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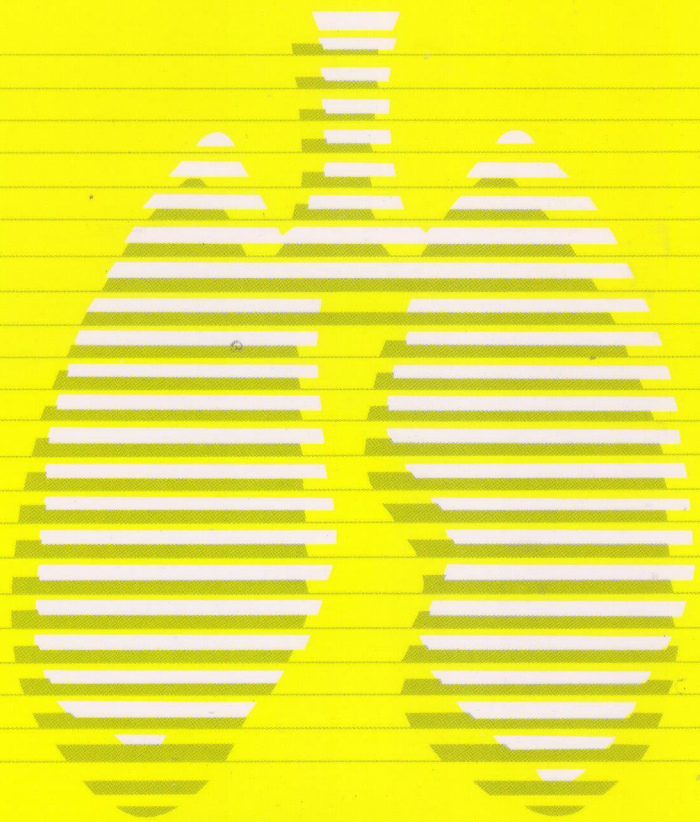

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

The Association of Atopy, Total IgE, and Pulmonary Function in Bronchiectasis

Chieh-Mo Lin, Horng-Chyuan Lin, Guan-Yuan Chen, Meng-Heng Hsieh, Fu-Tsai Chung, Yueh-Fu Fang, Chih-Teng Yu, Han-Pin Kuo

Background: Bronchiectasis is characterized by irreversible airway dilation and destruction, but its clinical features relative to atopy and sensitized allergens remain unclear. Therefore, this study aimed to investigate the relationship between atopy, serum IgE level, and lung function in bronchiectasis patients.

Method: The study included 114 adult patients with a clinical diagnosis of bronchiectasis between January 2001 and December 2009. They were all evaluated for allergen specific-IgE levels, serum total IgE and eosinophilic cationic protein (ECP) levels, spirometry values of the pulmonary function test, and high-sensitivity C-reactive protein (hs-CRP) levels. Atopy was defined as the presence of a specific IgE to 1 or more allergens.

Results: Of the 114 adult bronchiectasis patients, 33 (28.9%) showed positive specific immunoglobulin E (IgE) levels to 1 or more allergens and were assessed as atopic. Atopic patients with bronchiectasis had worse pulmonary function parameters, in terms of forced expiratory volume in 1 second (FEV1) and FEV1/FVC (forced vital capacity) ratio, and higher levels of total serum IgE. There was a significant decrease in the pulmonary function test of atopic subjects with a positive specific-IgE response to more than 2 allergens, but not in those with only 1 or 2 positive allergens. There were higher serum total IgE levels in patients with more positive allergen-specific IgE tests. Bronchiectatic patients with a high total IgE level (≥100 kU/L) had significantly worse lung function (FEV1% predicted and FEV1/FVC ratio) and more sensitized allergens than those with a normal IgE level (<100 kU/L).

