

ISSN 1023-9855



胸腔醫學

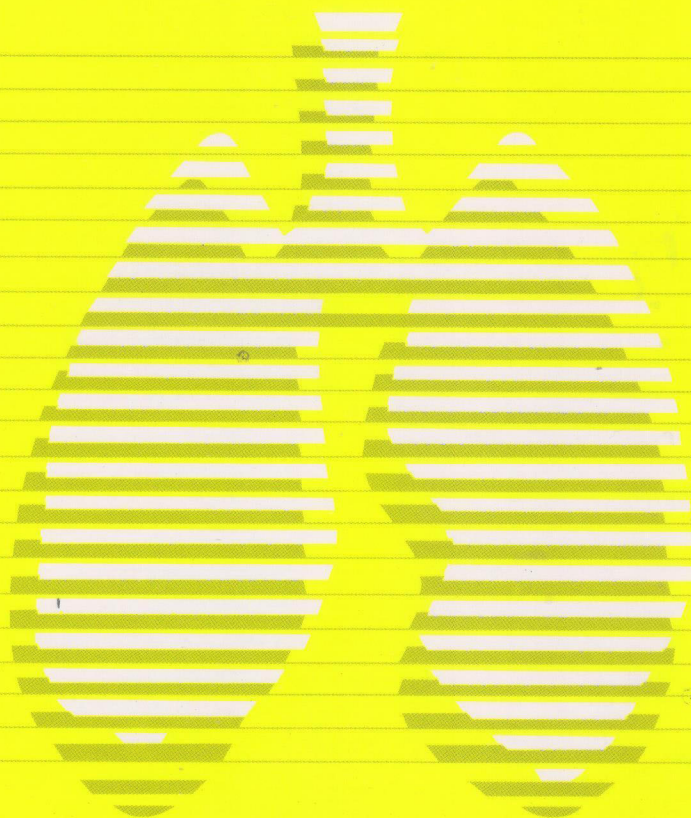
Thoracic Medicine

The Official Journal of Taiwan Society of
Pulmonary and Critical Care Medicine

Vol.23 No.6 Dec. 2008

第二十三卷 第六期

中華民國九十七年十二月



台灣胸腔暨重症加護醫學會

台北市中正區仁愛路一段1號

No. 1, Sec. 1, Jen Ai Rd., Taipei, Taiwan, R.O.C.



ISSN 1023-9855



Vol.23 No.6 December 2008

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One-year Experience with Unplanned Extubation in Adult Intensive Care Units

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

Introduction: Unplanned extubation (UE) is a frequent complication following endotracheal intubation, and can increase intensive care unit (ICU) and hospital expenditure. We attempted to investigate the incidence, outcome and predictive factors of patients who failed UE (reintubation within 48 hours) in the adult ICUs of a medical center in Taiwan.

Methods: We reviewed the medical records of patients who experienced UE in intensive care units from July 1, 2004 to June 30, 2005. There were 102 intensive care beds and a total of 3639 admissions with mechanical ventilation via endotracheal tube or tracheostomy. The primary endpoint was factors predicting failed UE, and the second goal was the outcome of failed UE compared with successful UE.

Results: One hundred and fifty-two episodes of UE occurred during the study period, representing 4.2% of mechanically ventilated patients. There were 73 episodes of failed UE (48.0%) and 24 patients (15.8%) died during hospitalization. Using multivariate analyses, the 3 risk factors of Glasgow Coma Scales (GCS) scores <10, pulmonary causes of intubation, and accidental extubation significantly predicted failed UE. The outcomes of the failed UE patients included: longer stays in the ICU and hospital, and higher hospital costs and mortality.

