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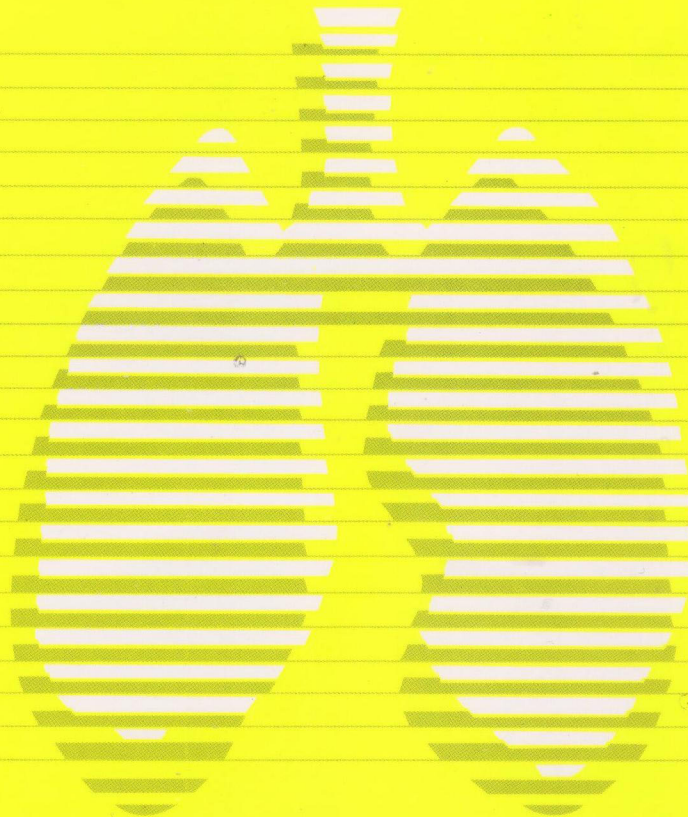
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Factors Influencing Prognosis in Patients Requiring Prolonged Mechanical Ventilation: Impact of the Role of Diurnal Plasma Cortisol Measurements

Tsung-Ming Chen, Jun-Hung Lai*, Hsu-Chen Wu*, Tsung-Hua Tsai**, Ying-Ying Ma***

Objectives: Identify the factors, both respiratory and non-respiratory, that are associated with the outcomes of patients requiring prolonged mechanical ventilation (PMV).

Methods: A retrospective medical record review at a 16-bed weaning ward. Forty-five consecutive ventilator-dependent patients admitted to our ward for attempted weaning during a 12-month period were included. Data were obtained from patients on the day of admission. Measurements included demographics, arterial blood gas, serum albumin, BUN, creatinine, AM (0800) cortisol, PM (1600) cortisol and functional respiratory parameters.

Results: Twenty patients were successfully weaned from mechanical ventilation (weaning success) during the 90 days of admission, whilst the remaining 25 patients failed to wean or died (weaning failure) during the 90-day limit. Univariate logistic regression analysis showed that the outcome of weaning failure was significantly associated with 5 factors: tidal volume (OR, 0.98; 95% CI, 0.97-0.99; $p=0.022$), respiratory frequency (OR, 1.13; 95% CI, 1.01-1.27; $p=0.024$), frequency/tidal volume ratio (OR, 1.04; 95% CI, 1.01-1.16; $p=0.005$), maximum negative inspiratory pressure (OR, 0.91; 95% CI, 0.84-0.99; $p=0.036$), and slope of AM-PM cortisol levels (OR, 5.84; 95% CI, 1.81-18.88; $p=0.003$). Multivariate analysis revealed the 1 factor associated with weaning failure for patients requiring PMV to be the slope of AM-PM cortisol levels (OR, 8.35; 95% CI, 1.62-43.07; $p=0.011$).