Conclusion: The existence of atopy with more sensitized allergens or higher total serum IgE levels may lead to a worse pulmonary function in patients with bronchiectasis. This may be due to IgE-mediated local and systemic inflammation. ***(Thorac Med 2011; 26: 240-251)***

Key words: atopy, total IgE, pulmonary function, bronchiectasis

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過敏體質、免疫球蛋白 E 總量與肺功能在支氣管擴張症中的關聯性

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前言：支氣管擴張症的特徵是氣道不可逆性的擴張和破壞，過敏體質（atopy）和過敏原在支氣管擴張症中的相關臨床表現目前並不清楚。本研究的目的在於探討過敏體質、免疫球蛋白E總量（total IgE）與肺功能在支氣管擴張症病人中的影響與關聯性。

方法：本文回溯性回顧長庚醫院於2001年至2009年間被診斷為支氣管擴張症的病患，分析這些病患的過敏原特異性免疫球蛋白E定量測定（allergen specific IgE test）、血清免疫球蛋白E總量、嗜伊紅性白血球陽離子蛋白（ECP）、肺功能與高敏感性C-反應蛋白（hs-CRP）等檢驗值。

結果：在114個成人支氣管擴張症病患中，有33個（28.9%）病人對於至少一種過敏原的特異性IgE定量測定呈現陽性反應。在這些有過敏體質的支氣管擴張症病人，肺功能測定顯示出有較差的第一秒用力吐氣量（FEV1）與第一秒用力吐氣量/用力吐氣總肺活量（FEV1/FVC）的比值，血清中也有較高的IgE總量。進一步分析這些有過敏體質的病人，肺功能有意義的減少僅發生在對於大於兩種過敏原特異性IgE測定為陽性反應的病患中發現，而在只對於一種或兩種過敏原測定為陽性反應的病人，其肺功能並無顯著的改變。對於愈多的過敏原特異性IgE呈陽性反應的病人，血清的IgE總量也較高。支氣管擴張症的病人若有較高的血清IgE總量（≥100 kU/L）會比有正常血清IgE總量（<100 kU/L）的病人有較差的肺功能，且會對更多的過敏原呈現陽性的特異性IgE反應。

結論：在支氣管擴張症的病患中，有過敏體質且對於較多的過敏原呈現陽性IgE抗體反應或是有較高的血清IgE總量者，會有較差的肺功能。原因可能為與免疫球蛋白E相關的局部或系統性發炎反應所造成。*(胸腔醫學* ***2011; 26: 240-251)***

關鍵詞：過敏體質，異位性體質，免疫球蛋白E總量，肺功能，支氣管擴張症

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Dumon Y-stent in the Management of Central Airway Disease Involving the Carina

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Background: The Y-shaped structure of the carinal bifurcation causes difficulties in the management of central airway disease involving the carina. The aim of our study was to investigate the safety and efficacy of symptom relief obtained by using the Dumon Y-stent in inoperable central airway disease involving the main carina.

Materials and Methods: Between March 2007 and July 2010, 16 patients with inoperable central airway disease involving the main carina who had undergone Dumon Y-stent insertion at our institution were reviewed and analyzed.

Results: Fifteen Dumon Y-stents were placed in 16 patients (1 patient was excluded) to palliate the symptoms of respiratory distress. Four patients had benign airway disease (tracheomalacia, n = 1; stenosis after metallic stenting, n = 1; post-tracheostomy stenosis, n = 1; and iatrogenic tracheal injury, n = 1), and 12 patients had malignant central airway disease (esophageal cancer, n = 11 and lung cancer, n = 1). The procedure was successful in 15 patients, and these patients experienced subjective symptomatic relief immediately after stent placement. No procedure-related death or immediate major complications were noted.

Conclusion: The Dumon Y-stent is an effective therapeutic modality in patients with inoperable central airway disease involving the main carina. ***(Thorac Med 2011; 26: 252-260)***

Key words: airway stenosis, esophageal cancer, lung cancer, tracheoesophageal fistula, stents

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Dumon Y 型氣管支架於治療侵犯氣管脊之中央氣道疾病成果研究

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劉永恆　劉會平

背景：探討於氣管脊放置Y型Dumon支架，對於處理侵犯氣管脊之中央氣道疾病之安全及可行性。

方法：嘗試在十六位無法以外科手術處理之中央氣道疾病病患，放置Y型Dumon支架；以回溯方式分析治療成果及相關併發症。

結果：在這十六位病患中，主要以惡性腫瘤相關之氣道疾病為主（共十二人），其中十五位病患成功的於氣管脊放置Y型Dumon支架，放置支架後，其呼吸症狀均顯著改善；且無與放置支架相關之重大併發症或死亡。

結論：Y型Dumon支架對於無法以外科手術處理之中央氣道疾病是一個有效的治療手段。***(胸腔醫學 2011; 26: 252-260)***

關鍵詞：氣管狹窄，食道癌，肺癌，氣管食道廔管，氣管支架

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A Feasible Approach for Extraction of Dental Prostheses from the Airway by Flexible Bronchoscopy in Concert with Wire Loop Snares

