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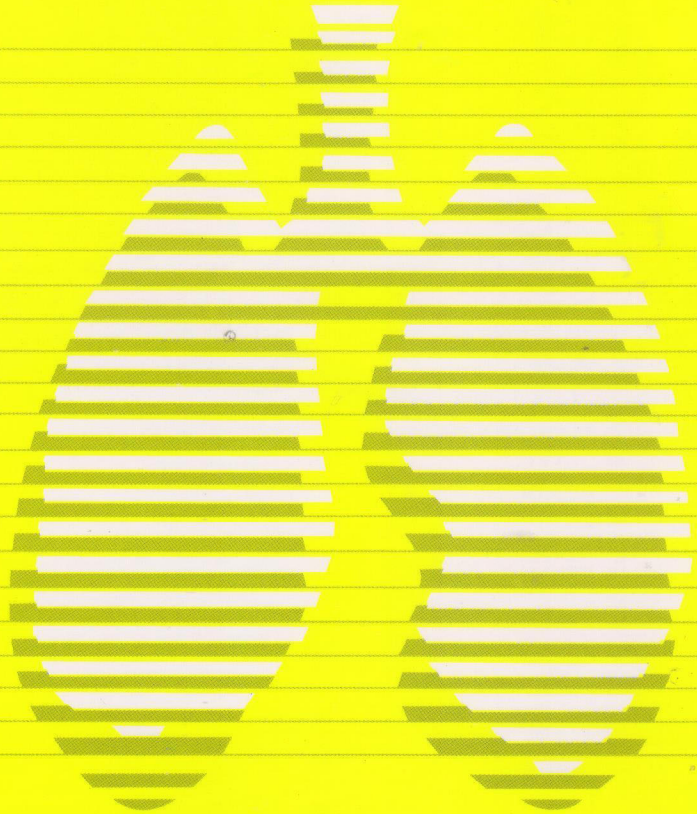

台灣胸腔暨重症加護醫學會

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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病例報告

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Case Reports

Persistent Hypersomnolence in an Elderly Patient Treated for Obstructive Sleep Apnea Syndrome – A Case Report

Yung-Fa Lai, Chien-Hung Chin*, Mao-Chang Su*,**

Obstructive sleep apnea (OSA) is prevalent in the middle-aged and elderly population. OSA causes sleep fragmentation with intermittent oxygen desaturation and is the most common cause of excessive sleepiness, which often improves after treatment. Narcolepsy is a neurological disorder and is another common cause of excessive sleepiness. However, coexistent narcolepsy in OSA patients is uncommon. Unlike OSA, narcolepsy is rarely discovered among elderly people. Therefore, we report an elderly OSA patient co-morbid with narcolepsy, a very rare condition in clinical practice. ***(Thorac Med 2009; 24: 133-138)***

Key words: elderly, excessive sleepiness, narcolepsy, obstructive sleep apnea

Chest Division, Department of Internal Medicine, E-Da Hospital / Department of Occupational Therapy, I-Shou University, Kaohsiung, Taiwan; *Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital – Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan; **Department of Respiratory Care, Chang Gung Institute of Technology, Chiayi, Taiwan
Address reprint requests to: Dr. Mao-Chang Su, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital, Kaohsiung, Taiwan, No. 123, Ta-Pei Road, Niao-Sung Hsiang, Kaohsiung Hsien, Taiwan 83305, R.O.C.

