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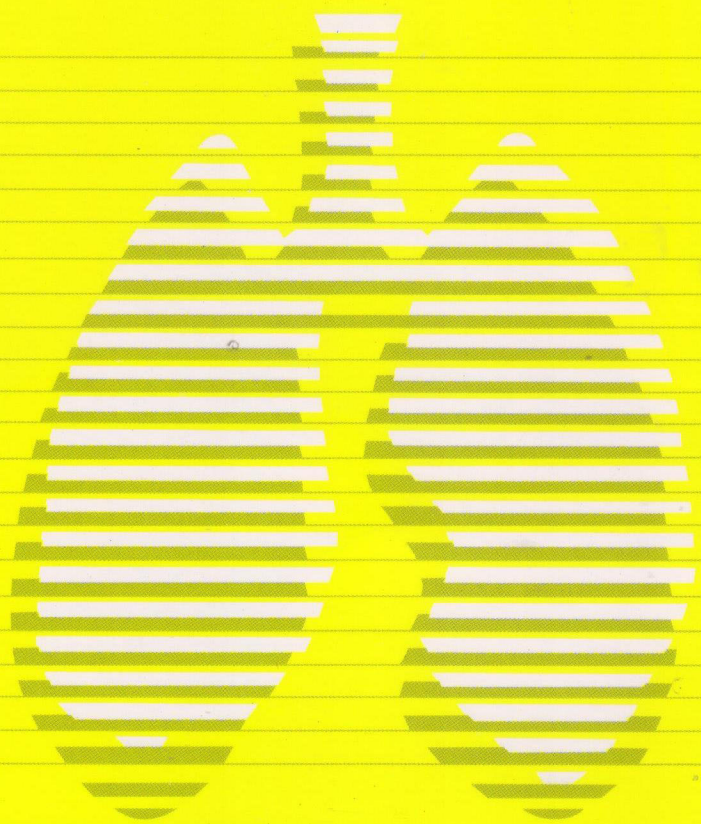

台灣胸腔暨重症加護醫學會

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Flexible Bronchoscopy-Guided, Self-expandable, Metallic Stents Improve Survival in Patients with Esophageal Cancer Complicated with Esophago-Respiratory Fistula

Tzu-Tao Chen, Chih-Jan Wang***, Chii-Lan Lin, Chun-Nin Lee, H-Eugene Liu*,**
Chih-Cheng Chang

Background: Esophago-respiratory fistula, which develops in some esophageal cancer patients, is a devastating and life-threatening complication. When patients are in serious condition, general anesthesia, rigid bronchoscopy and subsequent silicone stent implantation are not feasible. Airway stent implantation can seal the fistula and avoid further complications, such as repeated aspiration. The aim of our study was to evaluate the outcome of airway stent implantation in esophageal cancer patients with esophago-respiratory fistula.

Patients and Methods: From April 2002 to October 2009, 16 consecutive patients with esophago-respiratory fistula-associated esophageal cancer were reviewed. Nine patients received airway stent implantation and 7 did not. The outcomes evaluated included emergency department visit episodes, pneumonia episodes, total hospitalized days due to pneumonia, and days of survival after fistula diagnosis.

Results: The days of survival after fistula diagnosis were significantly different between the airway stent implantation group and the group without an airway stent implantation (80.22 ± 55.14 versus 32.71 ± 70.86, $p < 0.05$). The other outcomes were not statistically different between the 2 groups.

Conclusions: Airway stent implantation improves the number of days of survival in patients with esophageal cancer complicated with esophago-respiratory fistula. ***(Thorac Med 2010; 25: 286-293)***

Key words: esophageal cancer, esophago-respiratory fistula, airway stent

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軟式支鏡導引放置呼吸道支架於食道癌併食道—氣管廔管可延長存活