Te-Chun Shen*,**, Chih-Yen Tu*, Chia-Hung Chen*, Hung-Jen Chen*, Yi-Heng Liu*, Te-Chun Hsia*, Chuen-Ming Shih*, Wu-Huei Hsu*

Objective: Tracheobronchial foreign body (TFB) aspiration is rare in adults, although incidence rates increase with advancing age. Bronchoscopic removal of TFBs can be safely accomplished with both rigid and flexible bronchoscopes. A wide variety of instruments, such as biopsy forceps, Fogarty balloon catheters, alligator forceps, or wire baskets, are commonly available for removal. Our objective was to determine whether the use of flexible bronchoscope in concert with wire loop snares is effective in the extraction of airway dental prostheses, and the factors that affect the success rate of removal of airway dental prostheses using this method.

Patients: The cases of 7 patients with airway dental prostheses aspiration from 2007 to 2010 were reviewed. All patients underwent flexible bronchoscopy with a wire loop snare under local anesthesia without fluoroscopic guidance throughout the procedure.

Measurements and Main Results: Seven patients (mean [± SD] age, 58.4 ± 17.4 years; 71% men) underwent flexible bronchoscopy in concert with wire loop snares to extract dental prostheses from the airway. Two patients (29%) were intubated with a mechanical ventilator during the procedure. The locations of these dental prostheses were the left lower bronchus (n = 3, 43%), left main bronchus (n = 2, 29%), right lower bronchus (n =1, 14%) and right tranchus intermidis (n = 1, 14%). The dental prostheses of 5 (71%) of the 7 patients were extracted successfully. The prostheses that could not be extracted from the other 2 patients by this method were single tooth with a round shape, such as a molar or premolar. There were no complications as a result of the procedures.

Conclusions: Although we have only 7 cases to illustrate this wire loop snare technique, we believe that this method can be of assistance to the pulmonologist in their approach to airway foreign body extraction, especially dental prostheses. A flexible bronchoscope in concert with a loop snare can grasp the dental prosthesis tighter than either grasping forceps or wire baskets, and with less need for a rigid bronchoscope or fluoroscope. ***(Thorac Med 2011; 26: 261-267)***

Key words: airway, bronchoscopy, dental prostheses

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利用軟式支氣管鏡合併圈套裝置執行呼吸道贋齒夾取的經驗回顧

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前言：呼吸道異物吸入可能是個相當棘手的問題。脫落的贋齒是最常見的呼吸道異物種類之一。硬式及軟式支氣管鏡搭配不同的器械，在臨床上，被廣泛地用來處理各式的呼吸道異物。本文引介使用軟式支氣管鏡合併圈套裝置，執行呼吸道贋齒夾取之經驗，並探討影響成功率的若干因子。

方法：我們回顧了最近四年內，所有執行之支氣管鏡異物夾取的病例。其中有七例被確認是利用軟式支氣管鏡合併圈套裝置，來處理呼吸道贋齒嵌入的狀況。每個病例都被重新詳細地檢視及歸納，以期能獲得可信的結論。

結果：七個病例當中，包括五位男性，兩位女性，平均年齡為五十八歲。其中有兩位病人執行檢查時，是被插管並輔以呼吸器使用的。贋齒嵌入的位置包括左下支氣管三例，左主支氣管兩例，右下支氣管一例與右中間支氣管一例。其中五個病例成功地將贋齒取出。兩個未能取出的病例都是單一顆牙齒，形狀都是接近圓形的臼齒或前臼齒。沒有任何術中或術後的相關併發症發生。

結論：利用軟式支氣管鏡合併圈套裝置，執行呼吸道贋齒夾取是個相當可行的方式。由於病人只須在局部麻醉之下接受處置，相對來說，這是個侵入性低、省時、便利、安全又經濟的方法。*(胸腔醫學 **2011; 26: 261-267**)*

關鍵詞：呼吸道，支氣管鏡，贋齒

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Primary Pulmonary Choriocarcinoma with Multiple Lung Metastases: A Case Report

