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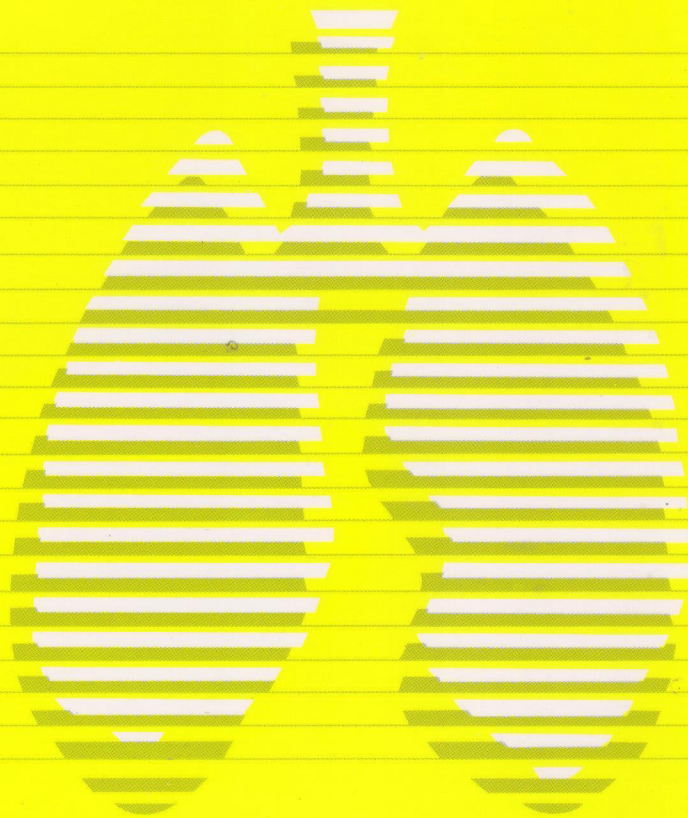
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台灣胸腔暨重症加護醫學會

桃園縣龜山鄉復興街五號

5. Fu-Hsing Street, Kuei Shan Hsiang,

Taoyuan Hsien, Taiwan, R.O.C.



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Chemotherapy-Induced Neutropenia as a Predictor of Survival in Patients with Advanced Non-Small Cell Lung Cancer

Chin-Shui Yeh, Cheng-Hsiung Chen, Bin-Chuan Ji, Ching-Hsiung Lin

Introduction: Neutropenia during chemotherapy was reported to be associated with the increased survival of patients with advanced non-small-cell lung cancer. No available data for Asian patients has been analyzed.

Methods: The baseline patient characteristics, overall survival and length of stay in the hospital of 130 advanced non-small cell lung cancer patients treated with chemotherapy were retrospectively compared between patients without neutropenia of grade 0 (n=65), with mild neutropenia, grade I/II (n=41) and those with severe neutropenia, grade III/IV (n=24).

Results: The median overall survival was 3.0, 9.6 and 9.9 months for the grade 0, grade I/II, and grade III/IV patient groups, respectively. Survival was significantly shorter in patients with grade 0 than in patients with grade I/II ($p=0.0019$) and grade III/IV ($p=0.0488$) neutropenia, and was similar between patients with grade I/II and grade III/IV ($p=0.710$) neutropenia. The hazard ratios for death were 0.507 for grade I/II vs. 0 (95% CI 0.317-0.813) and 0.559 for grade III/IV vs. 0 (95% CI 0.320-0.976). Grade I/II, grade III/IV chemotherapy-induced neutropenia, gender and tumor stage were independent factors in multivariate analysis for overall survival. The patients mean cumulative length of stay in the hospital from their initial chemotherapy to the time of death was 34, 35, 39 and 37 days for those with grade 0, grade I/II, grade III/IV and grade I to IV neutropenia, respectively, without a statistically significant difference.

