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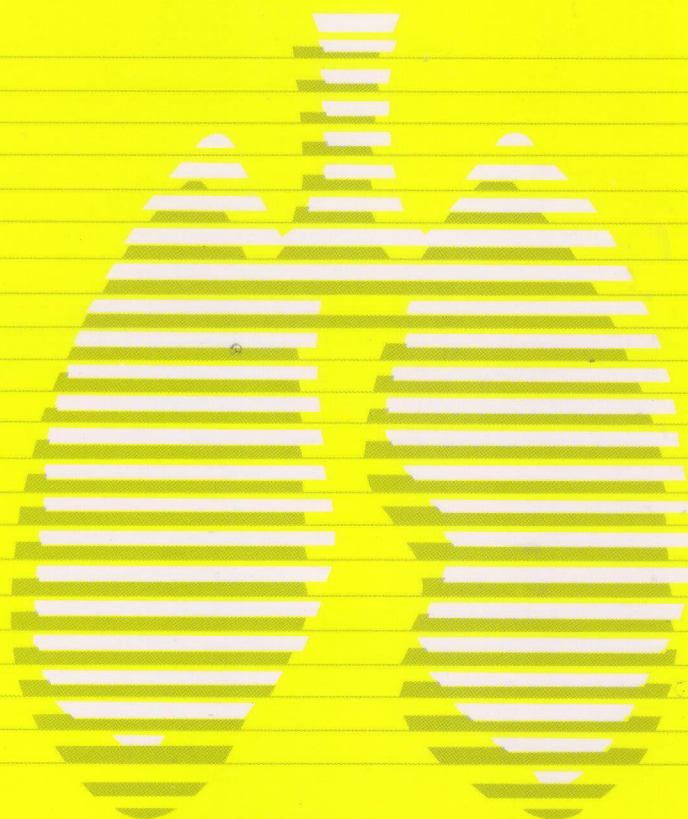
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What Can Be Used to Predict the Extent of Pulmonary Embolism if Perfusion-ventilation Scan Is Not Available?

Yi-Hsing Chen, Wei-Li Lien*, Ming-Shyan Huang**, ****, Yu-Wen Chen***,
Jhi-Jhu Hwang**, *****, Tung-Heng Wang**, *****

To determine whether the alveolar-arterial oxygen difference $[(A-a)DO_2]$, right ventricular diameter (RVD), pressure gradient between the right atrium and the right ventricle (PG_{RA-RV}), and peak velocity of the tricuspid regurgitation jet (PVTR) on echocardiography, in addition to clinical signs, D-dimer concentration, and deep vein thrombosis (DVT), might predict the extent of pulmonary embolism (PE) if a perfusion-ventilation lung scan (PV scan) is not available. Twenty-nine consecutive inpatients with acute PE diagnosed by a high-probability PV scan were retrospectively studied. The extent of PE was initially categorized into 3 groups, based on the percentage, Group 1: <30%, Group 2: 30-50%, and Group 3: >50%, of total lung area with perfusion defects in the PV scan. The clinical signs, D-dimer concentration, DVT, $(A-a)DO_2$, and echocardiography parameters of the 3 groups were compared. Significant differences among the 3 groups prompted pair-wise comparisons. Finally, when appropriate, the correlativity was tested. We found no significant differences in clinical signs, D-dimer concentration, and DVT among the 3 groups, although RVD, PG_{RA-RV} and PVTR, and $(A-a)DO_2$ differed significantly among the groups. Pair-wise comparisons revealed that $(A-a)DO_2$ differed significantly between the Group 1 and 2 patients ($p = 0.001$), and RVD differed significantly between the Group 2 and 3 patients ($p = 0.009$). The extent of perfusion defects showed an excellent linear correlation with $(A-a)DO_2$ ($r = 0.81$, $p < 0.001$), PG_{RA-RV} ($r = 0.76$, $p = 0.001$), and PVTR ($r = 0.80$, $p = 0.001$). Thus, $(A-a)DO_2$ plus echocardiography might closely predict the extent of perfusion defects, reflecting the severity of PE, in PV scans of high probability PE, and may be useful in the decision-making regarding management strategies for acute PE when a PV scan is not available. (*Thorac Med* 2009; 24: 74-84)