Conclusions: The slope of AM-PM cortisol levels on the day of admission was the only independent factor that influences the outcomes of patients requiring PMV. Our study provides strong support for the prognostic value of AM and PM cortisol measurements in the weaning ward. Some strategies aimed toward improving circadian rhythms may benefit the outcome of PMV patients. (*Thorac Med* 2008; 23: 228-238)

Key words: prolonged mechanical ventilation (PMV), cortisol, circadian rhythm

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影響長期機械通氣患者預後的因子之分析 著重於上下午血清中cortisol觀測值之角色

陳宗銘 賴俊宏* 吳旭鎮* 蔡宗華** 馬英嫻***

背景：找尋出與接受長期機械通氣病人的預後具有相關聯之因子。

方法：本研究為一迴溯性的病歷回顧，地點為一個16床的呼吸器脫離病房，在12個月的期間，共有45位長期呼吸器依賴病人納入研究。收集的數值為入院日之基本資料，動脈血氣分析、血清白蛋白、尿素氮、肌酐酸、上午八時(8:00)之cortisol值，下午四時(16:00)之cortisol值，及功能性呼吸指標。我們並且紀錄了病人的預後。

結果：20位病人在90天內成功脫離呼吸器，另外25位病人則為於90天內死亡或仍持續需要機械通氣，單因子邏輯迴歸分析呈現5種因子與呼吸器脫離失敗有關：分別為入院日的潮氣容積、呼吸率、快速呼吸指標、最大吸氣負壓以及上下午cortisol值的斜率。多因子迴歸分析則指出只有入院日之上下午cortisol值的斜率為唯一影響呼吸器脫離預後的因子。

結論：入院日8:00及16:00的cortisol觀測值之斜率可作為嘗試呼吸器脫離患者預後的指標。一些可以改善晝夜節律的策略，可能對長期機械通氣的病人預後有所助益。*(胸腔醫學 2008; 23: 228-238)*

關鍵詞：長期機械通氣，cortisol，晝夜節律

Recombinant Human Activated Protein C Reduces Mortality of Severe Sepsis-Related ARDS

Chin-Ming Chen^{*,**}, Wen-Liang Yu^{*,**}, Khee-Siang Chan^{*}, Kuei-Ling Tseng^{***},
Kuo-Chen Cheng^{*,***,****}

Introduction: We attempted to investigate the prognosis of severe sepsis-related acute respiratory distress syndrome (ARDS) in adult patients admitted to intensive care units (ICUs) at a medical center in southern Taiwan, especially focusing on the efficacy of recombinant human activated protein C (rhAPC), which is still rarely highlighted in such patients.

Methods: From January 2004 to June 2006, we performed a retrospective, observational cohort study to investigate the impact of rhAPC on the prognosis of ARDS patients with mechanical ventilation, who met the criteria of the American-European Consensus Conference (AECC) definition of ARDS, and who had the presence of sepsis with high acute physiology and chronic health evaluation II (APACHE II) score of ≥ 25 and multiple organ failure.

Results: Over a 30-month period, a total of 64 patients were enrolled. The incidence of sepsis-related ARDS was 0.7% of 9473 ICU admissions with mechanical ventilation and an APACHE II of 29.3 ± 4.7 at inclusion. The hospital mortality rate was 67.2%. The rhAPC-treated group had similar demographic and clinical data except a significantly lower rate of 28-day and hospital mortality (37.5% vs. 66.7% and 43.8% vs. 75%, respectively), but also a higher total hospital cost (USD23,851 vs. USD11,376) compared with the non-rhAPC group. Using multivariate analyses, rhAPC infusion was shown to significantly influence the mortality of sepsis-related ARDS.

Conclusion: Severe sepsis-related ARDS possessed a high hospital mortality rate. Prompt initiation of rhAPC infusion may significantly reduce the mortality rate in these severely ill patients regardless of higher hospital expenditure. (*Thorac Med* 2008; 23: 239-251)

Key words: acute respiratory distress syndrome, mortality, multiple organ failure, recombinant human activated protein C, severe sepsis

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人類合成活性蛋白質 C 降低嚴重敗血症引發急性呼吸窘迫症候群病人之死亡率