Conclusions: Survival was superior in advanced non-small-cell lung cancer patients with mild or severe chemotherapy-induced neutropenia. (*Thorac Med* 2010; 25: 110-118)

Key words: chemotherapy, neutropenia, non-small cell lung cancer

Division of Chest Medicine, Changhua Christian Hospital, Changhua, Taiwan
Address reprint requests to: Dr. Chin-Shui Yeh, Division of Chest Medicine, Changhua Christian Hospital, 135 Nanxiao St., Changhua, Taiwan

化學治療誘發之嗜中性白血球減少症可作為非小細胞肺癌患者存活之預測因子

葉金水 陳正雄 紀炳銓 林慶雄

有醫學研究報告非小細胞肺癌晚期患者接受化學治療時導致嗜中性白血球減少症有較佳之存活期。本研究回溯性分析一醫學中心之晚期非小細胞肺癌患者接受化學治療時導致嗜中性白血球減少症與總存活的相關性。130名患者接受化學治療，其中未發生嗜中性白血球減少症為0級（n=65），輕度白血球減少症者為I/II級（n=41），嚴重白血球減少症者為III/IV級（n=24），總存活期中位數分別為3.0、9.6及9.9個月，達統計學差異顯著。未發生嗜中性白血球減少症、輕度及嚴重白血球減少症的肺癌患者平均累計住院日數為34、35和39日，顯示化學治療時導致嗜中性白血球減少症並不會明顯增加醫療資源耗費。*(胸腔醫學 2010; 25: 110-118)*

關鍵詞：化學治療，嗜中性白血球減少症，非小細胞肺癌

Chemotherapy-Sensitive Ectopic Hepatocellular Carcinoma with Multiple Mediastinal Metastasis – A Case Report

Ruei-Lin Liang, Shyh-Sheng Yang, Chung-Ping Hsu, Fang-Yi Lee*

Ectopic hepatocellular carcinoma (HCC) is an extremely rare disease. It is defined as an HCC arising from the hepatic parenchyma located in an extrahepatic organ or tissue. To the best of our knowledge, there have been only 36 cases reported in the literature, but there has not been a diagnosed case of multiple mediastinal metastases, such as ours. Treatment has been surgery, for the most part, and no effective chemotherapy regimens have been reported. We reported a 41-year-old man referred to our hospital because of upper abdominal pain. Chest X-ray disclosed a mass lesion at the right pulmonary hilum. Abdominal computed tomography (CT) disclosed a 8x6-cm heterogeneous enhanced mass near the proximal jejunum. The mother liver was intact without cirrhosis or tumor. His alpha fetoprotein was at an extremely high level (25276 ng/ml). Multiple neck lymphadenopathy was noted and biopsy proved metastatic HCC. We treated this patient with the combined chemotherapy regimen of cisplatin, doxorubicin and cylophosphamide. After 1 year of follow-up, the result was satisfactory, with a marked decrease in the size of the lymph nodes, and his alpha fetoprotein level returned to normal. In addition, the size of the lesion near the proximal jejunum had decreased. (*Thorac Med* 2010; 25: 119-124)

Key words: ectopic hepatocellular carcinoma, chemotherapy

Division of Thoracic Surgery, Department of Surgery, Taichung Veterans General Hospital; *Department of Pathology, Taichung Veterans General Hospital

Address reprint requests to: Dr. Shyh-Sheng Yang, Division of Thoracic Surgery, Department of Surgery, Taichung Veterans General Hospital, No. 160, Sec. 3, Chung-Kang Rd., Taichung 40705, Taiwan

對化學治療敏感的異位性肝細胞癌合併多發性縱膈腔轉移：病例報告

梁瑞麟 楊適生 徐中平 李芳儀*

異位性肝細胞癌是一個罕見疾病。定義為發生在肝臟外組織或器官的肝細胞癌。據我們所知目前只有36例病例報告發表在文獻上，但是沒有一例像我們的病人一樣在診斷時就已經合併多發性縱膈腔轉移。治療方式多是手術移除，並沒有文獻指出化學藥物治療的效果。我們報告一位病人因為上腹痛來到我們醫院，胸部X光攝影發現右肺門處有腫瘤。腹部電腦斷層發現靠近近端空腸有一8×6公分不規則顯影之腫瘤。此外病人的肝臟顯示為正常無腫瘤。而且他的胎兒蛋白指數高達25276 ng/ml。理學檢查發現雙側頸部有多發腫瘤，經病理切片證實為轉移性肝細胞癌。我們用cisplatin, doxorubicin和cytophosphamide合併治療，結果令人滿意。治療後經一年追蹤，上述轉移性腫瘤在影像學上有明顯變小，病人胎兒蛋白指數也回復到正常，而且腹腔腫瘤的大小也有縮小。(胸腔醫學 2010; 25: 119-124)

