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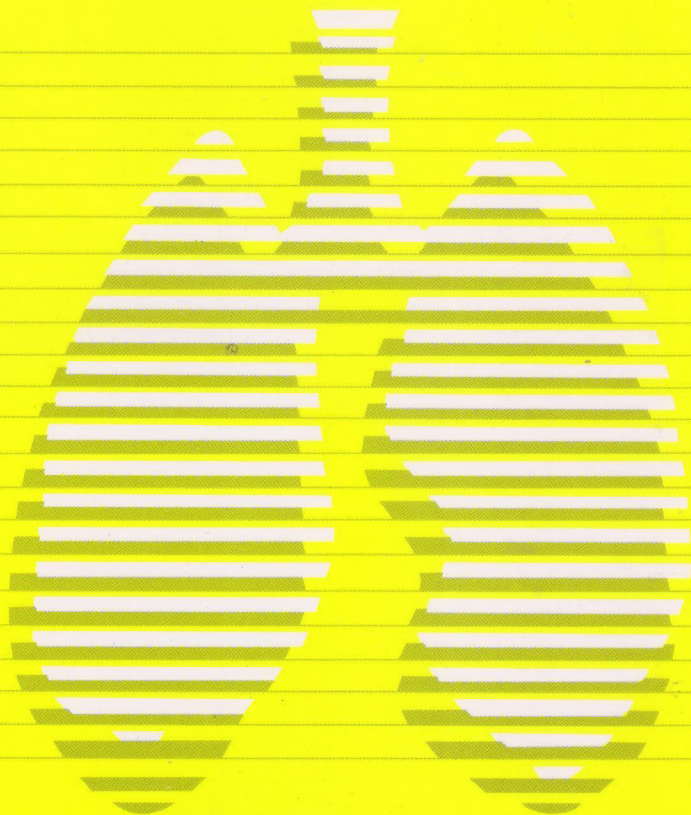
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Usefulness of Rapid Shallow Respiratory Breathing Index Measured through Mechanical Ventilator Monitoring

Yun-Te Lin*, Chiung-Mei Cho**, Hui-Chiao Yang**, Ming-Chen Chan*,
Chieh-Liang Wu**,***

Background: The Rapid Shallow Breathing Index (RSBI) is widely used in weaning assessment. The threshold value of the RSBI is dependent on the patient cohort and the method used to measure it. The aims of this study were to establish a protocol for measuring the RSBI through mechanical ventilator monitoring and to simplify weaning assessment.

Patients and methods: The study was conducted prospectively at Taichung Veterans General Hospital. Patients intending to discontinue mechanical ventilator use were enrolled. The RSBI was measured using 2 methods for each patient: 1) a conventional hand-held calibrated spirometry (C-RSBI), and 2) the RSBI calculated through mechanical ventilator monitoring (V-RSBI) under CPAP 5 cmH₂O and a flow trigger. In addition, the ability to cough was scored semi-quantitatively. The performance of these parameters in predicting weaning failure and re-intubation within 72 hours was evaluated.

Results: One hundred and eight patients (age: 66 ± 17 years; M/F: 75/33; intubation days: 8.8 ± 9.8) were enrolled. The C-RSBI (70 ± 42) and V-RSBI (69 ± 35) showed significantly good correlation ($r = 0.759$, $p < 0.001$). The values of the RSBI were higher in the medical patients than in the surgical patients, but were not related to weaning failure. A poor ability to cough was a significant predictor of weaning failure. The rate of weaning failure was up to 18.2% in the patients with an ability to cough ≤ 3 and V-RSBI ≥ 60 .

Conclusions: The V-RSBI was measured accurately through the readout of the mechanical ventilator and its value was nearly equal to that of the C-RSBI. In combination with a non-invasive assessment of the ability to cough, V-RSBI was a simple method to assess patients with the intent to wean from the ventilator. (*Thorac Med* 2009; 24: 243-251)

Key words: acute respiratory failure, mechanical ventilation, rapid shallow breath index, weaning, extubation

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用呼吸器直接測量的淺快呼吸指標之應用

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前言：淺快呼吸指標 (RSBI) 為廣泛用於脫離呼吸器的指標。其閾值和病人的族群和測量的方法有關。本研究之目的在於建立以呼吸器直接測量淺快呼吸指標的流程，來簡化脫離呼吸器的評估。