陳欽明*,** 余文良*,** 陳奇祥* 曾桂玲*** 鄭高珍*,***,****

前言：我們嘗試去評估南台灣某一醫學中心成人加護病房，其嚴重敗血症引發急性呼吸窘迫症候群病人之預後，特別針對使用人類合成活性蛋白質C之後的成效，這些病人在文獻上仍然少有報導。

方法：本回溯、觀察性研究自2004年1月至2006年6月，蒐集所有嚴重敗血症引發急性呼吸窘迫症候群、並使用呼吸器之病患，及部份病人在使用合成活性蛋白質C之後的預後。病人均符合美國－歐洲共同會議（American-European Consensus Conference）之急性呼吸窘迫症候群定義，且APACHE II分數 ≥ 25 合併多重器官衰竭。

結果：在30個月內，共蒐集64個病人。在9473次使用呼吸器而住院的病人中，嚴重敗血症引發急性呼吸窘迫症候群佔0.7%。其入院之平均APACHE II分數為 29.3 ± 4.7 ，住院之死亡率為67.2%。比起非治療組，使用合成活性蛋白質C組之人口學及住院狀況類似，除了其28天及住院之死亡率較低（分別是37.5% vs. 66.7% and 43.8% vs. 75%），但有較高之住院費用(23,851 vs. 11,376美金)。經多變項分析顯示，使用合成活性蛋白質C會降低嚴重敗血症引發急性呼吸窘迫症候群病人之死亡率。

結論：嚴重敗血症引發急性呼吸窘迫症候群病人擁有高死亡率。趕快使用合成活性蛋白質C可以顯著降低這些嚴重病人的死亡率，儘管它的住院費用較高。(胸腔醫學 2008; 23: 239-251)

關鍵詞：急性呼吸窘迫症候群，死亡率，多重器官衰竭，人類合成活性蛋白質C，嚴重敗血症

Coexistence of *Pneumocystis jiroveci* Pneumonia and Cytomegalovirus Pneumonia in a Breast Cancer Patient: A Case Report

Jia-Yih Feng*, Shi-Chuan Chang*,**

Pneumocystis jiroveci and cytomegalovirus (CMV) can both cause opportunistic pulmonary infection in immunocompromised patients. The coexistence of *Pneumocystis jiroveci* pneumonia (PJP) and CMV pneumonia is reported mainly in patients with acquired immunodeficiency syndrome (AIDS) and hematological malignancies, and in organ transplant recipients, but infrequently in patients with solid tumor who had received chemotherapy. Cytomegalovirus appears to have an immune-modifying effect and is considered to be a risk factor for PJP in renal transplant patients. The presence of CMV pneumonia may increase the severity of PJP in AIDS patients. We reported a 48-year-old female patient with breast cancer who acquired PJP and CMV pneumonia a few days after chemotherapy. Cytological examination of bronchoalveolar lavage fluid provided an early and rapid diagnosis. Marked resolution of the pulmonary infections followed treatment with trimethoprim-sulfamethoxazole (TMP/SMX), corticosteroid and gancyclovir for PJP and CMV pneumonia. However, the patient died of intracerebral hemorrhage due to thrombocytopenia 1 week after admission. (***Thorac Med* 2008; 23: 252-259**)

Key words: breast cancer, chemotherapy, coinfection, Cytomegalovirus, Pneumocystis

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一位同時合併卡氏肺囊蟲及巨細胞病毒肺炎之乳癌患者： 一病例報告

馮嘉毅* 張西川*,**

卡氏肺囊蟲及巨細胞病毒兩者皆可在免疫功能不全的病患造成伺機性感染，兩者的合併感染較常見於在愛滋病及器官移植病患，但在其他免疫功能被抑制病患則相當罕見。巨細胞病毒有獨特的免疫調節作用，有研究指出此病毒可能增加器官移植病人得到卡氏肺囊蟲的機會；另有研究顯示同時合併巨細胞病毒感染會增加使用類固醇治療嚴重卡氏肺囊蟲的愛滋病患者的死亡率。我們報告一位接受化學治療的乳癌患者發生卡氏肺囊蟲及巨細胞病毒的同時合併感染，支氣管肺泡沖洗液的細胞學檢查提供了早期且快速的診斷，經trimethoprim- sulfamethoxazole (TMP/SMX), corticosteroid和gancyclovir治療後，肺部病灶有明顯改善，但病人於住院一週後死於腦出血。(胸腔醫學 2008; 23: 252-259)