關鍵詞：異位性肝細胞癌，化學治療

Negative Pressure Pulmonary Edema Related to Deep Neck Infection – A Case Report

Huan-Ting Shen, Shuo-Chueh Chen, Wei-Erh Cheng, Kuo-Liang Chiu,
Chuen-Ming Shih, Wu-Huei Hsu

Negative pressure pulmonary edema (NPPE) is a rare, but potentially life-threatening complication of upper airway obstruction (UAO). It is usually reported following general anesthesia, in which an intubated patient experiences complications with laryngospasm after extubation. We reported a patient suffering from a deep neck infection with the initial presentation of allodynia in the 2nd cervical nerve dermatome area, manifesting as NPPE induced by deep neck infection related to nasopharyngeal and oropharyngeal swelling and UAO. (*Thorac Med* 2010; 25: 125-130)

Key words: negative pressure pulmonary edema, deep neck infection

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine China Medical University Hospital, Taichung, Taiwan

Address reprint requests to: Dr. Shuo-Chueh Chen, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Taichung, Taiwan

起因於深頸部感染的負壓肺水腫—病例報告

沈煥庭 陳碩爵 程味兒 邱國樑 施純明 徐武輝

負壓肺水腫是上呼吸道阻塞時，一種不常見但卻可能致命的併發症。接受全身麻醉的病人拔除氣管內管後所引發的喉部痙攣是最常被報導造成負壓肺水腫的原因。我們報導一位深頸部感染且伴有頸部C2皮節區疼痛的病人，因為深頸部感染造成鼻咽及口咽部的腫脹，進而導致上呼吸道阻塞及負壓肺水腫。
(*胸腔醫學* 2010; 25: 125-130)

關鍵詞：負壓肺水腫，深頸部感染

Influenza A Infection with Rhabdomyolysis and Acute Renal Failure

Cheng-Chi Lin^{*,**}, Chih-Feng Chian^{*}, Wann-Cherng Perng^{*}

Influenza A virus can be transmitted widely throughout the community. Although patients with influenza often present with myalgia, rhabdomyolysis is rarely seen. Very few results were obtained in an online search for case reports on rhabdomyolysis and acute renal failure associated with influenza. We present the case of a 78-year-old man who was admitted to our emergency department with myalgia, dry cough, fever, progressive lower limb pain, and tea-colored urine. On investigation, the serum creatine kinase level was found to be elevated and myoglobinuria was detected; these signs were indicative of rhabdomyolysis. Renal function impairment was also noted. Influenza A infection was confirmed by the positive antigen test of a nasal swab. The clinical presentation and medical history of the patient strongly suggested that rhabdomyolysis was caused by influenza A virus. The patient's renal function was restored and he was discharged after appropriate therapy for rhabdomyolysis. This case highlights the importance of recognizing influenza A infection as a cause of acute renal failure secondary to rhabdomyolysis during influenza pandemics, despite the fact that rhabdomyolysis complicated by acute renal failure is rarely seen in patients with influenza A. (*Thorac Med* 2010; 25: 131-136)

Key words: acute renal failure, influenza A, rhabdomyolysis

* Division of Pulmonary Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan; ** Division of Pulmonary Medicine, Department of Internal Medicine, Armed-Forces Zuoying General Hospital, Kaohsiung, Taiwan

Address reprint requests to: Dr. Wann-Cherng Perng, Division of Pulmonary Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, No. 325, Section 2, Cheng-Kung Road, Nei-Hu, Taipei, Taiwan

A型流感引起橫紋肌溶解症合併急性腎衰竭—病例報告

林承志*,** 簡志峯* 彭萬誠*

目前正當A型流感盛行，流感常表現肌肉酸痛，但真正造成橫紋肌溶解症並不常見。搜尋相關文獻發現流感引起橫紋肌溶解症合併急性腎衰竭只有少數個案報告。我們提出一78歲病患因肌肉酸痛、咳嗽、發燒、持續惡化之下肢疼痛及茶色尿至醫院求診，經小便及血液檢查發現橫紋肌溶解症及腎功能異常，經快篩證實感染A型流感。根據病患病史及臨床表現可推論其橫紋肌溶解症應由A型流感所造成。於治療後病患腎功能及肌酐酸恢復正常且出院。此病例可提醒臨床醫師，當發現病人有橫紋肌溶解症併發急性腎衰竭，A型流感雖不是橫紋肌溶解症併腎衰竭常見致病因，但在此A型流感大流行之際因將其列入考慮。(胸腔醫學 2010; 25: 131-136)