Conclusion: Patients with failed UE suffered a poor prognosis, and increased hospital expenses, and mortality. The predictors of failed UE included GCS<10, pulmonary causes of intubation and accidental extubation. To provide safe patient care, the physicians should consider the risk factors of failed UE and its potential association with adverse events. (*Thorac Med* 2008; 23: 393-404)

Key words: endotracheal intubation, mechanical ventilation, re-intubation, unplanned extubation

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成人加護病房非計劃性拔管之一年經驗

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前言：非計劃性拔管（簡稱UE）是插管常見之併發症。UE會增加加護病房及醫院的費用。我們嘗試去探討台灣某一醫學中心之成人加護病房，UE失敗（48小時內重新再插管）的發生率、預後以及其預測因子。

方法：從2004年7月1日到2005年6月30日，我們收集並回顧所有UE病人之各項臨床資料。在102張加護病房病床中，總共有3639人次住院，並經由氣管內管或氣管切開術而使用呼吸器。我們想知道，與UE成功之病人比較，UE失敗之預測因子及其預後。

結果：在這期間共有152人次UE，佔所有使用呼吸器病人的4.2%。其中有73人次UE失敗（48%），及24位病人死亡（15.8%）。經由多變項分析發現，UE失敗者之3個預測因子為格拉斯哥昏迷指數（GCS）<10，肺部原因插管及意外拔管。UE失敗者之預後為：ICU及總住院天數較長，總住院費用以及死亡率均較高。

結論：UE失敗者之預後較差，總住院花費及死亡率高均較高。UE失敗者之預測因子為格拉斯哥昏迷指數（GCS）<10，肺部原因插管及意外拔管。為提供病人安全照顧，醫生必需考慮UE失敗者之因素及可能之併發症。（*胸腔醫學* 2008; 23: 393-404）

關鍵詞：氣管插管，呼吸器，再插管，非計劃性拔管

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Effects of Human Neutrophil Elastase on Human Airway Smooth Muscle Cell Functions

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Chien-Da Huang*, **

Human neutrophil elastase (HNE), a serine protease, is abundant in chronic inflammatory diseases such as chronic severe asthma. Changes in the airway smooth muscle (ASM) phenotype may play a fundamental role in the pathogenesis of airway remodeling in chronic asthma. The aim of this study was to investigate whether HNE modulates the tumor necrosis factor (TNF) α -induced synthetic function and platelet-derived growth factor (PDGF)-induced migratory functions of ASM. HNE stimulated secretion of regulated on activation, normal T cells expressed and secreted (RANTES), but not interleukin (IL)-6, by human ASM cells. In ASM cells pre-treated with HNE (10 nM) for 2, 4 and 8 h, RANTES and IL-6 secretion by 10 ng/ml TNF α (18 h) were significantly increased with HNE pretreatment ($p < 0.05$, $n = 3$). However, HNE had a partial effect on TNF α -induced intercellular adhesion molecule (ICAM)-1 expression. HNE, but not heat-inactivated HNE, induced a 2.19 ± 0.44 -fold increase in ASM cell migration ($n = 4$, $p < 0.05$). Interestingly, HNE had no effect on PDGF-induced ASM cell migration (3.10 ± 0.23 in control cells versus 3.59 ± 0.11 in HNE-treated cells, $n = 4$). Our results show that HNE may play an important role in the pathogenesis of chronic asthma by modulating the synthetic and migratory functions of human ASM cells. (*Thorac Med* 2008; 23: 405-413)

Key words: human neutrophil elastase, airway smooth muscle, synthesis, migration, asthma

