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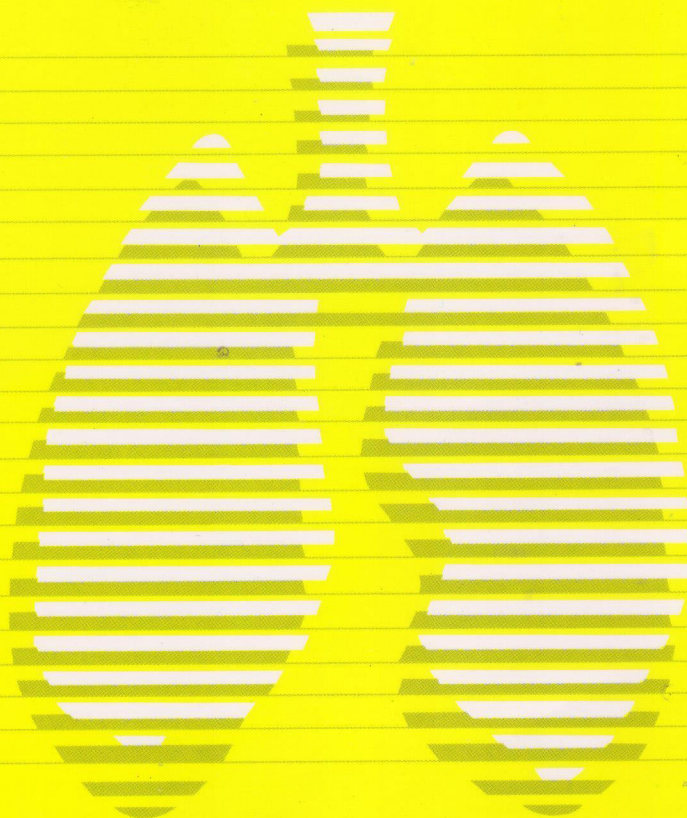
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Case Fatality Rate of Tuberculosis Patients in a Community Hospital in Taiwan, 2003-2008

Yun-Hsiang Chan, Chin-Hui Yang*, Kuan-Jung Chen

Background: This study aimed to identify the possible risk factors associated with the fatality rate of tuberculosis (TB) patients in a community hospital in Taiwan.

Methods: This is a retrospective review of 223 bacteriology-confirmed TB cases in the Ren-Ai Branch of Taipei City Hospital, Taiwan from 2003 to 2008. Demographic and clinical data, treatment outcomes, and HIV testing information were collected through medical records. Cox regression analysis was used to determine independent risk factors for death.

Results: Over one-half of the patients were aged >65 years. The overall fatality rate was 29.6% (66 cases), of which only 21.2% were TB-related. DM was the most frequent co-morbidity, but liver cirrhosis had the highest fatality. Old age and liver cirrhosis were independent risk factors for fatality in TB patients. Only 28 patients (12.6%) had HIV testing and 3 new HIV infections were identified.

Conclusions: The high proportion of co-morbidity among the elderly TB patients increased the risk of fatality. Around 80% of deaths were non-TB-related. Improved clinical management and prevention strategies for high-risk populations are important to reduce TB fatality. The frequency of HIV testing among TB patients is relatively low and more aggressive promotion is necessary. (*Thorac Med* 2011; 26: 62-72)

Key words: tuberculosis, fatality, HIV testing, liver cirrhosis, elderly

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2003-2008 年臺灣一社區型醫院結核病人死亡之危險因子分析

詹雲翔 楊靖慧* 陳寬榮

前言：分析臺灣一社區型醫院結核病人死亡之危險因子。

方法：此為一回溯性研究，對象為台北市立聯合醫院仁愛院區自 2003 年到 2008 年間 223 位細菌學確診之結核病人，由病歷收集其背景資料、臨床病程、治療結果與 HIV 檢測情形。使用 Cox 回歸分析方法來決定與結核病死亡相關之危險因子。

結果：超過一半以上之病人年紀超過 65 歲。整體的結核病致死率為 29.6% (66 例)，其中只有 21.2% 的死亡可直接歸因於結核病相關。糖尿病是最常見的原在性疾病，但是肝硬化病人有最高之結核病致死率。各種可能的預後因子中只有病人的年齡與肝硬化對與死亡預後有明顯相關。只有 28 位病人 (21%) 有檢查 HIV，但從其中發現了 3 個新的 HIV 感染病。