阻塞性睡眠呼吸中止症年老病患治療後之持續過度嗜睡—一病例報告

賴永發　秦建弘*　蘇茂昌*,**

阻塞性睡眠呼吸中止症較常見於年長族群，病患睡眠時其上呼吸道反覆塌陷合併氧合濃度降低，導致其睡眠受到干擾。長久以來病患多為白天過度嗜睡所苦，而過度嗜睡常因睡眠呼吸中止症治療以後獲得改善。猝睡症則是另一種造成過度嗜睡的疾病，然而與睡眠呼吸中止症不同的是它較常見於年輕族群。兩種疾病合併並不多見，合併於老年人之機率更低，因此我們報導一位八十三歲男性病患患有阻塞性睡眠呼吸中止症且合併猝睡症，藉以強調若阻塞性睡眠呼吸中止症治療以後仍然過度嗜睡，猝睡症則應該列入鑑別診斷。*(胸腔醫學* ***2009; 24: 133-138)***

關鍵詞：阻塞性睡眠呼吸中止症，猝睡症，過度嗜睡，老年人

義大醫院　內科部　胸腔內科 / 義守大學　職能治療學系，*高雄長庚紀念醫院　內科部　呼吸胸腔內科
**長庚技術學院　呼吸照護系
索取抽印本請聯絡：蘇茂昌醫師，高雄長庚紀念醫院　呼吸胸腔內科，83305高雄縣鳥松鄉大埤路123號

F-18 FDG-Positron Emission Tomographic Scanning in Pulmonary Wegener's Granulomatosis

Yi-Ting Chen, En-Ting Chang, Kuei-Ying Su*, Shu-Hsin Liu**, Jen-Jyh Lee

Positron emission tomography (PET) with F-18 fluorodeoxyglucose (FDG) has become an important tool in differentiating benign from malignant lung lesions. But, the specificity tends to be low, especially when chronic nonmalignant inflammatory processes are prevalent.

Several kinds of vasculitis and granulomatous disease have been reported to have FDG-uptake in the scan. We presented 2 patients whose diagnosis of pulmonary Wegener's granulomatosis showed positive results with regard to the FDG-PET scan. From a literature review, we also tried to deduce the characteristics of PET scan results in Wegener's granulomatosis. ***(Thorac Med 2009; 24: 139-144)***

Key words: pulmonary Wegener's granulomatosis, FDG-PET, false-positive

Chest Medicine, Department of Internal Medicine, Buddhist Tzu Chi General Hospital; *Rheumatology, Department of Internal Medicine, Buddhist Tzu Chi General Hospital; **Department of Nuclear Medicine, Buddhist Tzu Chi General Hospital

Address reprint requests to: Dr. Jen-Jyh Lee, Chest Medicine, Department of Internal Medicine, Buddhist Tzu Chi General Hospital, #707, Section 3 Chung-Yang Rd., Hualien, Taiwan, 970, R.O.C.

韋格納氏內芽腫的正子照影表現

陳逸婷　張恩庭　蘇桂英*　劉淑馨**　李仁智

以F-18 fluorodeoxyglucose顯影的正子照影（Positron emission tomography）已經成為惡性肺部病灶鑑別診斷的重要工具。但其專一性會受到發炎性病灶影響而降低。至目前為止，已經有許多的肺部結節性病變被提出可表現為正子照影陽性，如肺結核、組織漿菌症（histoplasmosis）、隱球菌症（Cryptococcosis）、類肉芽結節（sarcoidosis）和風濕性結節（rheumatoid nodule）。也有數種血管炎會表現正子照影陽性，如巨細胞血管炎（giant cell arteritis）、高安氏動脈炎（Takayasu's arteritis）、結節性多發動脈炎（polyarteritis nodosa）等。

韋格納氏內芽腫（Wegener's granulomatosis）是一結節性血管炎。我們提出兩個多發性肺部結節的個案，診斷皆為韋格納氏內芽腫；兩位的肺部病灶在正子照影下皆為陽性。本文並回顧相關個案報告，歸納韋格納氏內芽腫可能的正子照影特徵，包括：陽性顯影之多發性肺部結節並可能有開洞表現，合併鼻部或鼻竇部位陽性顯影之腫瘤，以及針對Wegener's granulomatosis治療後，追蹤的正子照影可見原陽性顯影的減退或消失。*(胸腔醫學* ***2009; 24: 139-144)***