方法：此為在臺中榮總作的前瞻性研究。收案的病人為預備要脫離呼吸器的病人。每個病人都用2種方法來測量淺快呼吸指標 (RSBI)：(1) 傳統手持的每分鐘通氣測定儀 (hand-held calibrated spirometry)。(2) 將呼吸器設定調成誘發氣流式 (flow trigger)，持續性氣道正壓 (CPAP) 壓力設為5公分水柱，用此計算出呼吸器測得的淺快呼吸指標 (V-RSBI)。此外咳嗽能力也被以半定量的方式來評估。對呼吸器脫離失敗的定義為72小時內再插管。以上述預測呼吸器脫離失敗的指標評估其效果。

結果：收案人數有108位 (年齡為 66 ± 17 歲，其中男性75位，女性33位，插管時間為 8.8 ± 9.8 天。傳統的淺快呼吸指標 (C-RSBI) 平均為 70 ± 42 ，呼吸器測得的淺快呼吸指標 (V-RSBI) 平均為 69 ± 35 。兩者間有良好相關性 ($r = 0.759$, $p < 0.001$)。依疾病狀況區分，內科病患的淺快呼吸指標高於術後病患。雖然淺快呼吸指標在病患脫離成功與失敗者間沒有明顯差異，咳嗽能力不佳是預測病患脫離呼吸器失敗的顯著因子。在呼吸器測得的淺快呼吸指標 (V-RSBI) 大於等於60及咳嗽能力小於或等於3分的情況下，脫離失敗的比率高達18.2%

結論：呼吸器測得的淺快呼吸指標 (V-RSBI) 和傳統方式測得的淺快呼吸指標 (C-RSBI) 間，有良好相關性。結合呼吸器測得的淺快呼吸指標 (大於60) 及與咳嗽能力的半定量分析 (小於或等於3分) 時，可以簡便的應用於預測病人脫離呼吸器失敗。(胸腔醫學 2009; 24: 243-251)

關鍵詞：急性呼吸衰竭，機械式通氣，淺快呼吸指標，呼吸器脫離，拔管

Pulmonary Epithelioid Hemangioendothelioma with an Initial Presentation of Consolidation: Use of Endobronchial Ultrasonography for Diagnosis – A Case Report and Literature Review

Chun-Wei Hsu, Guan-Yuan Chen, Chieh-His Kuo, Chih-Wei Wang*,
Hao-Cheng Chen, Chien-Ying Liu

Pulmonary epithelioid hemangioendothelioma (PEH) is a rare disease of borderline malignancy. The diagnosis of the vascular tumor is usually established by open lung biopsy or surgical removal of the tumor, since the diagnostic yield is limited in peripheral lung abnormalities using bronchoscopy alone. Nonetheless, advances in miniature probes and endobronchial ultrasonography (EBUS) have facilitated the accurate localization of peripheral lung lesions and the diagnostic yield. Herein, we describe a 54-year-old woman with symptoms of cough and shortness of breath, as well as right lower lobe consolidation and right pleural effusion, as evidenced on chest radiographs. The immunohistochemical diagnosis of PEH was reached by EBUS-guided transbronchial lung biopsy (EBUS-TBLB). EBUS revealed a specific pattern of heterogenous mottled hypoechoic densities with the presence of an ill-defined margin, but an absence of linear discrete air-bronchograms, which consisted of a structure of peripheral vascular sinusoids on histology. The literature concerning PEH and the characteristics of EBUS in differentiating benign from malignant lung lesions are reviewed. (*Thorac Med* 2009; 24: 252-259)

Key words: pulmonary epithelioid hemangioendothelioma (PEH), consolidation, endobronchial ultrasonography (EBUS)

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以肺堅實為初始表現的肺上皮樣血管內皮瘤：利用支氣管鏡超音波術來幫助診斷——病例報告及文獻回顧

許鈞璋 陳冠元 郭志熙 王志偉* 陳豪成 劉劍英

肺上皮樣血管內皮瘤是一個低惡性度的少見疾病。由於僅使用氣管鏡來診斷周邊肺部病灶的正確率偏低，此類血管腫瘤診斷的方法通常是由開胸做肺切片或手術切除得到。然而，隨著氣管內超音波術的進步，已幫助周邊肺部病灶的正確定位與提升診斷率。此處，我們報告了一位五十四歲女性，起初表現肺堅實，伴隨咳嗽、氣促及胸部X光發現右下肺葉實質化與右肋膜積水。藉由支氣管超音波導引肺切片得到檢體並藉免疫組織染色診斷為肺上皮樣血管內皮瘤。其氣管內超音波圖像呈現不均勻的斑點狀低回音散佈在病灶周圍，並伴有難以界定的邊緣、但無散在性線狀的空氣支氣管造影像。這特殊呈像與病理組織的周邊血管靜脈竇結構一致。藉此病例，我們回顧了罕見的肺上皮樣血管內皮瘤與氣管內超音波鑑別診斷圖像特徵。*(胸腔醫學 2009; 24: 252-259)*

