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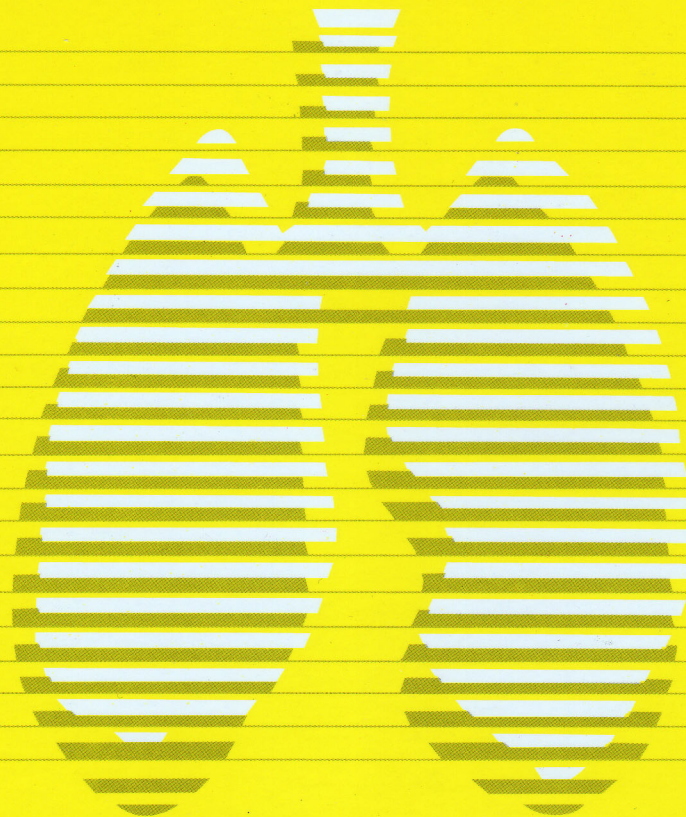
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Higher Percentage of Stage 1 Sleep Predicts Excessive Daytime Sleepiness in Middle-Aged Obstructive Sleep Apnea Males

Yu-Ting Chou*, Yu-Ching Lin*, **, Chin-Kuo Lin*, Chia-Hao Chang***, Cheng-Ta Yang****, Ying-Huang Tsai*, **, Ju-Fang Chang*, Tsung-Ming Yang*

Introduction: The etiologies of excessive daytime sleepiness (EDS) in obstructive sleep apnea (OSA) remain uncertain. We found that the percentage of stage 1 sleep is an important predictor of excessive daytime sleepiness (EDS) in middle-aged OSA males.

Materials and Methods: We retrospectively reviewed the polysomnography (PSG) results of 363 middle-aged OSA patients. A total of 50 patients were enrolled in the final analyses. Patients with an Epworth Sleepiness Scale (ESS) score equal to or more than 20 comprised the EDS group. Patients with an ESS score equal to or less than 4 were included in the non-EDS group. We compared the PSG results between these 2 groups of patients to survey for possible predictors of EDS in middle-aged OSA males.

Results: Patients in the EDS group had a higher respiratory arousal index, total arousal index, and percentage of stage 1 sleep. In addition, both the stage 2 sleep and slow wave sleep percentages were lower in the EDS group, compared with that in the non-EDS group. Logistic regression analysis showed that a higher percentage of stage 1 sleep is an independent predictor of EDS in middle-aged OSA males.

Conclusions: A higher percentage of stage 1 sleep is an important predictor of EDS in middle-aged OSA males. (*Thorac Med* 2011; 26: 179-186)

Key words: hypersomnia, obstructive sleep apnea, polysomnography, sleep stages

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高比例之第一期睡眠是中年男性阻塞性睡眠呼吸中止症患者白天嗜睡之預測因子

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背景：造成阻塞性睡眠呼吸中止症病患白天過度嗜睡的主要原因目前仍未定論。在我們的研究中，我們發現高比例之第一期睡眠是中年男性阻塞性睡眠呼吸中止症患者白天嗜睡之預測因子。

方法：我們收集2005年9月至2007年8月嘉義長庚紀念醫院中年男性阻塞性睡眠呼吸中止症病患之多頻道睡眠檢查報告。一共有50位病人的資料符合收入條件，其中Epworth睏睡度量表（Epworth sleepiness scale, ESS）分數等於或大於20分之患者被分為白天過度嗜睡（EDS）組，而ESS分數小於4的患者則被分為非白天過度嗜睡（Non-EDS）組，我們比較者兩組睡眠檢查結果之差異，以找出中年男性阻塞性睡眠呼吸中止症患者是否會有白天過度嗜睡之預測因子。