結論：有很高比例的結核病人為年老且合併各種潛在性疾病，因此增加了結核病治療的致死率，但是近八成的死因為非結核相關因素。因此，針對具有高危險因子的病人，增強臨床診治能力以及預防結核病發病的相關政策有助於降低結核病致死率。此外，針對結核病人的 HIV 檢驗普及率很低，需要有更積極的方式來推行此政策。(胸腔醫學 2011; 26: 62-72)

關鍵詞：結核病，致死率，HIV 檢驗，肝硬化，年長者

Pancreatic Pseudocyst Complicated with Acute Suppurative Mediastinitis and Neck Involvement

Chun-Hsiang Yu, Wu-Wei Lai*, Han-Yu Chang

Pancreatic pseudocyst is a complication of acute or chronic pancreatitis. Since 1951, only about 50 cases of mediastinal extension of pancreatic pseudocyst have been published in the literature. However, pancreatic pseudocyst complicated with ascending mediastinitis is rarely reported. To our knowledge, this is the first case report of a patient suffering from ascending mediastinitis with extension to the neck due to a pancreatic pseudocyst. A 47-year-old male patient with alcohol-related chronic pancreatitis presented fever, dysphagia, and neck swelling for 1 week. Chest X-ray at our emergency department showed mediastinal widening with left pleural effusion. Base on the computed tomography images, pancreatic pseudocyst complicated with ascending mediastinitis and extension to the neck was confirmed. We treated the patient with video-assisted thoracoscopic surgery for mediastinitis, and used percutaneous computed tomography guided drainage for the pancreatic pseudocyst. The patient recovered and has been followed at our out-patient department. (*Thorac Med* 2011; 26: 73-79)

Key words: pancreatic pseudocyst, acute mediastinitis

胰臟假囊腫引發急性化膿性縱隔腔炎合併頸部侵犯

游群翔 賴吾為* 張漢煜

胰臟假囊腫是一種急性或慢性胰臟炎所引發的併發症。從西元 1951 年，約有五十多篇文獻報導胰臟假囊腫合併侵犯縱隔腔的個案，然而，鮮少有報告胰臟假囊腫併發上升性縱隔腔炎。因此到目前，我們報告第一位因胰臟假性囊腫引發急性上升性縱隔腔炎合併侵犯頸部的個案。這位病人有慢性酒精性胰臟炎的病史，因發燒、吞嚥困難和頸部腫脹來到急診室。由胸腔 X 光片發現縱隔腔變寬且合併左側肋膜腔積液。從縱隔腔電腦斷層影像，發現有胰臟假性囊腫，並且沿著縱隔腔往上引發縱隔腔炎和侵犯頸部。此病患接受胸腔鏡手術，頸部切開引流和胰臟假囊腫電腦斷層指引經皮引流術，目前此病人已恢復健康並於門診追蹤。(胸腔醫學 2011; 26: 73-79)

關鍵詞：胰臟炎，縱隔腔腫瘤

Impending Asphyxia Caused by Migration of Tracheal Expandible Stent: An Unexpected Complication

Hung-Hsing Chiang*, I-Chun Chuang**, Hsien-Pin Li*, Jui-Ying Lee*, Yen-Lung Lee*,
Yu-Tang Chang*, Shah-Hwa Chou*, ***

The use of covered self-expanding metallic stents (SEMS) for malignant tracheo-esophageal fistula can lead to complications. We report such a case, in which local migration of a tracheal stent caused it to erode through the trachea and invade the esophagus, leading to compromise of the airway. This situation was finally resolved by emergency tracheostomy, thereby saving the patient. The stent was retrieved and a long tracheostomy tube was put in place so as to bypass the fistula. Similar complications could not be found in the literature. (*Thorac Med* 2011; 26: 80-84)

Key words: tracheal stent, malignant tracheo-esophageal fistula, migration

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可擴展氣管支架移位所造成的窒息：未曾預料的併發症

姜宏興* 莊逸君** 李憲斌* 李瑞英* 李彥龍* 張鈺堂* 周世華*,***

自我擴展金屬支架（SEMS）常用於惡性氣管食道瘻管。作者現報告因氣管支架持續侵蝕造成支架移位至食道同時造成氣道阻塞，危在旦夕之病例。患者於急診室隨即接受緊急氣管造口，並且移除支架，重新放置加長型的氣管造口管繞過瘻管處，挽回一命。文獻上尚未報導類似的併發症。*(胸腔醫學 2011; 26: 80-84)*