關鍵詞：肺上皮樣血管內皮瘤，肺堅實，支氣管鏡超音波

Disseminated Histoplasmosis after Corticosteroid Treatment for Hemolytic Anemia

Pin-Kuei Fu, Jeng-Yuan Hsu, Chun-Shih Chin

Histoplasmosis, caused by the dimorphic fungus *Histoplasma capsulatum*, is an endemic disease in North and Central America, but rare in Taiwan. In most healthy individuals, histoplasmosis is asymptomatic and usually discovered incidentally during evaluation for other conditions. The initial infection with *H. capsulatum* is pulmonary. Widespread disseminated histoplasmosis occurs in immunocompromised patients with defective T-cell immunity. This case report describes an initially immunocompetent patient who presented with hemolytic anemia and asymptomatic lung consolidation. After being treated with prednisolone for 6 months, she progressed to a fatal disseminated histoplasmosis as diagnosed by bone marrow pathology and culture. (*Thorac Med* 2009; 24: 260-265)

Key words: disseminated histoplasmosis, hemolytic anemia, corticosteroids

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使用類固醇治療溶血性貧血後導致瀰漫性組織胞漿菌 感染症——病例報告

傅彬貴 許正園 覃俊士

組織胞漿菌症的致病菌是一種二相性真菌，主要的盛行區域是在北美及中美洲地區，在台灣地區仍屬較為罕見的致病菌。大部分的成年人被組織胞漿菌感染後並不會有明顯的症狀，通常是在診療其他病症時意外發現感染此病。肺部通常是感染的起始，但若患者為T細胞功能缺失的免疫不全患者，若未經治療，會進展到血行性散佈的瀰漫性組織胞漿菌症，有極高的致死率。我們提出一個病例報告，一位患有C型肝炎帶原的病患，起初表現為無肺部症狀的結節及溶血性貧血，經過類固醇治療溶血性貧血6個月後，進展成瀰漫性組織胞漿菌症，骨髓穿刺病理切片及骨髓培養均證實為全身瀰漫性組織胞漿菌感染症。根據文獻回顧，目前台灣地區的病例報告僅有八例，且大部分是原先免疫功能不全的患者。我們提出此病例報告並做相關的文獻回顧。(胸腔醫學 2009; 24: 260-265)

關鍵詞：瀰漫性組織胞漿菌症，溶血性貧血，類固醇

Mycotic Aneurysm Manifesting with Life-threatening Hemoptysis – A Case Report and Literature Review

Wen-Yueh Hung, Fu-Chean Chen*, Ming-Chih Yu, Jer-Hwa Chang, Han-Lin Hsu,
Kuan-Jen Bai

Although hemoptysis frequently occurs in a broad spectrum of diseases, hemoptysis caused by an aortic mycotic aneurysm with aortobronchial fistula is rare and seldom reported. A 77-year-old man visited our institution with fever, widened mediastinum, and massive hemoptysis; the chest images suggested a descending mycotic aortic aneurysm. An emergent operation revealed a penetrated aneurysm with adhesion to the lung parenchyma; aneurysmal resection and graft reconstruction was performed. Both the resected tissue and sputum culture grew a group D2 *Salmonella* strain. Six months after discontinuation of antibiotics, the patient was well without evidence of inflammation. This case is a reminder for clinicians to be alert for this rare entity when dealing with a febrile patient with hemoptysis, because the immediate implementation of management may enable the patient to survive. (*Thorac Med* 2009; 24: 266-273)

Key words: mycotic aneurysm, hemoptysis

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以致命性咳血為主要症狀之感染性動脈瘤—— 一個病例報告及文獻回顧