關鍵詞：乳癌，化學治療，合併感染，巨細胞病毒，卡氏肺囊蟲

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Development of Massive Right Empyema after Sudden Rupture of a Liver Abscess due to *Klebsiella Pneumoniae*: A Case Report

Jenn-Yu Wu, Ping-Hung Kuo, Pan-Chyr Yang

The most common cause of empyema is broncho-pulmonary infection. Rapid formation of empyema secondary to ruptured liver abscess is rare. We report an interesting case of massive pleural effusion that developed after the sudden rupture of an asymptomatic liver abscess, leading to septic shock and impending respiratory failure. Ultrasonography revealed minimal ascites and almost complete resolution of the hepatic abscess after the rupture. Culture of the pleural fluid grew *Klebsiella pneumoniae*. The patient's condition improved after tube thoracostomy drainage and antibiotic treatment. This case suggests that liver abscess should be listed in the differential diagnosis of right empyema, even in patients without obvious abdominal symptoms. (*Thorac Med* 2008; 23: 260-265)

Key words: empyema, liver abscess, *Klebsiella pneumoniae*

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因克雷白氏肺炎菌之肝膿瘍急促破裂後， 而形成的大片右側膿胸—病例報告

巫震宇 郭炳宏 楊泮池

膿胸症最常見的原因為支氣管及肺部感染。因肝膿瘍破裂後而迅速形成膿胸的情況並不多見。我們報告一位因無症狀之肝膿瘍急促破裂後，而形成大片右側膿胸、敗血性休克以及呼吸衰竭的有趣病案。腹部超音波顯示極少量腹水，以及肝膿瘍破裂後迅速消散。肋膜積液細菌培養呈現克雷白氏肺炎菌的感染。在胸管肋膜積液引流以及抗生素治療後，病患狀況穩定改善。此個案提醒我們，就算病患無任何明顯腹部症狀，肝膿瘍破裂仍為右側膿胸症之鑑別診斷之一。(胸腔醫學 2008; 23: 260-265)

關鍵詞：膿胸症，肝膿瘍，克雷白氏肺炎菌

Hepatopulmonary Syndrome – A Case Report and Literature Review

Cheng-Hang Ho, Ming-Huang Chiu

Hepatopulmonary syndrome (HPS) is defined as the clinical triad of advanced liver disease, arterial deoxygenation and intrapulmonary vascular dilatation. Its pathogenesis is not completely understood. Excessive pulmonary nitric oxide production seems to be 1 of the factors that contribute to the intrapulmonary vascular dilatation. Prevention of Gram-negative bacilli translocation reduces the severity of HPS. The major clinical manifestations are arterial hypoxemia, clubbing of the fingers and spider nevi. We report a 62-year-old male with chronic hepatitis C-related liver cirrhosis diagnosed for 5 years, who complained of progressive exertional dyspnea for more than 2 years. This patient presented with Gram-negative bacteriuria with symptoms of fever and general malaise, followed by severe dyspnea; especially platypnea and orthodeoxia. Contrast-enhanced echocardiography with agitated saline showed microbubble opacification of the left heart within 6 heartbeats after it appeared in the right heart. Technetium-99m macroaggregated albumin (Tc-99m MAA) lung perfusion scan demonstrated diffuse uptake outside the lung fields, especially in the brain, kidneys, thyroid and spleen. The patient responded well to oxygen therapy after urosepsis had been controlled. (*Thorac Med* 2008; 23: 266-272)