陳資濤　王志冉***　林啟嵐　李俊年　劉興璟*,**　張志誠

前言：食道－氣管廔管是一種在食道癌病患上發生並且易有生命威脅的併發症。呼吸道支架放置能封閉廔管避免更進一步的併發症，如反覆性吸入性肺炎，但常因全身麻醉及病況無法進入手術房進行傳統硬式支鏡導引放置氣管支架，本篇的目的在於評估在有此食道-氣管廔管之食道癌病人對於氣管支架放置後的結果評估。

方法：本篇回溯2002年4月至2009年10月間，共有16位食道－氣管廔管之食道癌病人被納入評估。總共有9位病人接受此支架放置術，另有7位沒有接受此種術式。評估方式為到急診求診次數、發生肺炎次數，因肺炎住院之總住院天數，及診斷食道－氣管廔管之後的存活期間。

結果：食道－氣管廔管診斷後的存活日數在放置與未放置的兩組間有明顯統計上差異（80.22 ± 55.14 與 32.71 ± 70.86, $p < 0.05$），其餘的評估結果並無統計上差異。

結論：呼吸道支架放置在於食道-氣管廔管之食道癌病人身上能有效延長存活期。*(胸腔醫學* ***2010; 25: 286-293)***

關鍵詞：食道癌，食道－氣管廔管，呼吸道支架

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Pneumomediastinum and Subcutaneous Emphysema Secondary to Perforated Duodenal Ulcer: A Case Report and Literature Review

Ho-Sheng Lee, Ping-Hung Kuo

Subcutaneous emphysema and pneumomediastinum may be caused by air leakage from an extra-pulmonary source. In this report, we described the case of a 63-year-old man who presented to our emergency department with severe abdominal pain and dyspnea. The chest radiograph showed subcutaneous emphysema, pneumomediastinum, and pneumoperitoneum, but no pneumothorax. An exploratory laparotomy revealed a perforated peptic ulcer at the anterior wall of the duodenum. The subcutaneous emphysema and pneumomediastinum resolved rapidly after the perforation was closed. We also reviewed the literature on this rare complication of peptic ulcer. ***(Thorac Med 2010; 25: 294-298)***

Key words: pneumomediastinum, subcutaneous emphysema, perforated peptic ulcer, duodenal ulcer

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十二指腸潰瘍穿孔合併次發性縱膈氣腫及皮下氣腫：案例報告及文獻回顧

李和昇　郭炳宏

縱膈氣腫及皮下氣腫有時是由肺部以外的氣體破出所造成。在此我們報告一位63歲男性，因嚴重腹痛及呼吸困難而來到本院急診，胸部X光呈現皮下氣腫、縱膈氣腫，但並無氣胸。腹部探查手術發現了一個小腸前壁的消化性潰瘍穿孔，並予以修補。皮下氣腫和縱膈氣腫在術後即迅速進步。我們並回顧了與此少見的消化性潰瘍穿孔併發症有關的文獻。*(胸腔醫學* ***2010; 25: 294-298)***

關鍵詞：縱膈氣腫，皮下氣腫，消化性潰瘍穿孔，十二指腸潰瘍

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Disseminated *Mycobacterium kansasii* Infection with Miliary Lung Lesions and Meningitis: A Rare Case

Jung-Yueh Chen, Chao-Chi Ho, Chong-Jen Yu

Disseminated *Mycobacterium kansasii* infection is a rare complication, and more common in AIDS patients. We reported a 38-year-old woman with underlying autoimmune-related hemolytic anemia (AIHA) and antiphospholipid syndrome. She had had intermittent high fever followed by altered mental status for 2 weeks. A cerebrospinal fluid (CSF) study showed pleocytosis (several atypical lymphocytes). Follow-up chest X-ray showed miliary lesions. Anti-tuberculosis medication was prescribed, but the dyspnea deteriorated. Acid-fast bacilli smear from a bronchial washing specimen was positive. CSF culture grew *Mycobacterium kansasii*. She passed away due to multiple organ failure, despite treatment. The presentation of miliary lung lesions is rare in *Mycobacterium kansasii* infection. This is the second reported case of miliary lung lesions in non-HIV-infected populations with disseminated *Mycobacterium kansasii* infection. Earlier diagnosis and adequate treatment is important to improve the prognosis. ***(Thorac Med 2010; 25: 299-304)***