Key words: pulmonary embolism, alveolar-arterial oxygen difference, echocardiography, perfusion-ventilation lung scan

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如果沒有換氣—灌流掃描，可以用什麼來預測肺栓塞嚴重程度？

陳億倖 連偉立* 黃明賢**, **** 陳毓雯*** 黃吉志**, ***** 王東衡**, *****

臨床症兆，D-dimer的濃度，與下肢靜脈栓塞以外，肺泡—動脈氧壓差，與心臟超音波下的右心室直徑大小，右心房與右心室之壓力梯度，及三尖瓣逆流的尖峰流速是否可以預測肺栓塞的嚴重度？

我們回顧29位藉由灌流—換氣掃描，而診斷為高可能性的肺栓塞住院病人。依照肺灌流—換氣掃描中灌流缺陷範圍占全部肺野百分比(%)的多少，將病人分為三組，第一組(Group 1)：<30%，第二組(Group 2)：30-50%，及第三組(Group 3)：>50%。比較三組間之肺泡—動脈氧壓差，心臟超音波的參數，和臨床症兆，D-dimer的濃度，及下肢靜脈栓塞的差異性。如果這三組間達到統計學上有意義的差別，則進一步兩兩配對比較。符合條件的參數再進一步檢測與灌流缺陷範圍的相關性。

結果三組病人在臨床症兆，D-dimer濃度，及下肢靜脈栓塞等的差異上，並沒有達到統計學有意義的程度。而三組病人在肺泡—動脈氧壓差，心臟超音波下的右心室直徑大小，右心房—右心室壓力梯度及三尖瓣逆流的尖峰流速等參數的差異，達到統計學上有意義的程度。配對比較後，顯示肺泡—動脈氧壓差在第一組與第二組($p = 0.001$)間，與右心室直徑大小在第二組與第三組($p = 0.009$)間，達到顯著性差異。另外，肺灌流—換氣掃描中灌流缺陷範圍的大小分別和肺泡—動脈氧壓差($r = 0.81$, $p < 0.001$)，心臟超音波檢查的三尖瓣逆流的尖峰流速($r = 0.80$, $p = 0.001$)與右心房-右心室壓力梯度($r = 0.76$, $p = 0.001$)等三項指標參數，都呈現有顯著意義的直線性相關。

肺灌流—換氣掃描檢查中，灌流缺陷範圍的大小，是臨床上肺栓塞嚴重程度評估的重要指標之一。臨床醫師在醫院缺乏核子醫學肺灌流—換氣掃描設備下，參考本文所呈現動脈血氣體分析結合心臟超音波檢查結果，與高可能性肺栓塞病人灌流—換氣掃描檢查中，灌流缺陷的範圍大小有著密切線性相關，或許可以用來預測肺栓塞的嚴重度，幫助病人在處置策略上的決定。(胸腔醫學 2009; 24: 74-84)

關鍵詞：肺栓塞，肺泡動脈—氧壓差，心臟超音波，灌流—換氣掃描

Pulmonary Artery Sarcoma Mimicking Chronic Pulmonary Thromboembolism: A Case Report

Tissot Low, Jen-Jyh Lee, Gee-Gwo Yang, Shen-Feng Chao*

Pulmonary artery sarcoma is an extremely rare cause of pulmonary artery obstruction. Because of its similarity in clinical presentations and radiographic findings to pulmonary thromboembolism, the tumors are frequently misdiagnosed and its true incidence is probably underestimated. Herein, we describe a patient with a presumptive diagnosis of chronic pulmonary thromboembolism who was later found to have pulmonary artery sarcoma. We also review the distinguishing clinical and radiographic characteristics of the 2 diseases. (*Thorac Med* 2008; 24: 85-90)