Key words: hepatopulmonary syndrome (HPS), platypnea, orthodeoxia

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肝肺症候群—病例報告和文獻回顧

何承航 邱銘煌

肝肺症候群 (hepatopulmonary syndrome) 臨床上包含三項症候：1.慢性肝病2.低動脈血氧3.肺內血管擴張。它的致病原因並不完全了解，過多的一氧化氮產生似乎是造成肺內血管擴張的其中一項因素。而防止革蘭氏陰性菌轉移可以減少肝肺症候群的嚴重度。它臨床上主要的表現有低動脈血氧、杵狀指和蜘蛛狀血管瘤。本文報導62歲男性感染C型肝炎合併肝硬化診斷5年後，抱怨漸進性費力呼吸不順2年之久。病人本次呈現革蘭氏陰性菌尿症，併發燒、全身不適，伴隨著呼吸困難，特別是platypnea (坐時較喘、躺下改善) 和orthodeoxia (動脈缺氧情形，坐時嚴重，躺下改善)。在擾動生理食鹽水微泡顯影劑超音波心圖檢查下，可見右心顯影後，約6次心搏後，在左心出現生理食鹽水微泡的超音波顯影。鎂-99m大聚合白蛋白肺灌注掃描證明擴散性肺外攝入，特別是腦、腎臟、甲狀腺和脾臟。當菌尿症獲得控制後，病人對氧氣的治療反應良好。(胸腔醫學 2008; 23: 266-272)

關鍵詞：肝肺症候群 (hepatopulmonary syndrome)，platypnea，orthodeoxia

Respiratory Distress after Transarterial Hepatic Chemoembolization of Hepatocellular Carcinoma: A Case Report

Chin-Chung Shu, Jih-Shuin Jerng, Chong-Jen Yu

Transarterial hepatic chemoembolization (THCE) is commonly used for unresectable hepatic malignancies. Despite its potential benefits, THCE may also result in some complications, among which pulmonary complications could be fatal. We report a critical case of newly diagnosed hepatocellular carcinoma that was treated with THCE as the initial therapy. Although the pre-THCE angiography showed no vascular abnormalities, the patient developed acute pulmonary edema and respiratory distress related to the THCE. We review the literature on THCE and discuss the risk factors and possible pathogenesis of pulmonary complications related to THCE. (*Thorac Med* 2008; 23: 273-277)

Key words: respiratory distress, transarterial hepatic chemoembolization, hepatocellular carcinoma

經動脈肝臟化學栓塞後相關之呼吸窘迫

樹金忠 鄭之勛 余忠仁

經動脈肝臟化學栓塞 (Transarterial hepatic chemoembolization) 是經常用來治療開刀無法治癒的肝惡性腫瘤的方法之一。其併發症約是4.4%，其中大部份是侷限在腹腔內或是和導管置入有關的併發症。相形之下，發生在肺部相關的併發症是非常少見，卻有致命可能。在此報告的個案，是一位新診斷肝癌的病患，並接受經右下橫膈動脈肝臟化學栓塞治療。雖然動脈攝影時，並沒有特殊的血管異常包括動靜分流或畸形，但在接受治療後當天即發生呼吸急促且需要外加氧氣供給，且於數天內惡化至呼吸衰竭而轉至加護病房治療。過程中胸部X光攝影和電腦斷層顯示肺部水腫且有Lipiodol的堆積，顯示為經動脈肝臟化學栓塞的併發症。我們回顧文獻，並探討經動脈肝臟化學栓塞後，發生肺部窘迫的危險因子及可能的機轉。(胸腔醫學 2008; 23: 273-277)

關鍵詞：呼吸衰竭，經動脈肝臟化學栓塞，肝癌

Isolated Intermediate Bronchus Disruption Following Blunt Thoracic Injury: Report of a Case

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Yau-Lin Tseng

Tracheobronchial injury following blunt thoracic trauma is uncommon, and an isolated intermediate bronchus disruption is even rarer. Herein, we reported a 24-year-old woman who sustained blunt thoracic injury and presented with dyspnea, subcutaneous emphysema, pneumothorax, and pneumomediastinum. The symptoms were relieved after bilateral tube thoracostomy. Nine months after the event, she complained of dyspnea and presented at a local hospital, where total obstruction of her intermediate bronchus was confirmed by bronchoscopy; she was then referred to our hospital for surgical management. She underwent sleeve resection of the intermediate bronchus and had an uneventful recovery. A high index of suspicion with the liberal use of bronchoscopy is necessary for the timely diagnosis and effective treatment of this rare entity. (*Thorac Med* 2008; 23: 278-283)