關鍵詞：氣管支架，惡性氣管食道瘻管，移位

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A Rare Case of Tuberculosis-Associated Immune Reconstitution Inflammatory Syndrome after Resection of Thymoma

Guo-En Huang*, Wann-Cherng Perng, Chien-Wen Chen

Tuberculosis-associated immune reconstitution inflammatory syndrome (IRIS) after human immunodeficiency virus (HIV) treatment is currently a well-accepted concept. IRIS also occurs in non-HIV-infected patients. We presented a 30-year-old HIV-negative man with thymoma, CD4 lymphocytopenia and disseminated tuberculosis. He received anti-tuberculous therapy and responded well initially. Resection of the thymoma was performed 2 months after the initiation of anti-tuberculous therapy. Neck lymph nodes enlarged and became confluent 1 week after surgical resection of the thymoma. A cutaneous fistula developed and pus smear disclosed abundant acid-fast bacilli. The CD4 count at that time was higher than at admission, and the clinical course was compatible with tuberculosis-associated IRIS. The neck lymphadenopathy improved gradually with continuous anti-tuberculous therapy and repeated surgical debridement. Tuberculosis-associated IRIS may occur after rapid restoration of the immunodeficiency status. (*Thorac Med* 2011; 26: 85-92)

Key words: thymoma, CD4 lymphocytopenia, disseminated tuberculosis, immune reconstitution inflammatory syndrome

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一個造成結核相關免疫重建炎性症後群的罕見原因： 胸腺瘤切除

黃國恩* 彭萬誠 陳健文

結核病相關之免疫重建炎性症候群目前已經是一個被廣泛接受的觀念。然而，在 HIV 陰性病患身上，只有少數的案例被報導過。我們報告一位 30 歲 HIV 測試陰性之男性病患，具有胸腺瘤，CD4 淋巴球低下併發瀰漫性肺結核。病患接受了抗結核的治療，並且臨床症狀有改善。經過 2 個月的有效抗結核治療之後，病患接受手術切除胸腺瘤。然而在術後一周之後，病患被發現產生新的淋巴結腫大以及融合之淋巴炎，並形成皮膚瘻管且流出具大量耐酸桿菌之引流液。此時再檢測 CD4 淋巴球數目，發現已有改善，故確定免疫重建炎性症候群之診斷。此為罕見之非 HIV 之感染，在切除胸腺瘤後發生結核病相關之免疫重建炎性症候群之病例。臨床醫師需注意任何的治療或處置若造成免疫力快速重建，則可能產生免疫重建炎性症候群。(胸腔醫學 2011; 26: 85-92)

關鍵詞：甲狀腺，CD4 淋巴球缺乏，瀰漫性結核，免疫重建發炎症候群

Suspected Aspiration Pneumonia in a Patient with Esophageal Compression Related to Cervical Spine Osteophytes

Hui-Chia Tien, Chung-Yi Lin, Chien-Liang Wu

This report describes a case of aspiration pneumonia with a very rare etiology – cervical spine osteophytes. The initial symptoms of this 65-year-old man were progressive dysphagia and weight loss for 1 year. He had been admitted recently for aspiration pneumonia. Radiological examination indicated anterior cervical spine osteophytes at the C4-C5 level, which obstructed the esophagus, and consequently induced frequent choking. This can be easily diagnosed by cervical X-ray, but overlooking the findings could easily lead to severe complications. After undergoing an anterior cervical disectomy at C4-C5, the patient's nutritional status and the above-mentioned symptoms improved. (*Thorac Med* 2011; 26: 93-98)