Key words: pulmonary artery sarcoma, chronic pulmonary thromboembolism

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模仿肺栓塞之肺動脈肉瘤——病例報告

劉迪塑 李仁智 楊治國 趙盛豐*

肺動脈肉瘤是造成肺動脈阻塞的極罕見病因。由於其臨床表徵及影像學特徵與肺栓塞極為相似，肺動脈肉瘤常被誤診為肺栓塞，真實發生率也因此而被低估。我們在此報導了一個最初被診斷為肺栓塞而之後確診為肺動脈肉瘤的病例。我們也從文獻中回顧此兩種疾病在臨床與影像學上可供辨識之特徵。*(胸腔醫學 2009; 24: 85-90)*

關鍵詞：肺動脈肉瘤，慢性肺栓塞

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Metastasis of Squamous Cell Carcinoma of the Cervix Presenting like Asthma: A Case Report and Review of the Literature

Chung-May Wang, Cheng-Yi Wang, Hen-I Lin

We report a 51-years-old female with mediastinal and axillary lymphadenopathy, who presented with obstructive bronchial symptoms. The patient had a history of squamous cell carcinoma cervix uteri stage IIb with right and left hypogastric lymph nodes metastasis post-operation and radiotherapy. She presented with persistent cough, shortness of breath and marked diffused wheezing on auscultation. The pulmonary function test revealed moderate obstructive ventilatory impairment.

Chest computed tomography examination of the widening of the right upper mediastinum revealed multiple lymph nodes at the right paratrachea, retrocaval, precarina, and subcarinal region and left axillary fossa. Pathology of the left axillary lymphadenopathy showed metastatic squamous cell carcinoma. Immunostaining results indicated metastatic squamous cell carcinoma, compatible with a uterine cervical origin. Chemotherapy with cisplatin and radiotherapy for the left bronchial obstruction was given. We review the literature and discuss the features of squamous cell carcinoma of the cervix with pulmonary metastasis. (*Thorac Med* 2008; 24: 91-98)

Key words: cervical cancer, lung metastasis

子宮切除手術及放射治療九年後氣喘為臨床表現之轉移性 子宮頸癌：一病例報告及文獻回顧

王春梅 王誠一 林恆毅

子宮頸癌合併肺部轉移是一相當罕見。我們報告一位51歲女性病患，其臨床症狀為咳嗽一個月的時間。咳血氣喘三天的時間。氣喘吃藥無法改善。於九年前曾患子宮頸癌並接受子宮切除手術及局部的放射性治療，以氣喘為臨床表現，最終診斷為子宮頸癌合併縱隔腔淋巴、腋部淋巴腫大及氣管內轉移性腫瘤。(胸腔醫學 2009; 24: 91-98)

關鍵詞：子宮頸癌，肺部轉移

Successful Treatment of Invasive Pulmonary Aspergillosis Using a New Antifungal Agent (Caspofungin) in an Immunocompetent Patient with Chronic Obstructive Pulmonary Disease – A Case Report

Chao-Cheng Chang*, Shih-Ming Tsao*,**, Tzu-Chin Wu*, Thomas Chang Yao Tsao*

Immunocompromised individuals are susceptible to pulmonary aspergillus infection, but invasive aspergillus infection is rarely seen in the presence of normal immunity. Some reports have described invasive pulmonary aspergillosis (IPA) occurring in chronic obstructive pulmonary disease (COPD) patients receiving corticosteroid treatment. We report a 74-year-old male patient with COPD who was treated regularly with inhaled corticosteroids. He presented with fever, productive cough and exacerbation of dyspnea accompanied with chest radiographic abnormalities on admission. IPA was diagnosed soon thereafter by bronchoscopy with bronchial biopsy and bronchoalveolar lavage (BAL). A new antifungal agent (caspofungin) was used which successfully treated the disease within 14 days. In summary, since patients with underlying COPD and corticosteroids use are predisposed to IPA, physicians should consider such an infection, and bronchoscopy may be helpful in the early diagnosis. Echinocandins, such as caspofungin, are effective in the treatment of IPA. (*Thorac Med* 2009; 24: 99-105)