Key words: *Mycobacterium kansasii*, atypical mycobacterium lung diseases, meningitis

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Mycobacterium kansasii 粟粒性肺部感染及腦膜炎：罕見病例報告

陳鍾岳　何肇基　余忠仁

在非愛滋病的病患族群中瀰漫性*Mycobacterium kansasii*感染是極少見的。我們報告一位38歲女性病患，本身具有自體免疫溶血性貧血及抗磷脂症候群等疾病。病患兩週前開始有高燒及意識不清的症狀。腦脊髓液檢查發現一些非典型淋巴球細胞。追蹤X光及電腦斷層檢查發現雙側肺野充滿粟粒性結節。抗結核藥物針對粟粒性結核病開始治療，但發燒及呼吸急促的狀態未見改善。支氣管鏡肺沖洗液的抗酸性染色為陽性，而且腦脊髓液的培養結果為*Mycobacterium kansasii*。儘管接受治療，病患仍因多重器官衰竭而去世。此病患為文獻中第二位在非愛滋病患族群瀰漫性*Mycobacterium kansasii*感染並且以粟粒性肺部感染為主要表現之個案。及早診斷並及早正確治療對於改善病人預後至為重要。*(胸腔醫學* ***2010; 25: 299-304)***

關鍵詞：*Mycobacterium kansasii*，非典型肺分枝桿菌感染，腦膜炎

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Central Diabetes Insipidus: An Unusual Initial Presentation of Lung Cancer

Szu-Chun Yang, Chien-Chung Lin, Chin-Chung Tseng*, Han-Yu Chang

Central diabetes insipidus (DI) rarely occurs as the initial presentation of lung cancer. Lung cancer patients with the presentation of central DI often exhibit other central nervous system (CNS) symptoms. We reported a 54-year-old man with polyuria for 3 months. His physical and neurological examination results were unremarkable. Water deprivation test confirmed the diagnosis of central DI. A magnetic resonance image of the brain revealed multiple lesions consistent with metastases, including a lesion in the posterior lobe of the pituitary gland. A chest radiograph showed a nodule in the left upper lobe of the lung. Computed tomography-guided needle biopsy of the nodule confirmed the diagnosis of lung adenocarcinoma. The patient was treated with a nasal spray of desmopressin, cyber-knife radiosurgery followed by whole brain radiotherapy, and chemotherapy. His polyuria improved markedly and he was well without significant complications. In conclusion, if a patient initially presents with central DI without other CNS symptoms, physicians should consider the possibility of metastatic disease, especially that resulting from lung cancer. ***(Thorac Med 2010; 25: 305-310)***

Key words: diabetes insipidus, lung cancer, pituitary metastasis

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中樞性尿崩症：肺癌一不尋常的最初表現

楊思雋　林建中　曾進忠*　張漢煜

肺癌最初以中樞性尿崩症為表現的實為罕見。這些患者通常合併有其它中樞神經系統的症狀。我們在此報告一個病例：一位五十四歲的男性，主訴多尿已三個月，住院接受理學及神經學檢查皆正常。經限水試驗（water deprivation test）證實是中樞性尿崩症（central diabetes insipidus）。腦部核磁共振影像發現多處轉移性病灶，包括一位於腦垂腺後葉的病變。胸部X光片看到一左上肺葉結節。電腦斷層導引細針切片術證實它是肺腺癌。之後患者接受desmopressin鼻噴劑，數碼導航刀暨全腦部放射線治療及化學治療。多尿的症狀明顯地改善而且無相關的併發症。我們藉由這樣的病例報告，對於最初表現僅是中樞性尿崩症的患者，即使無中樞神經系統的症狀，臨床醫師亦須考慮腦部轉移的癌症，尤其是肺癌的可能性。*(胸腔醫學* ***2010; 25: 305-310)***

關鍵詞：尿崩症，肺癌，腦垂腺轉移

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Non-endemic Pulmonary Coccidioidomycosis in Taiwan – A Case Report

Hsin-Yi Chiu*, Yih-Gang Goan*,**, Yo-Wen Chang*, En-Kuei Tang*, Hong-Shen Lin*, Huang-Chou Chang*

Coccidioidomycosis is a dustborne infection caused by the dimorphic fungus *Coccidioides immitis*. Infections are endemic to certain regions of the southwestern United States. Most patients with primary pulmonary coccidioidomycosis are asymptomatic. Inhalation of fungal spores is the only established mode of infection, and spores may be carried on dust particles.