Key words: pneumonia, dysphagia

一個疑似吸入性肺炎病人併有頸椎骨刺造成的食道壓迫

田蕙嘉 林長怡 吳健樑

本文報告一個罕見的吸入性肺炎病例，它的病因為頸椎骨刺。這位 65 歲的男性起初的症狀為在過去一年有漸進性的吞嚥困難和體重減輕。最近則因為吸入性肺炎住院。放射線診斷顯示在頸椎前部第四節及第五節有骨刺導致食道開口阻塞以致於容易噎到。這個病因可以經由頸部 X 光簡單地被診斷，但是疏忽卻會導致嚴重的併發症。患者接受頸椎前部第四節及第五節椎間盤切除後，他的營養狀況和症狀都有改善。(胸腔醫學 2011; 26: 93-98)

關鍵詞：肺炎，吞嚥困難

Gastrointestinal Metastasis of Primary Lung Mucoepidermoid Carcinoma: A Case Report

Chun-Sheng Chen, Diahn-Warng Perng, Yu-Chin Lee

Primary lung cancer is a common neoplasm, and frequently metastasizes to internal organs such as the lung, liver and adrenal gland; however, it is relatively rare for lung cancer to metastasize to the gastrointestinal tract. The common symptoms are gastrointestinal bleeding, abdominal pain, obstruction, and perforation. The most common histology of small intestinal metastasis from lung cancer is adenocarcinoma. Gastrointestinal tract metastasis is an extremely poor prognostic indicator of lung carcinoma. We described an 80-year-old male with mucoepidermoid carcinoma of the lung, left lower lobe, with mediastinal lymphadenopathy and lung-to-lung metastases, cT2N2M1, stage IV status post-chemotherapy who suffered from an acute onset of abdominal pain. The abdominal CT revealed a suspected ruptured hollow organ. Emergency laparotomy revealed ileum perforation, and the pathology of the surgical specimen proved intestinal metastasis from lung cancer. The patient expired about 2 weeks after the laparotomy. (*Thorac Med* 2011; 26: 99-103)

Key words: lung carcinoma, gastrointestinal metastatic tumor

原發性肺部黏液表皮樣癌合併腸胃道轉移：病例報告

陳俊升 彭殿王 李毓芹

肺癌是一常見之腫瘤且常常會有其他器官之轉移，如肺臟、肝臟及腎上腺。然而，肺癌產生腸胃道之轉移仍然相當少見。而當肺癌產生腸胃道之轉移時，常常是沒有症狀的，如果有產生症狀，最常見的則是腸胃道出血、腹痛，腸阻塞及腸穿孔。而最常產生小腸轉移的原發性肺癌是肺腺癌。當肺癌合併腸胃道轉移時，通常代表著相當不好的預後。我們在這一邊提出一個80歲的男性病患，他本身是粘液表皮樣肺癌合併肺臟及縱膈腔淋巴結轉移之第四期肺癌患者。此患者突然產生急性腹痛，經電腦斷層檢查診斷為腹部中空器官破裂。經緊急剖腹手術發覺為回腸穿孔，手術取下之標本證實此為原發性肺部腫瘤合併腸胃道轉移所致。然而此病患在手術後約兩周後還是不治死亡。(胸腔醫學 2011; 26: 99-103)

關鍵詞：肺癌，腸胃道轉移腫瘤

Congenital Bronchial Atresia Presenting as a Cavitory Lesion – A Case Report

Chia-Hsiang Li, Yi-Heng Liu, Chih-Yen Tu, Chuen-Ming Shih, Wu-Huei Hsu,
Chia-Hung Chen

Bronchial atresia is a rare congenital anomaly usually identified as an incidental finding during routine examinations in adulthood. We report a case in which routine chest radiograph revealed bronchial atresia with a cavitory lesion surrounded by hyperinflated lung tissue and few vascular markings. Chest computed tomography (CT) revealed a cavitory lesion with air-fluid level and segmental emphysematous changes. Bronchoscopy revealed a very small orifice at the beginning of the bronchus.