結果：將EDS組與Non-EDS組做比較，我們發現EDS組有較高的呼吸性覺醒指數（respiratory arousal index）以及總覺醒指數（total arousal index），較高比例的第一期睡眠（stage 1 sleep）、較低比例的第二期睡眠（stage 2 sleep），以及較低比例的慢波期睡眠（slow wave sleep）。經由邏輯回歸分析（logistic regression）結果，我們發現高比例的stage 1 sleep是決定病患是否會有白天過度嗜睡的唯一獨立預測因子（OR=1.052, 95% confidence interval=1.011-1.096; $p = 0.013$ ）。

結論：高比例的stage 1 sleep是中年男性阻塞性睡眠呼吸中止症病患是否會有白天過度嗜睡的主要決定因子。（*胸腔醫學 2011; 26: 179-186*）

關鍵詞：過度嗜睡，阻塞性睡眠呼吸中止症，多頻道睡眠檢查，睡眠分期

Influence of Intensive Care-Acquired Hypernatremia on the Short-term Mortality of Mechanically Ventilated Patients

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Background: ICU-acquired hypernatremia (IAH) is reported to be strongly associated with mortality, and mechanical ventilation (MV) is a risk factor for IAH. However, the incidence of IAH and its impact on ICU mortality among mechanically ventilated patients are unknown.

Methods: A retrospective observational study was conducted in a respiratory ICU from December 2008 to December 2009. Patients receiving MV were evaluated. The outcome measurements were the occurrence of IAH and 28-day ICU mortality.

Results: Of 161 patients enrolled, 30 (19%) had IAH. Patients with IAH had a higher APACHE II score at admission, lower oxygenation status and longer duration of MV in the ICU compared to those without. In a multivariate logistic regression analysis, IAH was independently associated with 28-day ICU mortality (odds ratio 6.756, 95% confidence interval 1.745-26.164, $p=0.006$) after adjustment for the APACHE II score at admission, acute kidney injury at admission and a Do Not Resuscitate order.

Conclusions: IAH is common among critically ill patients requiring MV and is independently associated with ICU mortality in this patient population. (*Thorac Med* 2011; 26: 187-194)

Key words: ICU-acquired hypernatremia, mechanical ventilation, ICU mortality

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加護照護發生之高血鈉對呼吸器病患短期死亡率之影響

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前言：加護照護發生之高血鈉與病患死亡率有很高的相關性，使用呼吸器則是加護病房發生高血鈉的危險因子之一。然而在使用呼吸器的病患身上，加護病房高血鈉的發生率及其對死亡的影響尚無研究報告。

方法：本文為呼吸治療加護病房之回溯性研究，納入使用呼吸器的病患，測量加護病房高血鈉的發生率及28天之加護病房死亡率。

結果：共收案161人，其中有30人（19%）在加護病房期間發生高血鈉，這些發生加護病房高血鈉的病人在進入加護病房時有較高的APACHE II分數、較低的血氧濃度及在加護病房中有較長的呼吸器使用天數。在多重迴歸分析中發現，校正了住入加護病房之APACHE II分數、急性腎損傷及拒絕心肺復甦術因子後，加護病房高血鈉與28天之加護病房死亡率確有獨立的相關性（勝算比6.756、95%信心區間為1.745-26.164、 $p=0.006$ ）。

結論：加護照護發生之高血鈉在使用呼吸器的重症病患身上是常見的，而且加護病房高血鈉與這類病患之死亡率有獨立的相關性。*(胸腔醫學 2011; 26: 187-194)*

關鍵詞：加護照護發生之高血鈉，呼吸器，加護病房死亡率

Pyogenic Lung Abscess in a Patient with Wegener's Granulomatosis: A Case Report

Sheng-Yeh Shen, Chien-Liang Wu, Hung-Chang Liu*, Chi-Yuan Tzen**

Wegener's granulomatosis is a progressive autoimmune vasculitis affecting multiple systems, and a wide variety of lesions may be seen in the lung. Because the disease is treated with immunosuppressants, patients are also at high risk of infection, particularly pneumonia. A 52-year-old woman with bilateral cavitating lung lesions was diagnosed with Wegener's granulomatosis. Her disease responded well to high-dose steroids and cyclophosphamide, after which she was maintained with azathioprine and low-dose prednisolone. Eight months after diagnosis, she presented with fever, and her chest x-ray showed air-fluid levels in residual cavitory lesions. Methicillin-resistant *Staphylococcus aureus* was cultured from the bronchoalveolar lavage fluid. With treatment, the patient recovered from the lung abscesses. A careful review of lung imaging studies is essential to distinguish between underlying Wegener's granulomatosis lung lesions and superimposed infection. (*Thorac Med* 2011; 26: 195-201)