Key words: intermediate bronchial disruption

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胸部鈍傷造成單純間支氣管斷裂—病例報告

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胸部鈍傷後之氣管枝傷害並不多見，而單純的間支氣管斷裂更屬少見。此病例為一位24歲女性，於胸部鈍傷後以喘氣，皮下氣腫，氣胸與氣縱膈腔為其臨床表現，且經兩側胸管引流後症狀改善。九個月後此位患者再度以喘氣求診，氣管鏡檢查證實間支氣管完全阻塞。我們嘗試袖狀切除間支氣管阻塞處，並以端對端吻合成功重建氣管枝並保留肺部功能。*(胸腔醫學 2008; 23: 278-283)*

關鍵詞：間支氣管斷裂，外傷性支氣管傷害

Bochdalek Hernia with Extralobar Pulmonary Sequestration in an Adult: A Case Report

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Jiun-Yi Hsia***

We report a case of Bochdalek hernia with extralobar pulmonary sequestration in the hernia sac in an adult, which is extremely rare clinically. An incidental finding of a cystic lesion in the left lower lung field was made in a 22-year-old man. Computed tomography of the chest disclosed a diaphragmatic hernia in the the posterior-medial part of the left hemidiaphragm (Bochdalek hernia). The surgical finding was left kidney and colon herniation into the chest. However, pathologic examination demonstrated extra-lobar pulmonary sequestration in the hernia sac, in addition to the Bochdalek hernia. Based on the pathological findings and the sequence of embryonic development, we speculated that the sequestered extrapulmonary lung, which occurred in the development of the fetus, might have occupied the site of the pleuroperitoneal canal and hindered its complete closure, hence forming the diaphragmatic hernia. (*Thorac Med* 2008; 23: 284-289)

Key words: Bochdalek hernia, extralobar pulmonary sequestration

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成人Bochdalek橫隔膜疝氣合併肺葉外游離肺：病例報告

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這裡我們報告一例成人Bochdalek橫隔膜疝氣合併疝氣囊內肺葉外游離肺在臨床上是極少見的情形。一位22歲男性意外發現左下肺野有囊狀病灶。胸部電腦斷層顯示在左側橫隔膜後方內側有個橫隔膜疝氣（Bochdalek橫隔膜疝氣）。手術發現左側腎臟和大腸疝脫至胸部，而病理檢查報告除了Bochdalek橫隔膜疝氣外，在疝氣囊內有肺葉外游離肺。根據病理發現及胚胎發展，我們推測也許肺葉外游離肺在胚胎發育時佔據了肋腹膜間的通道且阻礙它完全的關閉，而形成橫隔膜疝氣。*(胸腔醫學 2008; 23: 284-289)*

關鍵詞：Bochdalek橫隔膜疝氣，肺葉外游離肺

Intrabronchiolar Involvement in Early Stage Pulmonary Sarcoidosis Presenting as Air Trapping: A Case Report

Ming-Tzer Lin^{*,****}, Yih-Leong Chang^{**}, Yung-Chie Lee^{***}, Jin-Yuan Shih^{****},
Pan-Chyr Yang^{****}

Pulmonary sarcoidosis can be expressed only as a mosaic pattern of air trapping on an expiratory high-resolution computed tomography (HRCT) scan in the early stage, without the typical findings of pulmonary involvement. This radiologic finding indicates small airway disease, but the site of airflow obstruction and the type of involvement have only been speculated about thus far. We describe herein a female with proven sarcoidosis stage I whose HRCT scan showed air trapping during expiration and lung biopsy via video-assisted thoracoscopy (VAT) revealed air trapping-related emphysema and non-necrotizing granulomas with peribronchiolar compression and intrabronchiolar involvement. These findings could explain the impaired diffusion capacity and limited mid-expiratory flow rate in the pulmonary function test, and were compatible with a radiologic mosaic pattern. Her airway obstruction and oxygenation improved after oral corticosteroid treatment. (*Thorac Med* 2008; 23: 290-296)