洪文岳 陳復銓* 余明治 張哲華 許翰琳 白冠壬

咳血雖然為一常見的臨床症狀並且包含種類繁多的鑑別診斷，然而因為感染性主動脈瘤導致主動脈氣管瘻管而咳血的案例卻極為罕見。本例報告一位七十七歲男性，其症狀為發燒，咳血，及縱膈腔寬大，其後之影像學檢查指向降主動脈之感染性血管瘤。此病人接受緊急開胸手術，在術中發現一穿孔之降主動脈瘤及周圍肺部之沾黏。此血管瘤及沾黏之肺組織切除並執行植入及重建。病人之痰液及切除組織之細菌培養均長出沙門氏菌D2族群。在抗生素停用半年後之今日，病人狀況穩定無復發感染之跡象。我們願以此案例提醒臨床醫師，在治療咳血及發燒病人的同時，亦應醒覺與此案例類似之可能性，以期相關案例能獲得立即救治及存活之機會。(胸腔醫學 2009; 24: 266-273)

關鍵詞：感染性血管瘤，咳血

Spontaneous Pulmonary Torsion in a Patient with Mucinous Adenocarcinoma of Lung: A Case Report and Review of the Literature

Chih-Hao Shen, Chung-Kan Peng, Wann-Cherng Perng, Chin-Pyng Wu

Pulmonary torsion, defined as parenchymal rotation on the bronchovascular pedicle, is an unusual event that can cause potentially fatal pulmonary infarction and gangrene. Spontaneous torsion is extremely rare, though physicians should be aware. An 83-year-old female was sent to the emergency room with complaints of right-side chest tightness and difficulty breathing for 2 weeks. A right upper lung tumor with bony metastasis had been diagnosed by another hospital 4 months ago. Compared with the previous chest radiography, a shifted pulmonary patch in the right lower lung zone and right bronchial distortion were noted. Bronchoscopy and computed tomography confirmed the pulmonary torsion. Mucinous adenocarcinoma was diagnosed by trans-thoracic biopsy of the mass. The symptoms of torsion remained unchanged, but the patient did not undergo surgical intervention. Four months later, she died secondary to complications of brain metastases. Although early detection of pulmonary torsion patients who would be a surgical candidate is important to prevent potentially lethal complications, this case highlights the fact that management of neoplasm-related torsion should also be based on disease stage, patient age, and performance status. (*Thorac Med* 2009; 24: 274-280)

Key words: pulmonary torsion, mucinous adenocarcinoma

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黏液性肺腺癌病患併發自發性肺扭轉—— 病例報告及文獻回顧

沈志浩 彭忠衍 彭萬誠 吳清平

肺扭轉，一種肺實質圍繞支氣管血管束根部（bronchovascular pedicle）旋轉的罕見急症，可能造成潛在致命的肺梗塞與壞死。文獻中較常見的誘發原因為開胸手術或胸部外傷之後；其他因素導致的自發性肺扭轉則極為罕見。本文描述一位83歲女性因持續胸悶及氣促就診，病患表示四個月前曾被外院告知右上肺出現腫塊但並未接受進一步檢查。就診時胸部影像卻顯現右下肺部病灶併右側支氣管扭曲；經系列檢查後證實為黏液性腺癌晚期併自發性肺扭轉。考量病況，病患未接受手術治療肺扭轉，相關症狀於後續觀察亦無惡化。肺腺癌以口服gefitinib治療，於4個月後病患因腦部轉移併發症死亡。此病例說明自發性肺扭轉可為肺腫瘤的一種表現；及早手術介入可避免肺梗塞與壞死之風險，惟相關文獻顯示肺腫瘤病患合併自發性肺扭轉時，採保守支持治療時並不一定發生肺梗塞；故治療此類病患需同時考量疾病分期，年齡，及行為能力狀況。*(胸腔醫學 2009; 24: 274-280)*

關鍵詞：黏液性肺腺癌，肺扭轉

Tuberculosis of the Tongue: Report of Two Cases

Chi-Tun Lien*, Chih-Jen Yang*, ***, Li-Min Lin**, Jhi-Jhu Huang*, ***,
Ming-Shyan Huang*, ***

Tuberculosis is an infectious, chronic granulomatous disease, and is primarily a pulmonary disease. However, it may also be extra-pulmonary. Tuberculosis of the tongue is very rare and is a consequence of pulmonary tuberculosis or primary tuberculosis of the tongue. We recently came across 2 rare cases of tuberculosis of the tongue. The first case was secondary to pulmonary tuberculosis. The second case was primary tuberculosis of the tongue with coexisting tongue squamous cell carcinoma; this is only the second documented case of this type in the world according to a Medline search. Both patients had painful mucosal lesions of the tongue, but were without any chest discomfort initially. We present the cases of these 2 patients and discuss the epidemiology, mechanism and treatment strategy of tuberculosis of the tongue. A longstanding, non-healing ulcer of the tongue may provide a diagnostic clue for tuberculosis in an endemic area. (*Thorac Med* 2009; 24: 281-286)