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人類嗜中性白血球彈性酵素對呼吸道平滑肌功能的作用

李永全* 羅君禹*,** 郭志熙*,** 熊得志* 黃建達*,**

人類嗜中性白血球彈性酵素 (Human neutrophil elastase) 是一種絲胺酸蛋白酶 (Serine protease)，富含於像嚴重慢性氣喘之類的慢性呼吸道發炎疾病。呼吸道平滑肌 (Airway smooth muscle) 的不同表型變化在慢性氣喘的呼吸道重塑 (Airway remodeling) 過程中扮演著十分重要的角色。這篇研究的主要目的是探討人類嗜中性白血球彈性酵素是否能夠調節腫瘤壞死因子 (TNF- α) 刺激的合成 (Synthetic) 功能和血小板衍生生長因子 (PDGF) 引導的移動 (Migratory) 功能。結果顯示人類嗜中性白血球彈性酵素能刺激呼吸道平滑肌分泌調節 RANTES，但沒有改變 IL-6。當呼吸道平滑肌經過人類嗜中性白血球彈性酵素分別處理二至八小時後，再使用 10 ng/ml 的腫瘤壞死因子刺激，RANTES 和 IL-6 分泌是有意義的隨著人類嗜中性白血球彈性酵素前處理的時間而增加 ($p < 0.05$, $n = 3$)。然而，人類嗜中性白血球彈性酵素對於腫瘤壞死因子引導的細胞間黏連分子 (ICAM)-1 表現僅有部分的效果。人類嗜中性白血球彈性酵素對於呼吸道平滑肌細胞移動有 2.19 ± 0.44 倍的增加 ($p < 0.05$, $n = 4$)，但是熱抑制的人類嗜中性白血球彈性酵素卻沒有如此現象。有趣的是，人類嗜中性白血球彈性酵素對於血小板衍生生長因子引導的呼吸道平滑肌移動並沒有作用 (控制組細胞 3.10 ± 0.23 ，人類嗜中性白血球彈性酵素處理過的細胞 3.59 ± 0.11 , $n = 4$)。我們的研究顯示，人類嗜中性白血球彈性酵素藉由調節人類呼吸道平滑肌細胞的合成與移動功能，可能在慢性氣喘的致病機轉中扮演著重要的角色。(胸腔醫學 2008; 23: 405-413)

關鍵詞：人類嗜中性白血球彈性酵素，呼吸道平滑肌，合成，移動

Acute Respiratory Failure in Two Pregnant Women during Tocolytic Treatment: Two Case Reports

Sheng-Fen Chu, Chiu-Ping Kuo, Chieh-Jen Wang, Chien-Liang Wu

Acute respiratory failure due to pulmonary complications or acute respiratory distress syndrome (ARDS) is a life-threatening condition during pregnancy. The incidence of pulmonary edema is 24% in all critical illnesses associated with pregnancy. The causes are numerous, having both cardiogenic and non-cardiogenic origins, and include sepsis, tocolytic agents, and preeclampsia. The mortality rate could be as high as 23% in patients with ARDS. We report 2 patients with acute pulmonary complications during the 2nd trimester of pregnancy: 1 patient was diagnosed with tocolytic-associated pulmonary edema, and the other had septicemia-related ARDS. Both of them had received prolonged tocolytic treatment presenting with dyspnea, fever, and hemodynamic instability, and required invasive ventilation; they both received fluid and vasopressor management guided by a pulmonary artery catheter and the best supportive care. The 2 patients survived and were weaned from the mechanical ventilator successfully during their stay at the intensive care unit (ICU). Their babies survived, although 1 was delivered in the ICU on the 4th day due to precipitated labor. In this case, the mother and her baby required long-term rehabilitation after discharge. (*Thorac Med* 2008; 23: 414-420)

Key words: tocolytic treatment, acute respiratory failure, pulmonary edema, acute respiratory distress syndrome

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安胎孕婦併發急性呼吸衰竭—兩例病例報告

朱聖榮 郭秋萍 王玠仁 吳健樑

安胎孕婦的肺水腫在懷孕婦人危症中佔約四分之一。其中如果合併急性呼吸窘迫症，死亡率更高達23%。造成肺水腫的原因分為心因性及非心因性，包括感染、安胎藥物、子癇前症、及體液過量。我們報告分別是因安胎藥物及感染合併急性呼吸窘迫症引發急性肺水腫及呼吸衰竭的孕婦，在侵入性呼吸器的支持下，以肺動脈導管指引給予升壓劑及利尿劑治療改善，最後脫離呼吸器並拔管成功的兩個病例。(胸腔醫學 2008; 23: 414-420)

關鍵詞：安胎治療，急性呼吸衰竭，肺水腫，急性呼吸窘迫症

Relapsing Polychondritis Complicated by Trachea-bronchial Stenosis: A Case Report and Literature Review