Coccidioidomycosis is frequently unrecognized as a diagnosis because of the lack of suspicion in a non-endemic area. We described a case of coccidioidomycosis manifesting as a persistent pulmonary mass and diagnosed in Taiwan, a non-endemic area. This patient initially was treated with anti-tuberculosis drugs owing to the presence of necrotizing granulomatous inflammation on repetitive lung biopsies. The diagnosis of coccidioidomycosis was confirmed after wedge resection of the right middle lobe of the lung through mini-thoracotomy.

We also reviewed the related literature concerning the epidemiology, clinical manifestations, diagnosis and treatment of coccidioidomycosis. ***(Thorac Med 2010; 25: 311-316)***

Key words: coccidioidomycosis, non-tuberculosis, respiratory infection

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在台灣地區非地方性之肺部球孢子菌感染—病歷報告

邱欣怡* 管毅剛*,** 張耀文* 湯恩魁* 林鴻生* 張晃宙*

球孢子菌感染是一種經由在土壤裡的雙形性黴菌“*Coccidioides immitis*”所造成之感染，這種感染盛行於美國的西南區域。大多數原發性肺部球孢子菌感染的病人是沒有症狀的，目前唯一確定的感染模式是經由散佈於土壤內的黴菌孢子。

在非盛行區域，常因沒有想到這個疾病而沒有診斷出來。我們要報導一個在台灣這個非盛行區域，以肺部腫塊來表現的球孢子菌感染病例。這個病例因為反覆的肺部切片都顯示為壞死性肉芽組織發炎，所以剛開始是以抗結核菌藥物治療。最後經由開胸手術進行右中肺葉楔形切除後，才確定診斷為球孢子菌感染。

在這篇病例報告裡，我們也回顧了一些文章，關於球孢子菌感染的流行病學，臨床表現，診斷與治療。***(胸腔醫學 2010; 25: 311-316)***

關鍵詞：球孢子菌感染，非結核感染，肺部感染

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Huge Malignant Solitary Fibrous Tumor of Pleura with Cardiopulmonary Distress

Chin-Hung Lin*,**, Jiun-Yi Hsia*,***, Chung-Ping Hsu*,****

Malignant solitary fibrous tumors of the pleura (SFTP) are rare mesenchymal cell tumors in the thoracic cavity. A 59-year-old woman presented with dry cough, exertional dyspnea, and palpitation. Chest CT scan disclosed a huge and heterogeneous tumor mass in the left pleural cavity. She received surgical intervention through a sternotomy combined with a left anterior thoracotomy (modified hemi-clamshell) approach. The pathology revealed malignant solitary fibrous tumor.

For malignant SFTP, complete surgical resection is the mainstay of treatment. However, we described another surgical approach for the resection of huge thoracic tumors. In addition, we reviewed the literature with particular attention to the clinical features, histopathological characteristics, and management of these tumors. ***(Thorac Med 2010; 25: 317-321)***

Key words: malignant solitary fibrous tumor

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巨大之肋膜惡性單發性纖維瘤伴隨心肺窘迫症狀

林志鴻*,**　夏君毅*,***　徐中平*,****

肋膜之惡性單發性纖維瘤是罕見的間質細胞腫瘤。我們報告一位59歲之女性病人，因乾咳、呼吸困難及心悸而前來就診。電腦斷層顯示左下肺葉有一巨大的異質性腫瘤。我們藉由左側前位開胸術及胸骨正中切開術（改良式hemi-clamshell），成功移除腫瘤，病理報告證實為肋膜之惡性單發性纖維瘤。