Chi-Won Suk, Ming-Chih Yu, H. Eugene Liu*, Chia-Lang Fang**

Primary pulmonary choriocarcinoma (PPC) is an extremely rare malignant trophoblastic cancer unrelated to pregnancy, and is 1 of a subset of germ cell tumors. Only a few cases have been reported in the medical literature worldwide. We reported the case of a 43-year-old male patient who suffered from progressive dyspnea, dry cough and chest pain for about 2 weeks. A huge left lung mass associated with bilateral multiple pulmonary nodules was detected by chest radiography and computerized tomography. Bilateral gynecomastia associated with a high level of serum beta-human chorionic gonadotropin (β-HCG) was found during examination. Echo-guided biopsy showed a picture of carcinoma arranged in nests and in a decohesive pattern. Multinucleated syncytiotrophoblast-like tumor cells displayed nuclear hyperchromasia and pleomorphism. Immunohistochemical results showed positive responses to human leukocyte antigen G andβ-HCG. Choriocarcinoma was the definitive diagnosis. Because of the rarity of this malignancy, further studies and more reports of PPC worldwide may help clinicians become more knowledgeable about the clinicopathologic condition. The more understanding there is about the disease, the greater the improvement in the prognosis and survival rate that may be achieved. ***(Thorac Med 2011; 26: 268-274)***

Key words: primary, pulmonary, choricocarcioma

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原發性肺絨毛膜癌併多重肺轉移—病例報告

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原發性肺絨毛膜癌是一極少見與懷孕非相關的惡性滋養層組織的一種癌症，亦是屬於生殖細胞癌的一種。目前在世界上只有少數的文獻有報告過此種疾病。我們在此報告一位43歲的男性患者因漸進式呼吸困難、乾咳及胸痛約兩星期而就醫。胸部X光及電腦斷層顯示出一巨大的左肺腫瘤併多發性肺節結，理學檢查時也發現病人有男性女乳症，且血液中的人類絨毛膜性腺激素異常上升，故安排超音導引切片檢查。病理結果經免疫化學染色顯示為絨毛膜細胞癌，因此病人最後被診斷為原發性肺絨毛膜細胞癌。由於此疾病是一極為罕見的惡性腫瘤，往後更多的研究及報告將有助於臨床醫師對此疾病的進一步了解及治療，並可能促進改善此疾病的存治率及預後。*(胸腔醫學* ***2011; 26: 268-274)***

關鍵詞：原發性，肺，絨毛膜細胞癌

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Application of Inspiratory Muscle Training in a Pregnant Guillain-Barre Syndrome Patient with Respiratory Failure: A Case Report

Sheng-Hsiung Yang, Chang-Yi Lin, Ming-Jen Peng, Chien-Liang Wu, Shih-Jung Cheng*, Chih-Long Chang**

The annual incidence of Guillain-Barre syndrome (GBS) is from 1.1-1.8 cases/100,000 persons. Concurrent GBS during pregnancy is even rarer, and no more than 35 cases have been reported. Among them, only 10 cases of GBS with subsequent respiratory failure have been reported. It is difficult to wean these patients from ventilators because of muscle weakness and their pregnant status. We present our experience with a 21-year-old pregnant woman with GBS complicated with respiratory failure, and review what is currently known about the disease. ***(Thorac Med 2011; 26: 275-280)***

Key words: Guillain-Barre Syndrome, pregnancy, respiratory failure, inspiratory muscle training

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Guillain-Barre Syndrome 引起孕婦呼吸衰竭以及吸氣肌肉訓練的應用：病例報告

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根據過去的文獻紀載，Guillain-Barre Syndrome的發生率為每年每十萬人約有1.1-1.8人。在懷孕中的婦女得到Guillain-Barre Syndrome的機會更少，過去文獻中不超過35例。其中嚴重者引發呼吸衰竭的病例只有10例。在這樣的神經疾病導致肌肉無力合併懷孕的狀況下，要訓練脫離呼吸器是相當困難的。我們將分享一個21歲的懷孕婦女因Guillain-Barre Syndrome而呼吸衰竭的案例，並做相關的文獻回顧。*(胸腔醫學 **2011; 26: 275-280**)*

關鍵詞：Guillain-Barre Syndrome，懷孕，呼吸衰竭，吸氣肌肉訓練

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Experience Using ECMO in Patients with H1N1-associated ARDS: Two Case Reports and Review of the Literature