The initial chest radiograph findings of bronchial atresia can mimic those of many pulmonary diseases. The diagnosis of congenital bronchial atresia can be confirmed on the basis of chest CT findings. Bronchoscopy can be helpful in excluding the possibility of other pulmonary diseases in doubtful cases. (*Thorac Med 2011; 26: 104-107*)

Key words: bronchial atresia, cavitory lesion, computed tomography

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以開洞性病灶來表現的支氣管閉鎖症—病例報告

李嘉翔 劉奕亨 涂智彥 施純明 徐武輝 陳家弘

支氣管閉鎖症通常是意外發現的肺部結構異常，它在主要氣道和細支氣管間失去了交通性。影像學上的表現常可和其他疾病混淆。我們提出一位年輕女性，在常規的胸部放射線檢查中發現管狀的腫塊，電腦斷層表現為開洞性的病灶伴隨周邊的肺氣腫變化。支氣管鏡檢查顯示在左上葉的前分支開口處狹窄。細胞學和細菌培養皆為陰性。電腦斷層是最佳的檢查利器，而支氣管鏡檢查可協助排除其他疾病。
(*胸腔醫學* 2011; 26: 104-107)

關鍵詞：支氣管閉鎖症

Interventional Bronchoscopy Using Flexible Bronchoscope and Metallic Stent without Fluoroscopy to Liberate a Patient from Acute Respiratory Failure Due to Esophageal Cancer-Related Tracheal Invasion – A Case Report

Cheng-Nan Yeh, Hung-Jen Chen, Chia-Hung Chen, Chih-Yen Tu, Te-Chun Hsia, Chuen-Ming Shih

Esophageal cancer with airway invasion can cause central airway obstruction. Acute respiratory failure is 1 of the most severe complications of patients with central airway obstruction, and in these patients, interventional bronchoscopic procedures with implantation of self-expandable metallic stents (SEMSs) can facilitate weaning from mechanical ventilation. We describe a modified method that was used to successfully liberate an esophageal cancer patient who was intubated with a 6.5-mm endotracheal tube (ETT) and who was ventilator-dependent due to advanced esophageal cancer-related central airway obstruction. We implanted an Ultraflex covered stent using a flexible bronchoscope without insertion through the 6.5-mm ETT and the patient was weaned from the ventilator shortly after the procedure. (*Thorac Med* 2011; 26: 108-113)

Key words: esophageal cancer, respiratory failure, mechanical ventilation, Ultraflex

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在無放射線透視下使用軟式支氣管鏡及金屬支架讓食道癌併氣管侵犯呼吸衰竭的病人脫離呼吸器—病例報告

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食道癌併發呼吸道的侵犯可以造成上呼道的阻塞。而急性呼吸衰竭是上呼吸道阻塞最嚴重的併發症之一。在上呼吸道阻塞導致呼吸衰竭的病人，介入性支氣管鏡合併可自行擴張的金屬支架置入可加速病人脫離呼吸器。我們報告一種修改過的方式，讓一位因食道癌併上呼吸道阻塞導致急性呼吸衰竭且插了 6.5 mm 氣管內管的病人，成功的脫離了呼吸器。我們使用軟式支氣管鏡而不經由 6.5 mm 氣管內管的方式置入 Ultraflex 薄膜覆蓋式支架，經治療後病人很快的就脫離呼吸器。(胸腔醫學 2011; 26: 108-113)

關鍵詞：食道癌，呼吸衰竭，呼吸器，Ultraflex

Cervical Bronchogenic Cyst: Report of an Adult Case

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Bronchogenic cysts are foregut-derived congenital lesions that are usually located in the mediastinum and detected in the pediatric patients. Rarely have they been reported in the adult neck. Herein, we report a 42-year-old male presenting with progressive respiratory distress due to airway compression by a growing left cervical mass lesion. Upon resection, a thin-walled cystic mass was noted and bronchogenic cyst was proved by its internal lining with ciliated columnar epithelium and cartilage. A review of the literature on cervical bronchogenic cyst in adults was also conducted. (*Thorac Med* 2011; 26: 114-119)

Key words: bronchogenic cyst, cervical, adult

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報告一位支氣管性囊腫發生於頸部的成人案例

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支氣管性囊腫是一種由前腸衍生的先天性病變，通常發生部位是在縱膈腔內或是小孩族群。支氣管性囊腫發生部位是在頸部或是成人族群是很罕見的報告。本文描述一位 42 歲男性主訴有漸進性的呼吸窘迫症的症狀，主因是左側頸部有一顆正在成長中的腫塊壓迫到呼吸道。經手術切除之後，看到一個薄膜的囊狀腫塊及內層有柱狀型的纖毛上皮以及氣管軟骨，所以證實是支氣管性囊腫。*(胸腔醫學 2011; 26: 114-119)*

關鍵詞：支氣管性囊腫，頸部的，成人