對於肋膜之惡性單發性纖維瘤，手術切除是唯一的治療方式。在此，我們提供了另一種可行之術式來切除巨大的腫瘤。此外，我們特別針對肋膜之惡性單發性纖維瘤的臨床表徵、病理特徵及處置方法，做了文獻整理與回顧。*(胸腔醫學* ***2010; 25: 317-321)***

關鍵詞：惡性單發性纖維瘤

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Small Cell Lung Cancer with Hilar Lymphadenopathy Mimicking Pulmonary Embolism in Conventional Computed Tomography: A Case Report

Ke-Min Chen, Tsung-Ying Yang, Jeng-Yuan Hsu

A 69-year-old male was admitted because of intermittent chest tightness and shortness of breath for several months. Chest radiography showed a ground-glass lesion in the left middle lung field. The chest computed tomography showed a partial filling defect in the left pulmonary artery and peripheral wedge-shaped consolidation. Pulmonary embolism with pulmonary infarction was highly suspected from the computed tomography results. Because of the discordance between the clinical symptoms and the images, a multidetector computed tomographic pulmonary angiography was performed, and showed left hilar lymphadenopathy with external compression to the left pulmonary artery, mimicking a pulmonary embolism. Small cell carcinoma was proved by transthoracic lung biopsy from the peripheral lung lesion under sonographic guidance. ***(Thorac Med 2010; 25: 322-327)***

Key words: pulmonary embolism, pulmonary angiography, multidetector computed tomographic (MDCT) pulmonary angiography

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小細胞肺癌合併肺門淋巴結—仿造急性肺栓塞

陳克旻　楊宗穎　許正園

一位69歲的男性，這幾個月來因為感覺胸口悶及呼吸急促，而住院做檢查。胸部X光片顯示在左邊的肺中葉有個毛玻璃樣的病灶；胸部電腦斷層檢查（CT）顯示左邊的肺動脈有部分的顯影缺損及週邊楔形實質化病變。由影像的變化，高度懷疑為急性肺部血管栓塞合併肺梗塞。由於臨床症狀和電腦斷層圖像不一致，多探頭斷層攝影（MDCT）肺血管造影被安排檢查並且顯示了左邊的肺動脈有部分的顯影缺損其實是左門的淋巴結病向外壓迫到左邊的肺動脈，仿造肺栓塞(非真正的肺栓塞)。在超音波的導引下經胸廓的肺切片檢查，證實為小細胞肺癌。*(胸腔醫學* ***2010; 25: 322-327)***

關鍵詞：肺栓塞，肺血管攝影，多探頭斷層攝影（MDCT）肺血管造影

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Malignant Thymoma-Related Agranulocytosis Resolved after Thymothymectomy

Chun-Chien Wang, Tsung-Ying Yang, Cheng-Yen Chuang*, Jeng-Yuan Hsu

Thymoma has been associated with many kinds of paraneoplastic syndromes, the most common of which is myasthenia gravis. Hematological abnormalities such as pure red cell aplasia, hypogammaglobulinemia, and thrombocytopenia can be seen sometimes, but agranulocytosis is a rare condition associated with thymoma. We examined a 47-year-old woman with thymoma who complained of fever, chills and sore throat that had persisted for 4 days. Recurrent febrile neutropenia episodes were noted with an initial peripheral absolute neutrophil count of zero. A bone marrow biopsy revealed moderate myeloid hypoplasia. Antibiotics and granulocyte colony-stimulating factor (G-CSF) were prescribed. The neutropenia improved with the administration of G-CSF, but not with radiotherapy. Thymothymectomy, following radiotherapy, was performed and no further neutropenia was reported. ***(Thorac Med 2010; 25: 328-333)***