Hseuh-Fen Bai*, Diana Yu-Wung Yeh*,**, Chen-Chun Lin*

H1N1 is a novel strain of influenza virus, and has caused a large-scale community outbreak of respiratory illnesses in Mexico. The severity of symptoms varies from self-limited disease to acute respiratory distress syndrome (ARDS). Herein, we report 2 patients with severe H1N1 infection-associated ARDS who were successfully treated with extracorporeal membrane oxygenation (ECMO). The 1st patient was a 52-year-old diabetic woman who presented at the emergency department with symptoms of fever, dry cough, and shortness of breath for 1 week. The rapid influenza antigen test was positive. Acute hypoxic respiratory failure developed and progressed to ARDS on the same day of admission. On the 2nd day of admission, venous-venous (V-V) ECMO was instituted for intractable hypoxemia, despite mechanical ventilation and placing the patient in the prone position for maximal recruitment. She was successfully extubated after 42 days of mechanical ventilation. The 2nd case was a 50-year-old diabetic woman who presented at the emergency department with symptoms of dry cough and progressive shortness of breath for 3 days. The rapid influenza antigen test was positive. She developed ARDS rapidly and ECMO was started on the same day of admission. She was successfully extubated after 18 days of mechanical ventilation. Our experience showed that ECMO could be life-saving if initiated early in the course of H1N1 infection-related ARDS. ***(Thorac Med 2011; 26: 281-287)***

Key words: Extracorporeal membrane oxygenation, H1N1 influenza, Adult respiratory distress syndrome

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體外膜氧合治療使用於兩位 H1N1 新型流感相關之急性呼吸窘迫症候群病患之臨床經驗：病例報告與文獻回顧

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H1N1是一種新型流感病毒，曾於墨西哥引起大規模的社區流行。其症狀可以從輕微的自限性疾病到嚴重的急性呼吸道窘迫症候群。我們舉出2例H1N1感染引起的急性呼吸道窘迫症候群，經使用體外膜氧合治療後好轉。第一例是一名52歲患有糖尿病女性，由於發燒、乾咳、呼吸困難一個禮拜而至急診，流感病毒抗原快速檢測為陽性，當天病人就發生急性缺氧性呼吸衰竭並快速進展至急性呼吸道窘迫症候群，由於呼吸器輔助下仍呈現難治性缺氧，第二天開始使用體外膜氧合治療，這位病人在使用呼吸器42天後成功拔管。第二例是50歲患糖尿病女性，由於乾咳及逐漸加重的呼吸困難3天而至急診，流感病毒抗原快速檢測為陽性，當天病情快速進展至急性呼吸道窘迫症候群並使用體外膜氧合治療，病人在使用呼吸器18天後成功拔管。我們的經驗顯示在H1N1感染引起的急性呼吸道窘迫症候群，早期使用體外膜氧合治療可以挽救性命。*(胸腔醫學* ***2011; 26: 281-287****)*

關鍵詞：體外膜氧合，急性呼吸道窘迫症候群，H1N1新型流感

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Wegener's Granulomatosis Initially Presenting as Pleural Effusion

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Pulmonary involvement is very common in the patients with Wegener's granulomatosis (WG). However, pleural effusion as the initial and major thoracic presentation of WG has not yet been reported before. We reported a 52-year-old male presenting with an acute onset of low-grade fever, left chest pain and generalized musculoskeletal soreness. Serial imaging studies showed progression of bilateral pleural effusions. The results of pleural fluid analysis revealed an exudate with neutrophil predominance. WG was diagnosed based on the findings of necrotizing granulomatous vasculitis on the closed pleural biopsy specimens and high levels of cytoplasmic antineutrophil cytoplasmic antibody detected in both serum and pleural fluid. The pleural effusion resolved almost completely 6 weeks after corticosteroid treatment. This reported case provides evidencehighlights that WG may be added into the list of different diagnoses ofin the patients with exudative pleural effusion with neutrophil predominance, even in those without concomitant renal and/or pulmonary lesions. ***(Thorac Med 2011; 26: 288-293)***

Key words: cytoplasmic antineutrophil cytoplasmic antibody (C-ANCA), granulomatous vasculitis, pleural effusion, Wegener's granulomatosis