Key words: tuberculosis, tuberculosis of the tongue, primary tuberculosis

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舌結核：二病例報告

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結核病是一種感染性、慢性肉芽腫疾病，通常會先表現在肺部，但也可以先發生在肺部以外的器官。發生在舌部的結核病非常少見，它可以是肺結核轉移的後遺症，或是舌頭上的原發性結核。文中我們提出兩個少見的舌結核病例：第一位是肺結核轉移至舌部的病例；第二位是舌部表皮細胞癌合併原發性結核，且該病例在文獻查證上為全球第二例。這兩位病人都以疼痛的舌黏膜病變為主要表現，而沒有任何的肺部症狀。我們藉由提出這兩個病例來討論舌部結核的流行病學、發生機轉跟治療方式。我們發現，在結核病盛行的地區，長期未癒合的舌部潰瘍建議要仔細考慮是否有結核感染的可能。*(胸腔醫學 2009; 24: 281-286)*

關鍵詞：結核病，舌結核，原發性結核病

Treatment of Refractory Chylothorax by Pleuroperitoneal Shunt and Radiotherapy in a Child with Thoracic Lymphangioma

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Persistent chylothorax in children, acquired or congenital, is a clinical challenge. The standard pediatric treatment involves conservative therapy, with restriction of dietary fats, total parenteral nutrition and drainage of the pleural effusion by thoracentesis or tube thoracostomy. If it is not successful, surgery is undertaken. This report documents a 9-year-old boy with exertional dyspnea and swelling of the left upper limb and chest wall, who was diagnosed with left thoracic lymphangioma and chylothorax. Despite medical and thoracoscopic-assisted surgical treatment, refractory chylothorax persisted, causing exercise intolerance and frequent infections. These conditions were resolved using a pleuroperitoneal shunt, which offered excellent internal drainage, and alleviated the lymphocyte and protein losses caused by frequent pleural taps. Radiotherapy for his unresectable lymphangioma was also performed. After 4 years, the boy has shown normal growth and development and remains asymptomatic and recurrence-free. Pleuroperitoneal shunting is an effective and satisfactory alternative to other surgical methods for refractory chylothorax treatment. (*Thorac Med* 2009; 24: 287-292)

Key words: chylothorax, pleuroperitoneal shunt

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一位胸部淋巴管瘤男孩經肋膜腹膜腔引流管置入手術及放射線治療頑抗性乳糜胸

陳衛洲 張逸良* 李元麒

不論是先天性或是後天得到的兒童持續性乳糜胸，治療常是臨床上的挑戰。在這類兒童的標準治療中，保守性治療包含飲食中限制脂肪、周邊全靜脈營養以及使用細針抽吸或胸管放置引流胸水。如果保守性治療失敗，便需考慮實施侵入性外科手術。

此病例為一位九歲男孩，症狀為自小運動耐受不良以及左上肢及左胸部腫脹。診斷為左側胸部淋巴管瘤合併乳糜胸。從他四歲起，接受過多次內科保守性治療以及胸腔鏡外科手術。頑抗性乳糜胸一直困擾著並伴隨運動耐受不良及經常發生感染。我們使用肋膜腹膜腔引流管置入手術成功地解決問題，因為它提供了完美的自我引流。不但不需要再重複胸水引流，並且保存了自己的營養以及免疫淋巴球。並且，也對淋巴管瘤進行放射線治療。此病患在門診追蹤下印證了四年。對於頑抗性乳糜胸的治療，肋膜腹膜腔引流管置入手術確實是一項有效而且令人滿意的外科替代方法。*(胸腔醫學 2009; 24: 287-292)*

關鍵詞：乳糜胸，肋膜腹膜腔引流管

Non-Small Cell Carcinoma Metastasis to the Anterior Chamber of the Eye – A Case Report