Cheng-Chien Tsai*, Chong-Chen Lu*, ***, Guang-Ming Shiao*, ***,
De-Feng Huang**, ***

Relapsing polychondritis is an autoimmune disease of the cartilage. The most common manifestations are scleritis, and chondritis of the ear and nose. If the disease is not treated well, inflammation of the cartilage in the trachea or bronchi may occur and develop into a rare life-threatening complication with severe airway narrowing, obstruction, or sudden onset of airway collapse. As the clinical manifestations of relapsing polychondritis do not usually present simultaneously, this disease is easily subjected to misdiagnosis or delayed diagnosis. We herein report a 24-year-old patient who was initially afflicted with chondritis of the ear lobes and scleritis, but was eventually complicated with severe tracheal and bronchial stenosis 6 months after inadequate immunotherapy. Computed tomography studies of the airway showed severe narrowing in the sub-glottic area (70% stenosis) and moderate narrowing in the trachea and bronchi. The affected cartilage of the trachea was also found to be swollen. After being treated with high-dose glucocorticosteroid and immunosuppressant drugs (azathioprine) for 1 month, the ear chondritis and scleritis were well controlled, but the airway stenosis remained unchanged and required surgery to prevent airway obstruction. We think that increased awareness of this disease may help us to diagnose it earlier and treat it more promptly, so as to prevent airway stenosis. (*Thorac Med* 2008; 23: 421-427)

Key words: relapsing polychondritis, sub-glottic stenosis, tracheo-bronchial stenosis

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覆發性多發性軟骨炎（Relapsing Polychondritis）合併氣管一支氣管狹窄之併發症：病例報告及文獻回顧

蔡正堅* 盧崇正*,*** 蕭光明*,*** 黃德豐**,***

覆發性多發性軟骨炎（RP）是一種軟骨的自體免疫性疾病。最常見的表現是鞏膜炎、耳朵和鼻子的軟骨炎。在這種疾病，如果不好好的治療，會發生氣管或支氣管的軟骨炎和罕見的嚴重性氣管狹窄、阻塞的威脅生命的併發症、或突然發生氣管塌陷。因為覆發性多發性軟骨炎的臨床表徵通常不會同時出現，這種疾病容易被主觀的誤診或延遲診斷。我們在這裡報告一位最初以耳朵的軟骨炎和鞏膜炎表現的24歲年輕患者，在接受了6個月不適當的免疫療法後，產生了嚴重氣管和支氣管狹窄。氣道的電腦斷層（CT）研究顯示了在聲門下區域產生了嚴重狹窄（70%狹窄）並且在氣管和支氣管都有中等程度的狹窄。而且受影響的氣管軟骨都腫脹起來。在以高劑量類固醇和免疫抑制藥物（azathioprine）治療1個月後，耳朵的軟骨炎和鞏膜炎都被控制得很好，但氣管狹窄依然沒有變化，而且需要外科開刀來防止氣道堵塞。我們認為如果增加了對這種疾病的了解也許會幫助我們及早診斷和適當的治療；氣管狹窄就會因而被防止產生。（*胸腔醫學* 2008; 23: 421-427）

關鍵詞：覆發性多發性軟骨炎（relapsing polychondritis），聲門下狹窄，氣管支氣管狹窄

Empyema Caused by *Chryseobacterium meningosepticum* Infection: A Case Report

Yang-Ching Ko, Chi-Sen Hsu*, Meng-Ping Dai

Chryseobacterium meningosepticum is a Gram-negative bacillus historically associated with meningitis and sepsis in premature neonates. It is an infrequently isolated organism and a rare cause of adult and pleural infections. We reported the first case of thoracic empyema due to *C. meningosepticum*, in a 78-year-old man with transitional cell carcinoma and diabetes mellitus. He developed fever and dyspnea 13 days after bladder surgery, and was intubated due to hypoxic respiratory failure the following day. The chest radiograph revealed pleural effusion and consolidation in the left lower lung field, and thoracentesis obtained turbid fluid. Gram-negative bacilli were visible on staining of the pleural fluid, and *C. meningosepticum* was isolated from the sputum, blood and pleural fluid. Thoracic drainage and trimethoprim-sulfamethoxazole therapy were then instituted. A subsequent chest radiograph showed gradual resolution of the empyema. Although it is a rare pathogen, *Chryseobacterium* empyema should be excluded in a dyspneic cancer patient with pleural effusion. (***Thorac Med* 2008; 23: 428-434**)