關鍵詞：Wegener's granulomatosis，正子照影，偽陽性

花蓮慈濟醫學中心　胸腔內科，*花蓮慈濟醫學中心　風濕免疫科，**花蓮慈濟醫學中心　核子醫學科
索取抽印本請聯絡：李仁智醫師，花蓮慈濟醫院　胸腔內科，花蓮市中央路三段707號

A Case Report of Hyperbaric Oxygen Therapy for a Patient with Carbon Monoxide Poisoning and Cardiogenic Pulmonary Edema

Ruey-Meei Lee*, **, Kun-Lun Huang**, ***, Chung-Kan Peng**,
Wann-Cherng Perng**

Acute carbon monoxide (CO) poisoning is one of the most common causes of lethal poisoning. The incidence of acute CO poisoning has been increasing in recent years, and it may occur accidentally or intentionally. CO actively competes with oxygen (O_2) at hemoglobin (Hb) binding sites and disrupts the mitochondrial electron-transport chain. Severe CO poisoning can lead to tissue hypoxia, which can result in immediate death or in delayed neuropsychiatric sequelae. Hyperbaric oxygen (HBO_2) therapy plays an important role in the rapid elimination of CO from the body, thereby minimizing tissue hypoxia and injury. We report the case of an 18-year-old woman with severe CO poisoning and acute cardiogenic pulmonary edema who was treated successfully with HBO_2 therapy. ***(Thorac Med 2009; 24: 145-150)***

Key words: CO, acute pulmonary edema, HBO_2

* Department of Internal Medicine, Taiwan Adventist Hospital, Taipei, Taiwan; **Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, Republic of China; ***Department of Undersea and Hyperbaric Medicine, Tri-Service General Hospital, Taipei, Taiwan, Republic of China

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

以高壓氧治療一氧化碳中毒合併心因性肺水腫

李瑞美*,** 黃坤崙**,*** 彭忠衍** 彭萬誠**

急性一氧化碳（CO）中毒是常見的致命中毒原因之一，近年來，其發生率（不論是意外或故意造成）一直不斷在增加。一氧化碳會積極的和氧氣競爭位於血紅蛋白的結合點，也會擾亂粒腺體的電子傳遞鏈。如不施與緊急治療，重度一氧化碳中毒可導致組織缺氧，引起立即死亡或延遲性神經精神後遺症。高壓氧治療對於迅速消除體內一氧化碳以減少組織缺氧和傷害是非常重要的。在此，我們報告一位重度一氧化碳中毒併有急性心因性肺水腫的18歲女子成功以高壓氧治療康復的案例。***(胸腔醫學 2009; 24: 145-150)***

關鍵詞：一氧化碳中毒，急性肺水腫，高壓氧治療

台安醫院 內科部*，三軍總醫院 胸腔暨重症醫學科**，三軍總醫院 海底暨高壓氧醫學部***
索取抽印本請聯絡：彭萬誠醫師，三軍總醫院 胸腔暨重症醫學科，臺北市內湖區成功路 二段325號

Intramural Esophageal Bronchogenic Cyst – Report of a Case

Kun-Chou Hsieh, Chao-Tien Hsu*

Bronchogenic cyst is a relatively rare mediastinal tumor. As the name implies, most of these tumors arise from the broncho- pulmonary tract. In very rare cases, they may present in the esophageal muscular layer. After progressive dysphagia of 6 months' duration, our patient sought treatment. Esophagogram and chest computed tomography revealed an esophageal cyst with lumen compression. To alleviate the symptoms, we performed cyst removal by enucleation through a right thoracotomy. During operation, we suggested emplacing a nasogastric tube to render the dissection safer. The diagnosis was revised to bronchogenic cyst after receiving the pathology results. ***(Thorac Med 2009; 24: 151-155)***