Key words: invasive pulmonary aspergillosis (IPA), caspofungin, chronic obstructive pulmonary disease (COPD)

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經新抗黴菌劑（Caspofungin）成功治療發生於免疫功能正常之慢性肺阻塞病患者的侵犯性肺麴菌——病例報告

張照政* 曹世明*,** 吳子卿* 曹昌堯*

免疫功能不全的患者肺部容易受麴菌感染，但侵犯性麴菌感染很少出現在免疫功能正常的人。一些報告描述，侵犯性肺麴菌病（IPA）發生在使用皮質類固醇治療之慢性阻塞性肺病（COPD）病人。我們報告一名74歲男性慢性阻塞性肺病病人，常規使用吸入性皮質類固醇治療。病患入院時，出現發燒、咳嗽有黃痰、呼吸困難惡化等症狀，並伴隨有胸部X光影像異常。病人經早期支氣管鏡切片檢查及肺泡灌洗液培養診斷有侵犯性肺麴菌。新抗黴菌劑（caspofungin）給予14天，成功地治癒此疾病。總之，因為慢性阻塞性肺病病人及使用皮質類固醇治療的病人，容易得到侵犯性肺麴菌病。對於這些病人，醫師應該考慮到此種感染而支氣管鏡檢查對早期診斷或許有幫助。Echinocandins譬如caspofungin在治療侵犯性肺麴菌病是有效的。(胸腔醫學 2009; 24: 99-105)

關鍵詞：侵犯性肺麴菌病，抗黴菌劑，慢性阻塞性肺病

Adult Onset Still's Disease with Initial Manifestations Mimicking Pneumonia with Pleural Effusion – A Case Report

Chang-Hung Chen, Horng-Ming Yeh*

Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disorder of unknown etiology characterized by spiking fevers with an evanescent rash, arthritis, and multi-organ dysfunction. Pneumonia with pleural effusion are uncommon presentation among ethnic Chinese patients. Herein, we examine the case of a 49-year-old female patient admitted to our hospital complaining of incessant coughing and spiking fever. Chest radiograph showed pulmonary infiltrates in bilateral lung fields. Cardiac echography showed minimal pericardial effusion. Right wrist and left shoulder arthralgia were also noted. Fever persisted despite the administration of antibiotics. Laboratory data revealed leukocytosis, high C-reactive protein (CRP), and ferritin. The fever, cough, pleural effusion and arthralgia subsided promptly after steroid treatment. Patient follow-up at our outpatient clinic confirmed clinical remission. We advise clinicians to be aware of this particular symptomological presentation and to look for suggestive clinical symptoms, so as to achieve a more rapid and accurate diagnosis. (*Thorac Med* 2009; 24: 106-110)

Key words: Adult-onset Still's disease (AOSD), pneumonia, pleural effusion, CRP (C-reactive protein)

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成人史迪爾氏症以肺炎和肋膜積液來表現——一病例報告

陳長宏 葉宏明*

成人史迪爾氏症是少見的全身性發炎性疾病，致病的原因不明，主要以高燒、紅疹、關節炎和多重器官症狀來表現。華人的成人史迪爾氏症個案以肺炎和肋膜積液為初期表現的較少。本病例為一49歲女性病患，因發燒和咳嗽而來就診。胸部X光發現右下肺葉浸潤增加，兩側有肋膜積液。因此在社區性肺炎的臆測下給予抗生素治療，但仍持續發燒，並有心包膜積液和關節疼痛等現象。實驗數據顯示白血球高達38841 /ul，C反應性蛋白高達28.17 mg/dl，ferritin高達4184 ng/ml，經類固醇治療後發燒、咳嗽及關節痛等症狀解除，肋膜積液也消除。我們認為，以肺炎和肋膜積液來表現的成人史迪爾氏症相當少見，內科醫師應當注意相關的診斷要件，以求早日發現病因。(胸腔醫學 2009; 24: 106-110)