Key words: *Chryseobacterium meningosepticum*, empyema

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腦膜膿毒金黃桿菌感染造成膿胸—病例報告

柯仰馨 許啟森* 戴孟平

腦膜膿毒金黃桿菌常是造成早產新生兒腦膜炎與敗血症的一種革蘭氏陰性桿菌，但在成人與肋膜感染中較為少見。不過，在身體防禦組織受損與免疫不全患者中，假如革蘭氏染色與細菌培養出現陰性桿菌，還是有可能是腦膜膿毒金黃桿菌感染。我們報告一位78歲男性，診斷為膀胱過渡細胞癌及糖尿病患者，手術後出現呼吸困難，胸部X光片出現左下部份的肺肋膜實質化病變，超音波穿刺則有中量肋膜混濁液。肋膜液革蘭氏染色發現革蘭氏陰性桿菌，痰液、血液、肋膜液培養均長出腦膜膿毒金黃桿菌感染的結果。我們開始使用抗生素撲菌特錠並給予適當引流。之後，膿胸在X光片與臨床上獲得明顯的控制。在這裡，我們提出這樣少見的病例報告，並對既有文獻做一回顧整理。(胸腔醫學 2008; 23: 428-434)

關鍵詞：腦膜膿毒金黃桿菌感，膿胸

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An Unusual Initial Presentation of Hemothorax due to Melanoma – A Case Report and Literature Review

Hsaio-Lun Tseng, Ming-Shian Lin, Tzuen-Ren Hsiue*, Jen-Hsun Cheng

Malignant melanoma has the potential for disseminated metastasis, and, almost 90% of patients have pulmonary metastasis. Rare cases have shown isolated malignant pleural effusion. We presented a patient who suffered from progressive dyspnea for more than 10 days, and unilateral massive hemothorax was found. Melanoma was diagnosed via closed pleural biopsy. The patient also had giant congenital melanocytic nevi and extra-mammary Paget's disease, but the primary origin of the melanoma was not identified. We explored the possibility of primary pleural melanoma in this patient by reviewing published articles. Further examinations were needed to establish the hypothesis.

Once metastatic or recurrent melanoma is diagnosed, the prognosis is poor: life expectancy is lesser than 1 year. (*Thorac Med* 2008; 23: 435-440)

Key words: melanoma, hemothorax, giant congenital melanocytic nevi

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以血胸爲初始表現之惡性黑色素細胞瘤—— 一病例報告及文獻回顧

曾筱倫 林明憲 薛尊仁* 鄭任勳

惡性黑色素細胞瘤容易有廣泛性全身性轉移之情形，而大約90%的病人表現有肺部轉移。少數病例以單純的惡性胸水、未合併肺部轉移來表現。我們提出一位以漸進性呼吸困難及單側量多之血胸來表現的病人，其肋膜切片報告顯示為惡性黑色素細胞瘤。此病人合併有大型先天性黑痣及外生殖器之乳房外柏哲德氏病（extramammary Paget's disease），但其惡性黑色素細胞瘤之原發位置尚未證實。根據文獻報告，我們試著討論其為原發性肋膜黑色素細胞瘤之可能性，但現有之檢驗報告不足以診斷其原發處，仍需更進一步的影像學檢查、甚至病理檢驗。一旦病人被診斷有轉移性或再發性惡性黑色素細胞瘤，其預後通常不佳，病人的預期存活期將少於一年。*(胸腔醫學 2008; 23: 435-440)*