Key words: malignant thymoma, agranulocytosis, thymothymectomy

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惡性胸腺瘤相關之顆粒性白血球缺乏症—經胸腺瘤切除後緩解

王俊傑　楊宗穎　莊政諺*　許正園

胸腺瘤與許多腫瘤附屬症候群相關，其中最常見的是重症肌無力。在胸腺瘤造成的腫瘤附屬症候群中，偶爾可以見到血液系統異常，例如單純紅血球再生不良性貧血、免疫球蛋白低下、血小板減少症，但是胸腺瘤造成的顆粒性白血球缺乏症卻是很罕見的情況。我們報告一位47歲胸腺瘤的女生，一開始以發燒，發冷和喉嚨痛4天來就診。之後反覆發生嗜中性球低下所導致的發燒（febrile neutropenia），而且這位病人一開始周邊血液絕對中性球數目是零。骨髓切片檢查顯示放中度骨髓系列血球發育不全。一開始，我們使用抗生素和顆粒細胞刺激生長因子（G-CSF）作治療。在放射線治療失敗後進行胸腺瘤切除手術。顆粒性白血球缺乏症於胸腺瘤切除後消失，之後再也沒有發現嗜中性球低下所導致的發燒。*(胸腔醫學 **2010; 25: 328-333**)*

關鍵詞：惡性胸腺瘤，顆粒性白血球缺乏症，胸腺瘤切除術

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Air Crescent Sign: A Rare Presentation of Varicose Bronchiectasis with Hemoptysis

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The most common cause of the air crescent sign is aspergilloma resulting from saprophytic aspergillosis. The fungal ball consisting of condensed hyphae can vary in both size and number. Although saprophytic aspergillosis can be asymptomatic, patients may occasionally experience severe, life-threatening hemoptysis. Other causes of the air crescent sign include pulmonary hydatid cysts; lung colonization by other fungi; Rasmussen aneurysms in a tuberculous cavity; lung abscesses; bacterial necrotizing pneumonia caused by *Staphylococcus aureus*, *Klebsiella pneumoniae*, or *Pseudomonas aeruginosa*; and cavitating neoplasm of the lung. Bronchiectasis has not yet been reported as a cause of the air crescent sign. In this paper, we present a case of varicose bronchiectasis complicated with massive hemoptysis; a chest computed tomography (CT) scan of the patient showed the air crescent sign. Clinicians should therefore be aware that while there are several well-known causes of the appearance of the air crescent sign in a chest CT scan, varicose bronchiectasis complicated with severe hemoptysis should be considered as a diagnosis if rapid changes in the image occur during the follow-up period. ***(Thorac Med 2010; 25: 334-340)***

Key words: air crescent sign, computed tomography, varicose bronchiectasis, hemoptysis

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Air crescent sign—支氣管擴張症合併咳血之罕見表現

張山岳　徐先和*　簡志峯　陳健文　彭萬誠　蘇文麟

當影像學上出現Air crescent sign最常見的原因就是麴菌感染後形成麴菌球。麴菌球的成因是由許多菌絲聚集而成，通常不會造成明顯的症狀，但有些病人仍可能會以致命性的咳血來表現。其他可能造成air crescent sign的原因包括胞蟲囊體、其他黴菌感染、產生於之前結核病空洞中的血管瘤（Rasmussen aneurysm）、肺膿瘍、因金黃色葡萄球菌、綠膿桿菌或克雷白氏肺炎桿菌造成的壞死性肺炎、合併開洞表現之惡性腫瘤等疾病。支氣管擴張症合併嚴重咳血，過去並未曾被報導會在影像上呈現air crescent sign之變化。我們提出一位病患因支氣管擴張症合併嚴重咳血，而在胸部電腦斷層影像上呈現了air crescent sign。此病例可提醒臨床醫師，雖然臨床上有許多常見原因會導致電腦斷層影像上呈現air crescent sign，一旦發現病人影像上有air crescent sign且合併嚴重咳血，但在影像上卻有異乎尋常的快速變化時，除了考慮常見的鑑別診斷外，也應考慮病人可能有潛在的支氣管擴張症之問題。*(胸腔醫學* ***2010; 25: 334-340)***

關鍵詞：Air crescent sign，電腦斷層，支氣管擴張症，咳血

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