Key words: air trapping, intrabronchiolar involvement, small airway disease, pulmonary sarcoidosis

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以氣滯症狀表現之小支氣管內類肉瘤：一病例報告

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初期的肺部類肉瘤病在高解析度電腦斷層攝影下，可以只有氣滯的鑲嵌型態來做表現，而沒有典型的肺部浸潤。這樣的影像表現常指小氣道病變，但是確切阻塞的部位及型態僅止於推測而已。在此，我們描述一位第一期類肉瘤女性患者，其高解析度電腦斷層攝影在吐氣期呈現氣滯型態。胸腔鏡肺部切片證實非壞死性肉芽腫在小支氣管周圍有壓迫以及小支氣管內侵犯的情況，伴隨周邊肺泡的氣腫。這樣的發現可以解釋影像學上鑲嵌型態的變化及肺功能檢查裡吐氣中期氣流速度限制的結果。她的氣道阻塞及肺部氧合在口服類固醇的治療下獲得改善。*(胸腔醫學 2008; 23: 290-296)*

關鍵詞：氣滯，小支氣管內侵犯，肺部類肉瘤，小氣道病變

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Cryptogenic Organizing Pneumonia Mimicking Community-Acquired Pneumonia with Acute Respiratory Failure: A Case Report

Chun-Ta Huang, Yih-Leong Chang*, Yi-Ju Tsai**, Shih-Chi Ku, Chong-Jen Yu

Cryptogenic organizing pneumonia (COP) is a rare idiopathic inflammatory pulmonary disorder. The clinical manifestations of COP vary greatly from case to case, and include persistent cough, flu-like illness and dyspnea on exertion. Patients with COP are often misdiagnosed as having pneumonia, and therefore have a delay in diagnosis. However, the disease responds well to systemic corticosteroids. In this report, we describe a patient who presented with what seemed to be a case of severe community-acquired pneumonia with acute respiratory failure; however COP was eventually diagnosed via an open lung biopsy. Corticosteroids successfully improved the symptoms and resolved the pulmonary lesions. The patient experienced a disease relapse when the dosage of corticosteroids was reduced. The disease was brought under control again after resuming the effective steroid dosage. (*Thorac Med* 2008; 23: 297-303)

Key words: community-acquired pneumonia, corticosteroids, organizing pneumonia

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以類似於社區性肺炎併發急性呼吸衰竭來表現的原因不明 器質化肺炎—病例報告

黃俊達 張逸良* 蔡怡汝** 古世基 余忠仁

原因不明器質化肺炎是相當少見的發炎性肺部疾患，其臨床表徵因病人的不同而呈現相當大的差異性，常見的包括持續性的咳嗽、類似感冒的症狀以及運動時的氣促情形，正因為其症狀表現的非特異性，病人常常被延誤診斷。在此，我們報告一位以類似於社區性肺炎合併急性呼吸衰竭來表現的案例，最後經肺部切片確診為原因不明器質化肺炎，類固醇成功地改善此病人的症狀以及胸部X光片上的異常，雖然在減少類固醇的過程當中疾病又復發，但是適度地增加類固醇的劑量仍然順利的讓病人再次改善。本案例點出原因不明器質化肺炎在診斷上有其困難性所在，特別當病人的肺炎表現並不典型時，臨床醫師應該把這個疾病列入鑑別診斷。*(胸腔醫學 2008; 23: 297-303)*

關鍵詞：社區性肺炎，類固醇，原因不明器質化肺炎

Arteriovenous Hemoaccess-Related Pulmonary Arterial Hypertension – Effect of Access Flow Reduction – A Case Report