Key words: bronchogenic cyst, mediastinal tumor, esophagus

Division of Thoracic Surgery, Department of Surgery, E-Da Hospital, Kaohsiung County, Taiwan; *Department of Pathology, E-Da Hospital, Kaohsiung County, Taiwan
Address reprint requests to: Dr. Chao-Tien Hsu, Department of Pathology, E-Da Hospital, No.1, E-Da Road, Jiau-Shu Tsuen, Yan-Chau Shiang, Kaohsiung County, Taiwan, 824

食道平滑肌內的支氣管源性囊腫—病例報告

謝坤洲　許朝添*

支氣管源性囊腫是種罕見的縱膈腔腫瘤。此類囊腫大多數發生於肺部或是支氣管旁。但是在極罕見的情形下，它可能出現在食道肌肉層中。在此個案中，因患者於半年內感覺吞嚥逐漸困難而就醫。經由食道攝影及胸部電腦斷層攝影檢查，發現食道肌肉層中有一囊腫向內壓迫。經過右側開胸後，將此囊腫完全取出。在手術中，我們建議置放鼻胃管以利囊腫分離更安全，不會破壞食道的黏膜層。經由病理檢查後，診斷修正為支氣管源性囊腫。*(胸腔醫學 **2009; 24: 151-155**)*

關鍵詞：支氣管源性囊腫，縱膈腔腫瘤，食道

義大醫院　外科部　胸腔外科　*病理部
索取抽印本請聯絡：許朝添醫師，義大醫院　病理部，824高雄縣燕巢鄉角宿村義大路1號

Pulmonary and Gastric Mucosa-associated Lymphoid Tissue Lymphoma in a Patient with Sjögren's Syndrome: A Case Report

Shu-Fang Huang*,**, Nan-Hsiung Feng*, Jen-Hsien Lin*, Wen-Chuan Tsai ***, Chih-Kung Lin***, Wann-Cherng Perng**

Mucosa-associated lymphoid tissue (MALT) lymphoma may arise from certain autoimmune diseases (Sjögren's syndrome, systemic lupus erythematosus, Hashimoto's thyroiditis) or infections (Helicobacter pylori). MALT lymphoma is indolent and often localized for a long time. Coexistence of MALT lymphomas in 2 or more sites is rare. We reported a patient with long-term symptoms of dry eyes and dry mouth who was admitted for evaluation of lung lesions. The computed tomography (CT) guided biopsy specimen was too small to yield a definite diagnosis. The diagnosis of pulmonary MALT lymphoma is based on the pathological examination, often needing a larger specimen obtained through surgery. This patient was diagnosed with Sjögren's syndrome and unexpected gastric MALT lymphoma during this hospitalization. The diagnosis of pulmonary MALT lymphoma was made using the polymerase chain reaction (PCR) technique. ***(Thorac Med 2009; 24: 156-162)***

Key words: pulmonary MALT lymphoma, gastric MALT lymphoma, Sjögren's syndrome

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

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

一位罹患修格蘭氏症候女性合併有肺及胃粘膜相關淋巴組織淋巴瘤：病例報告

黃樹訪*,** 馮南雄* 林任先* 蔡文銓*** 林志恭*** 彭萬誠**

粘膜相關淋巴組織淋巴瘤可能會因為特定的自體免疫疾病（修格蘭氏症候、全身性紅斑性狼瘡、橋本氏甲狀腺炎）或感染（幽門螺旋桿菌）而引起。粘膜相關淋巴組織淋巴瘤是相當良性的腫瘤，常侷限在某一器官很久的時間，很少有同時發生兩處以上的情形，我們報告一位長時間有眼乾及口乾症狀的56歲女性因咳血住院，以電腦斷層導引穿刺術評估肺部病灶，因檢體太小無法作確定診斷，住院中意外發現胃粘膜相關淋巴組織淋巴瘤，進而以聚合酵素鏈鎖反應方法診斷肺部病灶亦為粘膜相關淋巴組織淋巴瘤。在肺部診斷此疾病需要較大的檢體，電腦斷層導引穿刺術的診斷率並不高，但我們可以根據臨床上相關的疾病及影像學的特徵，懷疑此疾病並輔以聚合酵素鏈鎖反應方法，減少需要手術的風險並提高診斷率。*(胸腔醫學* ***2009; 24: 156-162)***