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Lung cancer is a major causes of cancer death in Taiwan and the death toll is on the rise. Common metastatic sites of lung cancer include the lung, lymph nodes, brain, bone, and liver. Intraocular metastasis is rare and its diagnosis is based primarily on clinical findings supplemented by imaging studies; the occurrence of metastasis to the anterior chamber of the eye is even less frequent. However, clinicians do not routinely evaluate the possibility of intraocular metastasis, mainly due to the sporadic appearance of asymptomatic metastasis. Cancer patients who are treated with more effective and more advanced therapeutic modalities now have a longer life expectancy, which allows more opportunity for metastasis to the eye to take place. For those intraocular metastatic patients with discernable symptoms, the most commonly applied treatment is radiotherapy. Herein, we report a patient whose unilateral visual loss was the result of metastasis to the anterior chamber of the eye during treatment for lung cancer. The patient refused radiotherapy to the eye, but opted for an oral targeted therapy. Throughout a series of follow-ups, the patient's visual acuity showed subjective improvement. (*Thorac Med* 2009; 24: 293-299)

Key words: anterior chamber metastasis, lung cancer

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肺癌合併眼前房轉移——一病例報告

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肺癌是台灣主要的癌症死亡原因之一，且肺癌的發生率也在逐漸增加中。而肺癌常見的遠處轉移包括了腦部、骨頭、肝臟以及腎上腺，眼內轉移則是較罕見，而其診斷主要是根據症狀及影像學之表現。然而，臨床上我們並不常規篩選病人是否有眼內轉移，主要是因為無症狀之轉移病人比例甚低。由於更有效與積極的治療方式，生命期望值增加，意味著發展出眼睛轉移的可能性也會增加。對於已經有眼睛症狀的病人，放射線治療是目前最常選用的治療方式。在此我們報告一位病人，他在肺癌化學治療的過程中因左眼前房轉移而喪失視力。該病人拒絕眼部之放射治療而選擇口服的標靶治療，在治療的過程中，病人得到主觀之視力明顯改善。(胸腔醫學 2009; 24: 293-299)

關鍵詞：眼前房轉移，肺癌

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Resection of Endobronchial Chondroid Hamartoma by Electrocautery via Flexible Fiberoptic Bronchoscopy

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Endobronchial hamartoma is a rare benign tumor. We present herein the case of a 72-year-old male with endobronchial chondroid hamartoma that was managed by electrocautery using a flexible fiberoptic bronchoscope. The patient's chief complaint was a right lower lobe tumor noted at a regional hospital. Chest computed tomography (CT) scan revealed a mass-like lesion in the superior segment of the right lower lobe (RLL). Bronchoscopy disclosed an endobronchial tumor with a smooth surface and nearly total occlusion of the superior segment of the RLL. Pathology studies of the bronchial biopsies revealed endobronchial chondroid hamartoma. The tumor was successfully resected and ablated by electrocautery with a snare probe via flexible fiberoptic bronchoscopy. Patency of the superior segment of the RLL was still noted after 5 months. Electrocautery via flexible fiberoptic bronchoscopy is an effective and safe technique for resecting benign endobronchial tumors. (*Thorac Med* 2009; 24: 300-306)

Key words: endobronchial hamartoma, electrocautery, flexible fiberoptic bronchoscopy

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利用可曲式纖維性支氣管鏡電燒灼術切除支氣管內軟骨性過誤瘤

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支氣管內軟骨性過誤瘤 (chondroid hamartoma) 是一種罕見的良性腫瘤。我們在此發表一位患有軟骨性過誤瘤的72歲男性，經由可曲式纖維性支氣管鏡電燒灼術成功切除腫瘤。這位病人因胸部X光發現有右下肺葉病變而來本院求診。經電腦斷層掃描顯示在右下肺的上分支節段有一個像腫瘤的病變。支氣管鏡檢查發現有一個表面平滑的支氣管內腫瘤，而此腫瘤幾乎把整個上分支節段的支氣管洞口阻塞。經由切片病理組織報告此腫瘤為一軟骨性過誤瘤。於是我們利用可曲式纖維性支氣管鏡電燒灼術將此支氣管內的軟骨性過誤瘤切除。五個月後，我們再利用支氣管鏡追蹤；發現原本被支氣管內過誤瘤阻塞的上分支節段已經暢通。藉由此案例我們可以知道：利用可曲式纖維性支氣管鏡電燒灼術切除良性的支氣管內腫瘤是一種有效且安全的技術。(胸腔醫學 2009; 24: 300-306)

關鍵詞：支氣管內過誤瘤，電燒灼術，可曲式纖維性支氣管鏡

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