occur spontaneously over time or may be elicited by chemotherapy and/or radiotherapy. This emphasizes the importance of histological confirmation, even at molecular levels, such as epidermal growth factor receptor (*EGFR*) mutation status, in order to make appropriate plans for lung cancer therapy. (*Thorac Med* 2012; 27: 305-310)

Key words: combined squamous cell and small cell carcinoma, non-small cell lung cancer, transformation

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非小細胞肺癌經化學治療後轉變為聯合型鱗狀上皮細胞與小細胞癌：病例報告

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大約百分之五的小細胞肺癌會同時具有非小細胞癌的成分。據估計聯合型小細胞肺癌與鱗狀上皮細胞癌或腺癌的發生率約佔所有小細胞肺癌的百分之一至二以下。我們報告一例非小細胞肺癌經化學治療後轉變為聯合型鱗狀上皮細胞與小細胞癌。小細胞肺癌幾乎只發生在吸菸的人身上。據我們所知，這是第二個被報導的發生在不抽菸患者身上的聯合型鱗狀上皮細胞與小細胞癌。肺癌經治療後發生組織學形態上的變化被認為是不常見的狀況。腫瘤的異質性可能在最初的診斷時就發現，也可能隨著時間的推移而自然發生，或者是被化學治療或放射線治療而誘發。這種現象更加強調了在組織學、及分子檢驗方面，例如上皮生長因子受體基因突變狀態方面作確定診斷的重要性，如此才能對肺癌的治療作出完善之計畫。(胸腔醫學 2012; 27: 305-310)

關鍵詞：聯合型鱗狀上皮細胞與小細胞癌，非小細胞肺癌，轉變

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Successful Management of Probable Imatinib-Related Pneumonitis in a Gastrointestinal Stromal Tumor Patient without Discontinuing Imatinib – A Case Report and Literature Review

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Imatinib is a tyrosine kinase inhibitor that is used in the treatment of chronic myelogenous leukemia and gastrointestinal stromal tumor (GIST). Imatinib-related pneumonitis has been rarely reported, especially in GIST patients. A 53-year-old man with GIST treated with imatinib for 9 months was referred to our hospital because of progressive exertional dyspnea for 10 days. He developed hypoxemia and required oxygen supply. Chest radiograph and computed tomography revealed bilateral consolidations with peri-bronchovascular bundle distribution. Under the impression of probable drug-related pneumonitis, he was treated with systemic steroid. Although imatinib was not discontinued, his dyspnea improved gradually and he became independent of the oxygen supply within 10 days. The chest radiograph confirmed substantial improvement. To our knowledge, this is the first case of probable imatinib-induced pneumonitis in a GIST patient that was managed efficiently with steroid without discontinuing imatinib. This case demonstrates the possibility of successful management of drug-related pneumonitis without discontinuing the offending drug. (*Thorac Med* 2012; 27: 311-317)

Key words: imatinib, pneumonitis, steroid

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未停用 Imatinib 即成功治療一胃腸道間質腫瘤病患之疑似 Imatinib 相關肺炎——病例報告與文獻回顧

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Imatinib 是一種用於治療慢性骨髓性白血病及胃腸道間質腫瘤的酪胺酸激酶抑制劑。Imatinib 相關肺炎很少被報告，尤其在胃腸道間質腫瘤的病人中。我們報告一名五十三歲胃腸道間質腫瘤的男性病患因十天內漸進式之呼吸困難被轉至本院，他因低血氧的情形而需要氧氣治療。胸部 X 光及電腦斷層檢查顯示雙側沿支氣管血管束分布之肺實質化變化。在藥物相關肺炎的臆斷下，他接受了類固醇治療。雖然 imatinib 並未被停用，他呼吸困難的情形在類固醇治療下逐漸改善，在十天內即不需要氧氣供應，而胸部 X 光上也發現明顯的改善。據我們所知，這是文獻上第一次報告在胃腸道間質腫瘤病人的疑似 imatinib 相關肺炎未停用 imatinib 即成功治療之案例。這樣的案例顯示藥物相關肺炎有機會在沒有停用相關藥物的狀況下仍能治療成功。(胸腔醫學 2012; 27: 311-317)

關鍵詞：Imatinib，肺炎，類固醇