關鍵詞：急性腎衰竭，A型流感，橫紋肌溶解症

*三軍總醫院 胸腔內科，**國軍左營海軍醫院 胸腔內科

索取抽印本請聯絡：彭萬誠醫師，三軍總醫院 胸腔內科，臺北市內湖區成功路二段325號

Adult Bochdalek Hernia with Gastric Volvulus: Case Report

Ti-Hei Wu, Shih-Chun Lee, Chih-Ming Hsieh

Acute gastric volvulus associated with congenital diaphragmatic hernia is an unusual surgical emergency. It is difficult to diagnose, as it is non-specific with vague symptoms, but any delay in the diagnosis and treatment can be fatal. Diagnosis requires a high index of suspicion and CT scanning. We described the case of a 76-year-old woman with dyspepsia and intermittent epigastric pain for 1 week. Multidetector-row CT confirmed the diagnosis and she underwent surgical reduction and repair of the diaphragm. This accurate diagnosis and surgical repair resulted in a good prognosis. (*Thorac Med* 2010; 25: 137-141)

Key words: diaphragmatic hernia, gastric volvulus

成人Bochdalek型橫膈疝氣合併胃扭轉：病例報告

吳悌暉 李世俊 謝志明

成人先天性橫膈疝氣合併急性胃扭轉是非常少見的緊急手術適應症。它因為沒有特異性的症狀因此診斷困難，但延遲診斷及治療卻是致命的。正確的診斷需要高度的警覺及電腦斷層的輔助。本文報導一位76歲的女性，食慾不良及間歇上腹疼痛一個星期。藉著多層螺旋電腦斷層（multidetector-row CT）的幫忙確定了橫膈疝氣合併胃扭轉的診斷，及時的疝氣復位及橫膈修補治癒了病人。好的預後靠的是早期診斷及手術介入。*(胸腔醫學 2010; 25: 137-141)*

關鍵詞：橫膈疝氣，胃扭轉

Successful Removal of an Endobronchial Hamartoma by Bronchoscopic Electrosurgical Snare Loop – A Case Report

Mei-Chen Yang, Chih-Hsin Lee, Chung-Tai Yue*, Shing-Zeng Dung**,
Kun-Eng Lim***, Thomas Chang-Yao Tsao****

Endobronchial hamartomas (EH) are rare, but they often cause irreversible lung damage due to bronchial obstruction if not diagnosed early and treated properly. They are mainly treated with surgery; including rigid bronchoscopy and surgical lung resection.

We report an EH that occurred in a long-term bed-ridden patient who had had a cerebral vascular accident 20 years before, and that presented with repetitive pulmonary infection of the right lower lobe during the past 5 years. Bronchoscopy revealed a right lower lobe endobronchial tumor with total occlusion. The tumor was firm and could not be eradicated by flexible fiberoptic bronchoscopic electrocautery. Since the patient had a history of tooth loss many years before, we highly suspected that the tumor was tooth impaction-related with chronic granulation formation. During fiberoptic bronchoscopic electrocautery, we unexpectedly “extracted” the tumor with an electrosurgical snare loop. Bronchial mucosa defect was also noted but no complications (such as pneumothorax or massive bleeding) occurred because of the right lower lung chronic atelectasis. The tumor had a tooth-like appearance; however, it showed popcorn calcification on radiography. Pathology confirmed that it was an EH.

With the recent developments in fiberoptic bronchoscopy, such as laser therapy and electrocautery, patients with EH have a greater possibility of successful medical treatment initially, thus avoiding the risk of surgery and general anesthesia. Although we suggest that fiberoptic bronchoscopic electrocautery is a feasible treatment for EH, it should be performed selectively. (*Thorac Med* 2010; 25: 142-148)

Key words: electrosurgical snare loop, endobronchial hamartoma, fiberoptic bronchoscopy

Division of Pulmonary and Critical Care Medicine, Clinical Pathology*, Dental Clinic**, Radiology Clinic***, Buddhist Tzu Chi General Hospital, Taipei, Taiwan; **** Division of Thoracic Medicine, Chung Shan University Hospital and Chung Shan Medical University, Taichung, Taiwan
Address reprint requests to: Dr. Thomas Chang-Yao Tsao, Vice Superintendent, Chung Shan Medical University Hospital and Dean, School of Medicine, Chung Shan Medical University, No. 110, Sec. 1, Chien-Kuo N. Road, Taichung, 402, Taiwan