Key words: lung abscess, Wegener's granulomatosis, methicillin-resistant *Staphylococcus aureus*

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韋格納肉芽腫合併肺膿瘍：病例報告

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韋格納肉芽腫是一種影響多重器官的漸進性自體免疫血管炎。在肺部可以看到各式各樣的表現。因為病患需要使用免疫抑制劑作治療，是感染的高危險群，特別容易有肺炎產生。一個52歲的女性病患，肺部兩側有數個厚壁開洞，診斷為韋格納肉芽腫，對高劑量類固醇及cyclophosphamide反應良好，之後持續用低劑量類固醇及azathioprine治療。診斷後八個月發燒並在原本開洞處呈現多個air-fluid level。支氣管肺泡沖洗液培養出Methicillin抗藥性金黃色葡萄球菌，經抗生素治療後顯著改善。這讓我們了解在韋格納肉芽腫病患的肺部影像必須仔細鑑別診斷是疾病原本表現還是續發性感染發生。(胸腔醫學 2011; 26: 195-201)

關鍵詞：肺膿瘍，韋格納氏肉芽腫，Methicillin抗藥性金黃色葡萄球菌

Paradoxical Vocal Cord Motion in a Patient with Post-extubation Stridor

Shin-Chun Chen*, Chia-Mei Hsu*, Shu-Lan Hsu*, Yen-Hsien Lee*,**,
Kuo-Sheng Fan*, Chun-Liang Lai*,**

Post-extubation stridor frequently causes weaning failure in mechanically ventilated patients. The most common causes of post-extubation stridor are vocal cord edema and paralysis. Paradoxical vocal fold motion (PVFM) is a laryngeal disorder characterized by inappropriate adduction of the vocal cords during inspiration, expiration, or both. Clinically, this disorder is often misdiagnosed as an asthma attack but rarely is it associated with post-extubation stridor. A 62-year-old man with vocal cord paralysis and acute respiratory failure developed post-extubation stridor and was identified as having PVFM. We present the typical findings on bronchoscopy. The characteristic patterns of spirometry, including notching and a flattened or truncated flow-volume loop, are also described. (*Thorac Med* 2011; 26: 202-207)

Key words: extubation, paradoxical vocal fold motion, spirometry, stridor, vocal cord dysfunction

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因聲帶異常運動造成的拔管後喘鳴

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拔管後的喘鳴常造成呼吸器脫離的失敗，最常造成的原因是聲帶的水腫及麻痺。聲帶異常運動（paradoxical vocal fold motion）是由於吸氣或呼氣時，負責聲帶內收的肌肉不正常活動所引起。臨床上常被誤診為氣喘發作等其他問題。本病例是一位62歲男性，因聲帶麻痺及急性呼吸衰竭而入院，拔管後發生喘鳴。

藉由支氣管鏡檢查及特殊典型的肺功能量計圖形而確定診斷為聲帶異常運動。*(胸腔醫學 2011; 26: 202-207)*

關鍵詞：拔管，聲帶異常運動，肺功能量計，聲帶功能異常

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Fatal Septicemia Due to *Bacillus cereus* in a Patient with Chronic Obstructive Pulmonary Disease — Case Report

Li-Hsiou Chen, Wei-Chun Chen, Mao-Wang Ho*, Chih-Yen Tu, Hung-Jen Chen

Bacillus cereus isolates have generally been considered to be a contaminant or harmless pathogen. Fatal *Bacillus cereus* septicemia has been reported occasionally in immunocompromised patients. Recently, there have been reports of fatal cases of septicemia in healthy adults. Herein, we report a patient who developed fulminant and fatal *Bacillus cereus* septicemia 2 days after discharge from a hospital where he had undergone short-term therapy with low-dose corticosteroids for acute exacerbation of chronic obstructive pulmonary disease (COPD). (*Thorac Med* 2011; 26: 208-213)

Key words: *Bacillus cereus*, COPD, septicemia

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慢性阻塞性肺病急性發作後併發仙人掌桿菌敗血症 ——病例報告

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仙人掌桿菌，又稱蠟狀芽胞桿菌，廣泛地分布於土壤中，可造成食品中毒。先前的病例報告指出仙人掌桿菌造成的敗血症總是發生在免疫功能低下的族群，但是近來發現，仙人掌桿菌也可能在非免疫低下甚至健康的成年人中造成嚴重的感染。在此，我們報告一位罹患慢性阻塞性肺病合併呼吸衰竭的患者，在接受全身性類固醇治療急性發作並康復出院後併發嚴重的仙人掌桿菌敗血症的案例。(胸腔醫學 2011; 26: 208-213)