Pei-Ying Lin, Tze-Wah Kao*, Ping-Hung Kuo, Chong-Jen Yu, Pan-Chyr Yang

Arteriovenous access-related pulmonary arterial hypertension is a previously under-diagnosed complication in hemodialysis patients, and should be kept in mind when hemodialysis patients using surgically created arteriovenous access encounter unexplained dyspnea. It was found that successful renal transplantation, peritoneal dialysis and hemodialysis with a permanent dialysis catheter can reduce pulmonary arterial pressure in this group of patients. The patient reported herein had severe pulmonary arterial hypertension but insisted on using an arteriovenous fistula for hemodialysis. Her pulmonary arterial pressure, dyspnea and oxygenation improved after ligation of the original high-flow arteriovenous fistula and creation of a low-flow alternative. Although the pulmonary arterial pressure did not decrease to a normal range, the patient's clinical symptoms and quality of life clearly improved. This case may provide new insight into the management of pulmonary arterial hypertension in this group of patients. (*Thorac Med* 2008; 23: 304-309)

Key words: pulmonary arterial hypertension, arteriovenous access, hemodialysis

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洗腎動靜脈瘻管相關的肺動脈高血壓—瘻管減流的效用： 一個病例報告

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因洗腎動靜脈瘻管所引起肺動脈高血壓的發生率常被低估。當洗腎病患出現難以解釋的呼吸窘迫時這是一個必須納入的鑑別診斷。過去的報告曾經指出，成功的腎臟移植，腹膜透析，以及人工洗腎導管的使用都可以降低這類病患的肺動脈壓。此名病患在診斷之初有嚴重肺動脈高壓，但她堅持持續使用動靜脈瘻管。然而，在高流速瘻管結紮並以低流速瘻管取代後，病患的肺動脈高壓、呼吸窘迫、以及血氧濃度均得到顯著的改善。即便肺動脈壓無法降低至正常值，病患的生活品質得到良好的改善。本病歷報告提供了處理此類病患的另一種思考角度。(胸腔醫學 2008; 23: 304-309)

關鍵詞：肺動脈高壓，動靜脈瘻管，洗腎

Pulmonary Arteriovenous Malformation Presenting as Brain Abscess

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Pulmonary arteriovenous malformation (PAVM) is often associated with hereditary hemorrhagic telangiectasia. Brain abscess can be the initial manifestation of PAVMs. Because of a lack of awareness of this condition and inadequate screening, physicians often misdiagnose PAVMs. We report a 63-year-old female who had the initial neurological symptoms of vertigo and dizziness for about 5 years, which worsened in the 2 weeks prior to admission. Brain CT showed 2 brain abscesses and she received stereotactic aspiration. PAVM was diagnosed by CT-angiography which showed an arteriovenous malformation with aneurysmal formation in the left upper lung; this was confirmed by surgical resection. Case reports of brain abscesses associated with PAVMs are very rare. Therefore, an association with PAVMs should be considered in cases of brain abscesses of undetermined etiology. (*Thorac Med* 2008; 23: 310-315)

Key words: pulmonary arteriovenous malformations (PAVM), brain abscess, hereditary hemorrhagic telangiectasia (HHT)

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肺動靜脈畸形以腦部膿瘍表現—病例報告及文獻回顧

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肺部動靜脈畸形是和遺傳性出血性毛細血管擴張有關，在無症狀的肺動靜脈畸形病人初期可以以腦膿瘍來表現。不熟悉這個疾病常會將之歸類為其他原因。在此報告一位六十三歲女性一開始的神經學症狀為暈眩和頭暈有五年的时间，而在近兩個星期有症狀加重的現象，腦部電腦斷層發現有腦部膿瘍，這位女性病人接受立體定位膿瘍抽吸術，胸部電腦斷層血管攝影竟發現肺部動靜脈畸形，之後開胸手術切除了肺部病灶，病理檢查證實了肺動靜脈畸形的診斷。腦部膿瘍合併肺靜脈畸形非常少見，所以在不明原因的腦部膿瘍，要考慮肺動脈畸形的可能性。(胸腔醫學 2008; 23: 310-315)

關鍵詞：肺動靜脈畸形，腦膿瘍，遺傳性出血性毛細血管擴張

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