支氣管內過誤瘤以支氣管鏡電燒環成功地移除—病例報告

楊美貞 李枝新 余忠泰* 董醒任** 林坤榮*** 曹昌堯****

支氣管內過誤瘤很少見，但若未及早診斷和適當處理，常常因引起支氣管阻塞而造成不可逆之肺傷害。一般是用外科手術治療，包括硬式支氣管鏡和外科肺切除術。

我們在這兒報告一中風二十年長期臥牀患者，近五年出現反覆右下肺肺炎。支氣管鏡發現右下肺支氣管出口有一支氣管內腫瘤造成完全阻塞。由於做纖維式支氣管鏡電燒灼術過程中發現此腫瘤很結實，無法以電燒灼術移除，加上數年前牙齒嗆入病史，故高度懷疑為牙齒嗆入併慢性肉芽形成，在用電燒環套住做電燒過程中不預期地拔出了此腫瘤。拔出後發現支氣管粘膜有些微破損，但因患者右下肺早已慢性萎縮無通氣功能，故無氣胸或出血之併發症。拔出之腫瘤外觀像牙齒，但X光下卻不是牙齒而是呈現“popcorn”之鈣化，病理下發現此腫瘤其實是一支氣管內過誤瘤。

近年來隨著纖維式支氣管鏡術的進步，例如雷射和電燒灼術，支氣管內過誤瘤之患者有了更多的機會先接受內科治療，以避免開刀和全身麻醉之風險。雖然電燒灼術是治療支氣管內過誤瘤之一種可行的方法，但仍然要選擇性地進行。(胸腔醫學 2010; 25: 142-148)

關鍵詞：電燒環，支氣管內過誤瘤，纖維式支氣管鏡術

Iatrogenic Metastasis Associated with Implanted Venous Access Port – A Case Report

Kuo-Sheng Fan*, Yen-Hsien Lee*,**, Wei-Neng Lin*, Chun-Liang Lai*,**

Cancer patients are always concerned about metastases associated with the diagnostic or therapeutic procedures. Though uncommon, iatrogenic metastasis is nevertheless not as rare as once thought and merits close attention. We herein report a 47-year-old man with small-cell lung cancer who developed a metastasis at the injection site of a totally implanted venous access port 7 months after its establishment. On searching the Medline database, no similar cases were found. We also highlighted the importance of early detection as aggressive surgical intervention or radiotherapy may offer a satisfactory long-term outcome in isolated iatrogenic seeding metastasis. (*Thorac Med 2010; 25: 149-154*)

Key words: cancer, implanted venous port, metastasis

* Division of Pulmonology, Buddhist Dalin Tzu Chi General Hospital, Chiayi, Taiwan; ** School of Medicine, Buddhist Tzu Chi University, Hualien, Taiwan

Address reprint requests to: Dr. Chun-Liang Lai, Division of Pulmonology, Buddhist Dalin Tzu Chi General Hospital, No. 2, Min-Sheng Road, Dalin, Chiayi, 62247, Taiwan

於植入式靜脈導管發生之醫源性轉移

范國聖* 李彥憲**, ** 林煒能* 賴俊良**, **

對於診斷性或治療性處置是否會導致轉移一直是癌症病患最在意的問題。醫源性轉移雖不常見，但亦不如以前想像般罕見。我們在此報告一名罹難小細胞肺癌的47歲男性，在接受植入式靜脈導管七個月後，於注射處發生了一個轉移。經搜尋Medline database，並無類似報導。我們也強調早期發現的重要性，因積極性手術或放射治療在單一轉移有可能會有令人滿意的長期預後。*(胸腔醫學 2010; 25: 149-154)*

關鍵詞：癌症，植入式靜脈導管，轉移

*佛教大林慈濟綜合醫院 胸腔內科，**慈濟大學 醫學系

索取抽印本請聯絡：賴俊良醫師，佛教大林慈濟綜合醫院 胸腔內科，嘉義縣大林鎮民生路2號

Tuberculosis Treatment Failure Due to Multiple-Strain *Mycobacterium tuberculosis* Infection – A Case Report