關鍵詞：成人史迪爾氏症，肺炎，肋膜積液，C-反應蛋白

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Life-threatening Hemoptysis as Initial Presentation of Primary Sjögren's Syndrome: A Case Report

Li-Kuo Huang*, Fang-Chi Lin**, ***, Shi-Chuan Chang*, ****

The reported frequency and forms of pulmonary involvement in patients with primary Sjögren's syndrome (pSS) vary widely, and pulmonary involvement in pSS is usually mild and slowly progressive. Bronchiectasis complicated with life-threatening hemoptysis as the initial presentation of pSS has not yet been reported. We report such a case in a 69-year-old woman. The findings of our case suggest that bronchiectasis caused by systemic diseases including pSS should be added to the list of differential diagnoses for life-threatening hemoptysis, particularly for those without the characteristic clinical features of bronchiectasis. (*Thorac Med* 2009; 24: 111-115)

Key words: bronchiectasis, hemoptysis, primary Sjögren's syndrome

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以危及生命之咳血為初始表現的原發性修格蘭氏症候群 ——病例報告

黃立果* 林芳綺**,*** 張西川*,****

在原發性修格蘭氏症候群的臨床表現中，肺部侵犯的頻率和型式有著很大的變異程度。一般而言，肺部侵犯通常都很輕微且進行相當緩和。然而，以支氣管擴張症合併大量咳血為初始表現者，目前並無報告案例。我們在此提出一位69歲女性，過去沒有肺部相關疾患和症狀，但因突發性大量咳血合併呼吸衰竭住院，後來才確診為原發性修格蘭氏症候群的個案。藉由此案例報告，我們希望能夠提醒臨床醫師，如果病患的胸部影像學顯示支氣管擴張症徵像，但臨床上並無典型症狀時，應該將會併發支氣管擴張症的全身性相關疾患列入鑑別診斷，包括原發性修格蘭氏症候群。*(胸腔醫學 2009; 24: 111-115)*

關鍵詞：支氣管擴張症，咳血，原發性修格蘭氏症候群

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Breast Metastasis from Lung Adenocarcinoma in a 26-year-old Woman: A Case Report

Shou-Cheng Wang*, **, Jui-Chuang Tseng*, Cheng-Pin Yu***, Ming-Fang Cheng***, Wann-Cherng Perng**, Chien-Wen Chen**

Metastatic breast adenocarcinoma of pulmonary origin is extremely rare. Herein, we present an incidental finding of mammary nodules in a 26-year-old female during the work-up for metastatic brain tumors. Sono-guided fine-needle aspiration cytology of the breast nodules and CT-guided needle biopsy of the pulmonary mass were performed. The morphologic features and immunoreactivity to thyroid transcription factor-1 (TTF-1) confirmed this diagnosis. The patient received treatment and the clinical condition improved gradually. It is crucial to accurately distinguish primary breast cancer from a metastasized cancer because both the treatment and the outcome will differ. (*Thorac Med* 2009; 24: 116-121)

Key words: adenocarcinoma of lung, breast metastasis, thyroid transcription factor-1 (TTF-1)

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一位26歲女性罹患肺腺癌合併乳房轉移：病例報告

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原發性肺腺癌轉移至乳房是極為罕見的。我們報告一個26歲的女性，在評估其轉移性腦瘤病灶時，意外發現乳腺結節。在進行了超音波導引下乳腺結節細針穿刺細胞學檢查和電腦斷層導引下肺部腫塊穿刺活檢之後，細胞本身的形態學特徵和對甲狀腺轉錄因子-1的陽性免疫反應證實了原發性肺腺癌合併乳房轉移之診斷。該病人正接受適當治療且其臨床情況逐漸改善。因為原發性及轉移性乳腺癌的治療方法及預後非常不同，所以，準確的將兩者加以區分是十分重要的。*(胸腔醫學 2009; 24: 116-121)*