關鍵詞：胃粘膜相關淋巴組織淋巴瘤，肺粘膜相關淋巴組織淋巴瘤，修格蘭氏症候

＊國軍高雄總醫院 內科部胸腔內科，三軍總醫院 **胸腔暨重症醫學科 ***病理部
索取抽印本請聯絡：彭萬誠醫師，三軍總醫院 內科部胸腔暨重症醫學科，台北市內湖區成功路二段325號

Real-time Endobronchial Ultrasound-guided Transbronchial Needle Aspiration is Useful for Diagnosing Recurrent Hypopharyngeal Carcinoma Located in the Upper Paratracheal Space – A Case Report

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

Recurrent hypopharyngeal carcinoma is usually not diagnosed until it has reached an advanced stage, and so carries a poor prognosis. The most common sites of recurrence of hypopharyngeal carcinoma are the local and neck areas. However, these sites sometimes present a challenge to the surgeon because they are difficult to approach. Herein, we report the case of a 59-year-old man who was diagnosed with left hypopharyngeal squamous cell carcinoma (pT3N2M0 stage IVa) in September 2006. He underwent bilateral salvage neck dissection and concurrent chemoradiotherapy to prevent recurrence. The follow-up neck computed tomography (CT) in December 2007 revealed a tumor in the right upper paratracheal space which was not seen in the July 2007 CT. We describe a feasible method to diagnose recurrent hypopharyngeal carcinoma located adjacent to the central airway using real-time endobronchial ultrasound-guided transbronchial needle aspiration and avoiding surgery. ***(Thorac Med 2009; 24: 163-167)***

Key words: carcinoma, hypopharynx, diagnosis, endobronchial ultrasound

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan
Address reprint requests to: Dr. Chih-Yen Tu, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Taichung, Taiwan

支氣管內視鏡超音波指引經氣管細針抽吸來診斷位於氣管旁邊復發性之轉移下咽癌—病例報告

莊宏洋　陳家弘　劉奕亨　夏德椿　施純明　徐武輝　涂智彥

復發性下咽癌通常不易在早期被發現，所以預後差。復發性下咽癌最常見的復發位置為局部及頸部。然而，有時這些復發位置之組織取得對臨床醫師而言是一項挑戰。在此，我們報導一位59歲的男性病患在2006年9月被診斷出罹患stage IVa之下咽癌。之後他接受頸部外科手術及同時化療放射線治療處置。在2007年7月頸部電腦斷層掃描無異常病灶，於2007年12月之追蹤電腦斷層掃描發現氣管附近有一顆腫瘤.本篇我們陳述利用內視鏡超音波指引經氣管細針抽取氣管周邊腫瘤成功診斷復發性下咽癌之病患。
(胸腔醫學 ***2009; 24: 163-167****)*

關鍵詞：下咽癌，診斷，支氣管內視鏡超音波

中國醫藥大學附設醫院　胸腔內科
索取抽印本請聯絡：涂智彥醫師，中國醫藥大學附設醫院　胸腔內科，台中市育德路2號

Nodular Lymphoid Hyperplasia: A Case Report and Literature Review

Lan-Eng Tan, Chi-Yuan Tzan*, Pei-Jan Chen, Chien-Liang Wu

Pulmonary nodular lymphoid hyperplasia (NLH) is an uncommon disease, and is considered to be a benign lesion of polyclonal lymphoid proliferation. It was originally known as pseudolymphoma. This term is no longer used after the finding of morphologically low-grade lymphoid proliferation. Patients that present with NLH have no specific clinical symptoms, and chest film mostly reveals single or multiple nodules. The diagnosis of this disease is through the surgical approach, and the prognosis is fair, with long-term follow-up required as the etiology is not clear. We herein reported a 53-year-old man who presented with a lung nodule, and the final pathology revealed nodular lymphoid hyperplasia. The patient was discharged uneventfully. No recurrence of the mass lesion was noted after 1 year of follow-up. ***(Thorac Med 2009; 24: 168-174)***