You-Cheng Chang, Ruwen Jou*, Shun-Tien Chien, Ying-Hsun Wu, Ruay-Ming Huang

Treatment failure in a tuberculosis patient has been defined as continued or recurrent positive cultures after 4 months of treatment. The common reasons for this are the poor compliance of the patient or an inappropriate regimen of anti-tuberculosis drugs. Multiple-strain *Mycobacterium tuberculosis* infection with different drug susceptibility results is another reason that has seldom been considered in the past. The development of genotyping methods, such as restriction fragment length polymorphism, has considerably improved the ability to distinguish *M. tuberculosis*. (*Thorac Med* 2010; 25: 155-160)

Key words: tuberculosis, *Mycobacterium tuberculosis*, multiple-strain *Mycobacterium tuberculosis* infection, restriction fragment length polymorphism

結核病治療失敗導因於多重菌株感染：病例報告

張祐沚 周如文* 簡順添 吳盈勳 黃瑞明

結核病治療失敗的定義是經治療四個月後，痰培養持續或再次陽性，常見的原因為病人醫囑順從性不好或處方的不適當。此外，多重結核菌株感染合併不同的藥物抗藥性，也可能是治療失敗的一種可能，過往這種情況較少被考慮到，但是伴隨著分子生物學的發展，使用基因分型方法（如限制酵素片段長度多形性），可以鑑別及釐清不同的結核菌感染導致的治療失敗。*(胸腔醫學 2010; 25: 155-160)*

關鍵詞：結核病，結核菌，多重結核菌株感染，限制酵素片段長度多形性

Co-infection of Pulmonary *Mycobacterium chelonae* and Spinal *Mycobacterium tuberculosis*: A Case Report

Hsiao-Wei Wang*, Chun-Ming Lee*, **, ***

Co-infection of pulmonary *M. chelonae* and spinal *M. tuberculosis* in an immunocompetent adult is a rare condition. We reported a 32-year-old woman who developed chronic productive cough and nonspecific bilateral flank pain. Acid-fast bacterial cultures isolated *M. chelonae* from sputum samples and *M. tuberculosis* from a paraspinal abscess. She was finally cured by standard anti-tuberculosis regimens plus surgical intervention, and anti-chelonae therapy according to *in vitro* susceptibility testing. The diagnosis and treatment of both pulmonary and extrapulmonary mycobacterial infection require a high index of suspicion, adequate samples for smears and cultures, and *in vitro* susceptibility testing. (*Thorac Med* 2010; 25: 161-167)

Key words: co-infection, *Mycobacterium tuberculosis*, *Mycobacteria chelonae*, susceptibility testing

* Division of Infectious Disease, Department of Internal Medicine, Mackay Memorial Hospital, Taipei, Taiwan

** Mackay Medicine, Nursing and Management College, Taipei, Taiwan

*** Taipei Medical University, Taipei, Taiwan

Address reprint requests to: Dr. Chun-Ming Lee, Division of Infectious Disease, Department of Medicine, Mackay Memorial Hospital, No. 92, Section 2, Chung-Shan North Road, Taipei City 104, Taiwan

同時感染肺龜鱉型分枝桿菌與脊椎結核分枝桿菌— 一病例報告

王孝為* 李聰明**,***

臨床上同時感染肺龜鱉型分枝桿菌和脊椎結核分枝桿菌的案例相當罕見。本文報告一例32歲年輕女性病人，起初的臨床表現為長期咳嗽與非特異性的側腹疼痛，胸部X光片呈現右上肺葉纖維鈣化、右下肺葉不規則實質化病變及肋模增厚，脊椎磁振影像檢查呈現T12-L1感染性脊椎炎及疑似腰肌膿瘍。檢驗結果三套痰液均培養出龜鱉型分枝桿菌，但脊椎膿瘍培養結果為結核分枝桿菌。病人接受抗龜鱉型分枝桿菌治療治癒肺部感染，並且以標準抗結核藥物及手術治癒脊椎結核感染。臨床上診斷及治療不同分枝桿菌同時感染肺內和肺外部位，有賴於醫師的警覺、適當的樣本處理切片、耐酸性染色與細菌培養、以及抗結核藥物的敏感性測試結果，作為治療的依據。(胸腔醫學 2010; 25: 161-167)

關鍵詞：雙重感染，結核分枝桿菌，龜鱉型分枝桿菌，體外藥物敏感性試驗

*馬偕紀念醫院內科部 感染科，**馬偕醫護管理專科學校，***台北醫學大學

索取抽印本請聯絡：李聰明醫師，馬偕紀念醫院內科部 感染科，104台北市中山區中山北路二段92號