關鍵詞：肺腺癌，乳房轉移，甲狀腺轉錄因子-1（TTF-1）

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Resuscitation Using Extracorporeal Membrane Oxygenation for Fat Embolism Syndrome – A Case Report and Literature Review

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Fat embolism syndrome (FES) is a rare fatal complication. The treatment of FES is mainly supportive. Extracorporeal membrane oxygenation (ECMO) is currently being used in ICUs worldwide for respiratory failure, but rarely for ARDS associated with FES. We report the case of a 15-year-old male with close fractures of the left clavicle, right humerus and femur, and who developed ARDS associated with FES 3 days after the fracture. The patient remained profoundly hypoxic despite ventilatory support and veno-venous ECMO. After 1 week of resuscitation using ECMO, his oxygenation improved and the patient was discharged from the hospital in good condition. (*Thorac Med* 2009; 24: 122-126)

Key words: adult respiratory distress syndrome, extracorporeal membrane oxygenation, fat embolism syndrome

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使用體外循環維生系統復甦脂肪栓塞症候群——病例報告 及文獻回顧

吳庚欽*,** 彭萬誠** 黃坤崙** 陳健文** 蘇文麟** 彭忠衍** 簡志峯**

脂肪栓塞症候群是一個罕見的致命性併發症。脂肪栓塞症候群的治療主要是支持療法。最近在世界各地的加護中心，體外循環維生系統常被用來幫助一些呼吸衰竭的病患，但很少用在脂肪栓塞症候群造成的急性呼吸窘迫症候群患者。我們報告一例十五歲男性病患，合併左側鎖骨，右側肱骨及右側股骨閉鎖性骨折，病患在骨折後第三天併發脂肪栓塞症候群相關的急性呼吸窘迫症候群。病患因使用呼吸器後仍然有嚴重的低血氧情形，便幫病人放置靜脈-靜脈型體外循環維生系統。在接受一星期的體外循環維生系統後，病人血氧明顯改善並在良好的狀況下出院。(胸腔醫學 2009; 24: 122-126)

關鍵詞：急性呼吸窘迫症候群，體外循環維生系統，脂肪栓塞症候群

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Unusual Manifestation of Lung Abscess with *Mycoplasma Pneumoniae* Co-infection – Case Report

Chih-Ying Ou, Chien-Chung Lin, Tzuen-Ren Hsiue

Although lung abscess is a common manifestation of pulmonary infection caused by pyogenic bacteria, mycobacteria, fungi and parasites, it is seldom associated with *Mycoplasma pneumoniae* infection. We report the case of a 67-year-old woman who presented with symptoms of community-acquired pneumonia and who later developed a lung abscess and pneumatocele formation caused by *Mycoplasma pneumoniae*. The infectious organism was confirmed by a dynamic change in serological titers. This case highlights the significance of *Mycoplasma pneumoniae* infection in community-acquired pneumonia. (*Thorac Med* 2009; 24: 127-132)

Key words: lung abscess, *Mycoplasma pneumoniae*

合併肺炎黴漿菌感染的罕見肺膿瘍表現——病例報告

歐芷瑩 林建中 薛尊仁

在由細菌、結核菌、黴菌和寄生蟲所引起的肺部感染中，肺膿瘍是一個常見的表現。除了少數發表在小孩和青少年的文獻報告之外，肺炎黴漿菌極少和肺膿瘍有所關聯性。在這一篇文章中，我們呈現一個67歲女性，最初的表現為社區型肺炎的臨床症狀，後續的影像學追蹤產生肺膿瘍和pneumatocele。血清學檢查證實肺炎黴漿菌的感染。此案例強調，即使合併肺膿瘍，肺炎黴漿菌在社區型肺炎的致病菌中仍有一定的重要性。(胸腔醫學 2009; 24: 127-132)

關鍵詞：肺膿瘍，肺炎黴漿菌感染