Key words: nodular lymphoid hyperplasia, reactive lymphoid follicle, germinal center

Division of Chest Medicine, Department of Internal Medicine; *Department of Pathology; Mackay Memorial Hospital, Taipei, Taiwan
Address reprint requests to: Dr. Pei-Jan Chen, Division of Chest Medicine, Mackay Memorial Hospital, No.92, Section 2, Chung-shan N. Rd., Taipei 104, Taiwan

肺結節性淋巴組織增生：病例報告及文獻回顧

陳藍櫻　曾岐元*　陳培然　吳健樑

肺結節性淋巴組織增生是一種罕見的疾病，主要是良性的淋巴組織的增生。最初是被命名為偽淋巴瘤。肺結節性增生的病人沒有特定的症狀，影像上是以單顆或多顆結節為主。肺結節性增生可見於任何年齡層，但主要常見於中年及老年人。鑑別診斷包括支氣管肺泡癌及淋巴組織淋巴瘤。診斷方式主要以手術切除及病理判讀。目前這種疾病的預後良好，但因為這種疾病的成因仍不明確，需要長期追蹤病人。我們在此報告一個53歲病人被診斷得了肺結節性淋巴組織增生，以及這疾病的相關知識。*(胸腔醫學* ***2009; 24: 168-174)***

關鍵詞：肺結節性淋巴組織增生，反應性淋巴濾泡，生長中心

馬偕紀念醫院　內科部　胸腔內科　*病理科
索取抽印本請聯絡：陳培然醫師，馬偕紀念醫院　胸腔內科，104台北市中山區中山北路二段92號

Endobronchial Metastasis from Rectal Adenocarcinoma without Liver Involvement: A Case Report

Kai-Cheng Huang, Kao-Yao Chang

The lungs are common sites for secondary metastases. However, endobronchial metastases from extrapulmonary primary sites are rare, and their definition and developmental modes have not yet been fully elucidated. The liver is the most common site of hematogenous spread from colon tumors, which then progresses to pulmonary sites. Herein, we report a case of adenocarcinoma of the rectum, status post-radical proctectomy and postoperative chemotherapy. After a 2-year disease-free interval, the patient was brought to the emergency department and hospitalized with pulmonary symptoms similar to pneumonia. Computed tomography disclosed lobar consolidation of the right upper lobe and obstruction of the right main bronchus. Metastatic lung cancer was confirmed with histopathology of a biopsy specimen obtained through bronchoscopy. Hematogenous dissemination was most likely because of the additional pulmonary nodule at the right lower lobe. Due to the tumor being unresectable, the patient received radiation therapy for palliative treatment. We also reviewed the literature on endobronchial colorectal metastasis. The median time of metastasis to the lung from the primary site at the colon is about 4 years, and treatment is variable on account of the individual condition. ***(Thorac Med 2009; 24: 175-180)***

Key words: colorectal, endobronchial, metastasis, extrapulmonary

Department of Internal Medicine, Kaohsiung Armed Forces General Hospital, Kaohsiung, Taiwan
Address reprint requests to: Dr. Kai-Cheng Huang, Department of Internal Medicine, No.2, Zhongzheng 1st Rd., Lingya District, Kaohsiung City 802, Taiwan (R.O.C.)