關鍵詞：仙人掌桿菌，敗血症，慢性阻塞性肺病

Recurrent Pleural Effusion in a Patient with Multiple Myeloma: A Case Report

Min-Ying Tsun, Yu-Chun Lin*, Chung-Kan Peng

Multiple myeloma (MM) is a malignant clonal neoplasm of plasma cells of B-lymphocyte origin. It can present with symptoms related to intramedullary involvement, such as low back pain or spinal compression fractures, or symptoms related to extramedullary involvement of the nasal cavity, lung, pleura, thoracic wall, central nervous system, lymph nodes, liver, spleen, skin, and eyes. Patients with MM may present with a pleural effusion, or pleural effusion may develop during the disease course; however, myelomatous pleural effusion is rare. We herein present a patient with IgG lambda light chain type MM who presented with a right-side pleural effusion with an absence of monoclonal plasma cells on cytological examination of the effusion. The patient received 2 courses of chemotherapy and the effusion resolved; however, 4 months later, it recurred and myelomatous pleural effusion was confirmed by the demonstration of monoclonal protein and atypical plasma cells in the pleural fluid. (*Thorac Med* 2011; 26: 214-218)

Key words: multiple myeloma, myelomatous pleural effusion, recurrent pleural effusion

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多發性骨髓瘤併反覆肋膜積液—病例報告

寸敏英 林佑俊* 彭忠衍

有個85歲的女性病人，因長期下背痛至骨科門診求診及服用口服止痛劑。但未獲得改善，並建議住院做詳細檢查。脊椎核磁共振攝影發現有多處壓破性骨折及疑似骨轉移的病兆，並接受外科手術。病理組織確定為多發性骨髓瘤，同時胸部X光也診斷出右側肋膜積液尚未發現不正常細胞。不幸過了四個月，病人因呼吸急促再次入院，發現同側肋膜積液。同時發現漿細胞也證實了多發性骨髓瘤合併惡性胸水。多發性骨髓瘤合併惡性胸水並不多見。目前英文文獻中約90例，從未提報多發性骨髓瘤併反覆肋膜積液案例。(胸腔醫學 2011; 26: 214-218)

關鍵詞：多發性骨髓瘤，反覆肋膜積液，惡性胸水

Rifampin-induced Henoch-Schönlein Purpura in Pulmonary Tuberculosis

Han-Bin Wang, Wei-Chen Huang, Tai-Kuang Chao*, Wann-Cherng Perng

A 53-year-old man was admitted due to active pulmonary tuberculosis, and, while on standard quadruple anti-tuberculosis therapy, developed a rare severe vasculitis involving the skin, kidney, and gastrointestinal mucosa. Skin and renal biopsies identified Henoch-Schönlein purpura (HSP). The cutaneous and gastrointestinal symptoms improved after rifampin was discontinued. The interaction between rifampin and HSP was confirmed by histology and drug re-challenge. Although the mechanism of rifampin-induced HSP remains unclear, immune complex deposition in the skin and renal tissues are important pathological findings. Once vasculitis and the associated symptoms are present, rifampin-induced HSP should be considered, along with prompt discontinuation of the rifampin. (*Thorac Med* 2011; 26: 219-224)

Key words: rifampin, Henoch-Schönlein purpura, vasculitis

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肺結核使用利肺寧引起過敏性紫斑症

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一位53歲男性因為活動性肺結核住院，當給予標準四項抗結核藥物治療時，在皮膚、腎臟和腸胃黏膜產生了罕見且嚴重的血管炎。皮膚和腎臟切片檢查證實是過敏性紫斑症（Henoch-Schönlein purpura）。在利肺寧（rifampin）停用後，皮膚和腸胃道的症狀明顯改善。藉由組織學和藥物再激發反應，證明了利肺寧和過敏性紫斑症的關係。雖然利肺寧引起的過敏性紫斑症機轉不明，但免疫複合物沉積在皮膚和腎臟組織是個很重要的病理發現。當血管炎及相關的症狀都出現時，利肺寧引起的過敏性紫斑症應予以考慮，併同時停用利肺寧。*(胸腔醫學 2011; 26: 219-224)*

關鍵詞：利肺寧，過敏性紫斑症，血管炎

Tunneled Hemodialysis Catheter-related Tuberculous Chest Wall Abscess — A Case Report

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Patients with chronic renal failure have an increased risk of tuberculosis, and a higher incidence of extrapulmonary tuberculosis than the general population. Among extrapulmonary tuberculosis cases, chest wall tuberculosis is far less frequently encountered, and reports of dialyzed patients with tuberculosis of the chest wall are even rarer.