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以肋膜積水爲初始表現的韋格納氏肉芽腫

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韋格納氏肉芽腫（Wegener's granulomatosis (WG)）經常侵犯肺部，但是以肋膜積液作為最初且為主要表現的病例，從未被報導。我們在此報告一位52歲男性因急性發燒、左側胸痛和全身肌肉骨骼痠痛來本院就診。系列的影像學檢查發現，兩側進行性的肋膜積液。肋膜積液的分析結果顯示，係以嗜中性白血球為主的滲出液（exudate）。基於封閉式肋膜切片（closed pleural biopsy）檢查結果為壞死性肉芽腫血管炎，以及血清和肋膜積液中的抗嗜中性白血球細胞質抗體（cytoplasmic antineutrophil cytoplasmic antibody）明顯異常上升，最後確診為WG。經六週的類固醇治療，肋膜積液幾乎完全緩解。因此，藉由這個案例，我們提醒臨床醫師，面對以嗜中性白血球為主的滲出性肋膜積液，即使病患沒有腎臟或肺部病灶，應將WG列入鑑別診斷。*(胸腔醫學* ***2011; 26: 288-293)***

關鍵詞：抗嗜中性白血球細胞質抗體，肉芽腫性血管炎，肋膜積液，韋格納氏肉芽腫

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Rhodococcus equi Bacteremic Pneumonia in a Kidney Transplant Patient – A Case Report and Literature Review

Wei-Chih Chen, Wen-Kuang Yu

Rhodococcus equi (*R. equi*) infection is increasingly recognized in solid organ transplant patients. Pneumonia and blood stream infection are the 2 most common diagnoses. Clinical suspicion and a timely diagnosis are paramount for management. We report the case of a 54-year-old male with *R. equi* bacteremic pneumonia after kidney transplantation. Following successful treatment with combined antibiotics, including imipenem, teicoplanin, erythromycin and levofloxacin, along with surgical intervention, the patient recovered and was discharged uneventfully. ***(Thorac Med 2011; 26: 294-301)***

Key words: immunocompromised host, kidney transplant, *Rhodococcus equi*, pneumonia, thoracic surgery

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腎移植病患感染馬紅球菌之菌血症及肺炎
—病例報告及文獻回顧

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在臟器器官移植病患發現馬紅球菌感染有增加的情形。最常診斷出感染的部位包含肺炎及菌血症。臨床的懷疑和及時的診斷對於處置是非常重要的。我們提出一位54歲男性病患在接受腎移植後罹患馬紅球菌之菌血症及肺炎。在成功使用合併抗生素包括imipenem、teicoplanin、erythromycin和levofloxacin治療以及外科手術後，病人身體狀況恢復並且順利出院。*(胸腔醫學* ***2011; 26: 294-301)***

關鍵詞：免疫不全宿主，腎移植，馬紅球菌，肺炎，胸腔外科手術

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Inflammatory Pseudotumor of the Lungs and Mediastinum: Two Case Reports

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Inflammatory pseudotumor (IPT) of the lungs and the mediastinum is rare, but should be considered when dealing with primary pulmonary tumors. In terms of pathology, it is composed of fibroblastic and myofibroblastic proliferations and inflammatory cells. Its clinical behavior varies widely, ranging from a benign evolution to a possible malignancy. Diagnosis is very difficult and often only after tumor resection. With the advances in immunohistochemistry, anaplastic lymphoma kinase (ALK) and immunoglobulin G4 (IgG4) staining can now provide better answers. We report 2 cases of IPT with different pathologic features that were treated with steroid therapy and surgical resection, respectively. The pathogenesis, terminology, clinical behavior, and imaging of pulmonary IPT are briefly examined. ***(Thorac Med 2011; 26: 302-308)***

Key words: inflammatory pseudotumor

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肺部與縱膈腔發炎性假性腫瘤：兩個病例報告

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肺部及縱膈腔的發炎性假性腫瘤是相當罕見的疾病，但當我們在面對原發性胸腔腫瘤時，還是要將其列入鑑別診斷。它的臨床表現可以是良性，也可以是惡性。診斷常常要等到手術切除後才能確定。隨著免疫染色法的進步，我們可以利用間變性淋巴瘤激酶以及免疫球蛋白G4染色來幫助我們做鑑別診斷。

我們報告2個發炎性假性腫瘤的病例，分別接受類固醇和手術治療。發炎性假性腫瘤的病理學、命名學、影像表現及臨床表現將一併討論。*(胸腔醫學* ***2011; 26: 302-308)***

關鍵詞：發炎性假性腫瘤

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