直腸癌病人術後多年後併發遠端肺支氣管內癌症轉移—案例報告

黃凱呈　張高耀

肺部是常見的癌症轉移處，然而肺外腫瘤併發支氣管內轉移的個案機率卻是少見，尤其此類轉移的機轉與過程目前尚無定論。依目前所推論的癌症轉移路徑而言，原發大腸直腸惡性腫瘤應先轉移至肝臟，而後再由血液循環路線至肺內。本次報告一位男性直腸癌病人，於接受直腸切除手術及化學治療後，因疑似肺部感染症狀住院診察，最後診斷為直腸癌併支氣管內癌症轉移，但無肝臟轉移情形。因個案之肺部轉移病灶超過手術切除適應症（縱膈腔淋巴轉移），僅能接受放射治療緩解。本篇案例報告蒐集相關文獻，簡介此類病例之發生率、診斷方式、治療策略以及存活機會。*(胸腔醫學* ***2009; 24: 175-180)***

關鍵詞：大腸直腸癌，癌症轉移，支氣管

國軍高雄總醫院　內科部
索取抽印本請聯絡：黃凱呈醫師，國軍高雄總醫院　內科部，高雄市苓雅區中正一路2號

Salmonella: A Rare Cause of Fatal Emphysematous Aortitis – A Case Report

Chih-Ying Ou, Han-Yu Chang

In rare cases, *Salmonella* infection may be associated with extra-intestinal manifestations. Of these, an endovascular invasion of *Salmonella* to the thoracic aorta, manifesting as non-aneurysmal aortitis, is seldom seen. Nonetheless, it poses a risk of rupture and mortality equal to the aneurismal form. We describe the case of an 86-year-old man who had a medical history of hypertension and prostate cancer under treatment with hormone therapy, and who presented with *Salmonella* bacteremia and a rare combination of infectious thoracic aortitis and left-side empyema. When pneumomediastinum and loculated pleural effusion are encountered on chest radiography, the possible origins of the air should include thoracic organ invasion by gas-forming bacteria. The characteristic chest radiographic abnormalities presented in our case can aid clinicians in the differential diagnosis, including aortitis and esophageal rupture. Emergency chest CT is the best diagnostic modality for identifying these abnormalities clearly, and led to a quicker diagnosis of the rare combination of *Salmonella* aortitis and empyema in our case. ***(Thorac Med 2009; 24: 181-185)***

Key words: emphysematous, aortitis, *Salmonella*

Division of Chest Medicine, Department of Internal Medicine, National Cheng-Kung University Medical College and Hospital, Tainan, Taiwan

Address reprint requests to: Dr. Han-Yu Chang, Division of Chest Medicine, Department of Internal Medicine, National Cheng Kung University Medical College and Hospital, No 138, Sheng-Li Rd., Tainan, 704, Taiwan

造成致命縱膈腔炎的罕見原因—病例報告

歐芷瑩　張漢煜

一般沙門氏桿菌很少會造成胃腸道以外的症狀。其中，沙門氏桿菌侵犯到胸腔主動脈並且以非動脈瘤表現的主動脈炎更是少見。然而，它和以動脈瘤表現的主動脈炎有同樣高的破裂和死亡的機率。我們報告一位86歲有高血壓病史和接受賀爾蒙治療的攝護腺癌男性，被發現合併了感染性的胸腔主動脈炎，左側膿胸還有沙門氏桿菌菌血症。臨床上，當胸部X光片發現縱膈腔氣腫和多處肋膜積水時，我們要把會侵犯到胸腔器官的產氣細菌當作可能造成氣腫的來源。典型的胸部X光異常可以幫助我們在鑑別診斷上需要將主動脈炎和食道破裂納入考慮，緊急的胸部電腦斷層是區分這些病灶的最好工具並且進一步快速診斷罕見合併沙門氏桿菌感染的主動脈炎和膿胸。*(胸腔醫學* ***2009; 24: 181-185)***

關鍵詞：產氣的，主動脈炎，沙門氏桿菌

成大醫學院　內科　胸腔內科
索取抽印本請聯絡：張漢煜醫師，成大醫院　內科部　胸腔內科，台南市勝利路138號