This case is that of a 51-year-old female patient with chronic renal failure but no history of previous tuberculosis, who presented with right upper quadrant abdominal pain and low grade fever. Bilateral neck and intra-abdominal lymphadenopathy and liver nodules were found on physical examination. However, she refused further invasive studies. She then underwent maintenance hemodialysis through a newly indwelled tunneled catheter in the right subclavian area due to uremia. Eight months later, swelling of the chest wall around the tunneled hemodialysis catheter route with abscess formation was detected, and the bilateral neck lymph nodes were greatly enlarged; abscess debridement of the chest wall and neck lymph nodes biopsy were performed, and caseating granulomas were identified. Later, *Mycobacterium tuberculosis* grew in the cultures. After a 6-month standard anti-tuberculosis treatment, her chest wall abscess, lymphadenopathy, and liver and pulmonary nodules all resolved.

To the best of our knowledge, no case of tunneled hemodialysis catheter-related chest wall tuberculosis has been reported in Taiwan. Physicians should maintain a high degree of suspicion of tuberculous chest wall abscess in dialyzed patients with an unresolved chest wall wound or abscess, despite antibiotics treatment. (*Thorac Med* 2011; 26: 225-232)

Key words: tunneled hemodialysis catheter, chest wall, tuberculosis, end-stage renal disease

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血液透析導管相關之胸壁結核性膿瘍—病例報告

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慢性腎衰竭的病人有較高危險性得到結核病，此族群的病人也比一般人具有更高之肺外結核發生率。胸壁結核更是少見的肺外結核，在洗腎的病人只有少數文獻報告過。

我們在此報告一位未曾有結核病紀錄的51歲慢性腎衰竭女性病人因右上腹痛及微燒就醫。檢查時發現頸部及腹腔內淋巴腫大，並有肝內結節，但她拒絕更進一步侵入性檢查。因為尿毒症她接受右鎖骨靜脈血液透析導管置入，並開始長期的血液透析。八個月後，洗腎導管周圍胸壁紅腫化膿且頸部淋巴結更加腫大。經右胸壁膿瘍清創及頸部淋巴結切片後，清創之組織及淋巴結切片標本之病理報告證實為結核菌感染且兩者組織培養均長出結核菌。經六個月標準抗結核病藥物治療後，胸壁膿瘍痊癒，頸部及腹部淋巴結、肝內及肺內結節皆消失。

就我們所知，血液透析導管相關的胸壁結核性膿瘍病例報告非常少，在台灣也未曾被報告過。藉此病例經驗，對於洗腎病人有久未癒合或對抗生素治療無反應的病灶，更要提高警覺有胸壁結核的可能性。(胸腔醫學 2011; 26: 225-232)

關鍵詞：血液透析導管，胸壁，結核，末期腎衰竭

Huge Chest Wall Mass Caused by Brown Tumor — A Case Report

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A chest wall mass with night bone pain and body weight loss may be highly malignant. Brown tumors are benign and rare chest manifestations of hyperparathyroidism that may mimic cancer metastasis. Herein, we present a rare case of a huge brown tumor on the right chest wall with chest bone pain at night as the presenting symptom of primary hyperparathyroidism. After right parathyroidectomy, the right chest wall mass gradually shrank, as displayed on follow-up chest X-rays and nuclear parathyroid scans. The pathology report showed parathyroid carcinoma. (*Thorac Med* 2011; 26: 233-239)

Key words: brown tumor, metastasis, primary hyperparathyroidism

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棕色瘤造成的巨大胸壁腫塊—病歷報告

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胸壁腫塊合併夜間骨痛和體重減輕則惡性腫瘤的可能性很高。棕色瘤是一種副甲狀腺亢進所造成的良性狀況，在胸腔的表現並不多見，一般容易被誤認為腫瘤轉移。我們報告一個病例：原發性副甲狀腺機能亢進引發的右側巨大胸壁棕色瘤合併夜晚明顯胸骨疼痛的症狀。經右側副甲狀腺手術切除後，在後續追蹤的胸腔X光和核醫副甲狀腺掃描，右側胸壁的腫瘤逐漸縮小。病理報告證實為副甲狀腺癌。(胸腔醫學 2011; 26: 233-239)

關鍵詞：棕色瘤，轉移，原發性副甲狀腺機能亢進