關鍵詞：黑色素細胞瘤，血胸，大型先天性黑痣

Plexiform von Recklinghausen's Neurofibromatosis with Mediastinal Involvement – A Case Report

Chi-Sheng Chen, Min-Hsi Lin, Huang-Chou Chang*, Shong-Ling Lin**,
Kuo-An Chu, Ruay-Sheng Lai

A 21-year-old male was admitted to our hospital because of an abnormal shadow on chest X-ray (CXR) noted during a routine military health check-up. He was asymptomatic and had no neurologic dysfunction. CXR showed widening of the upper mediastinum. Chest computed tomography scan demonstrated diffuse low-attenuation mass-like lesions on multiple compartments of the mediastinum, with cephalic extension to the lower neck and downward extension to the subdiaphragmatic paraaortic area. Mediastinoscopic biopsy disclosed a plexiform neurofibroma. During 2 years of follow-up, the patient was asymptomatic and stable, based on the radiographic results. We report this rare case of plexiform neurofibromatosis with mediastinal involvement. (*Thorac Med* 2008; 23: 441-446)

Key words: plexiform neurofibroma, neurofibromatosis

縱膈腔叢狀神經纖維瘤—病例報告

陳己升 林旻希 張晃宙* 林秀玲** 朱國安 賴瑞生

一名21歲男性，兵役體檢胸部X光片發現不正常陰影而入院檢查。病患無任何症狀亦無神經學異常。胸部X光片顯示縱膈腔增寬。胸部電腦斷層顯示腫瘤位於縱膈腔，並從頸下延展至橫隔下主動脈旁。經安排縱膈腔鏡手術，病理切片結果為叢狀神經纖維瘤。在兩年的追蹤期間病患沒有特別的症狀並且沒有影像方面的惡化。在此我們報告一位於縱膈腔的叢狀神經纖維瘤罕見病例。(胸腔醫學 2008; 23: 441-446)

關鍵詞：叢狀神經纖維瘤，第一型神經纖維瘤

Chemical Pneumonitis Induced by Cinnabar – A Case Report

Yen-Wen Chen, Shueh-Fen Chen*, Jia-Horng Wang

It is not uncommon to use Chinese herb to treat disease in Asian societies. The function of cinnabar (China red) in Chinese herbal medicine is to relieve nervousness and induce mild sedation. We reported a 74-year-old man with acute for 2 days exposure to cinnabar vapor. Acute chemical pneumonitis with respiratory failure developed and progressed to acute respiratory distress syndrome. He was intubated, and mechanical ventilation was applied. After Dimaval [2,3-dimercaptopropane sulfonate (DMPS)] and corticosteroid treatment, the clinical condition deteriorated and the patient died from profound hypoxemia. Literature was reviewed. The necessity of educating people to use China red appropriately for preventing such a tragedy is highlighted. (*Thorac Med* 2008; 23: 447-451)

Key words: cinnabar, Dimaval, 2,3-dimercaptopropane sulfonate (DMPS), acute respiratory distress syndrome

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吸入硃砂引起急性肺炎—病例報告

陳燕溫 陳雪芬* 王家弘

在亞洲社會使用中藥材來治療疾病是很常見的。硃砂在中藥醫學中是用來安神、緩和情緒及幫助睡眠的。我們報告一個病例因使用吸入硃砂蒸氣來治療疾病而引發肺炎，進而導致急性呼吸窘迫症候群。經解毒劑（DMPS）和類固醇使用，仍無法挽救其生命。*(胸腔醫學 2008; 23: 447-451)*

關鍵詞：硃砂，肺炎，急性呼吸窘迫症候群，DMPS

Recurrent Papillary Thyroid Carcinoma with Endobronchial Metastasis

Yung -Yun Chang, Jong-Rung Tsai, Wan-Ting Huang*, Ming-Shyan Huang

Thyroid carcinoma is the most common endocrine malignancy, and sometimes invades the regional lymph nodes or metastasizes distally to the lungs, bone and brain. Endobronchial metastasis is rare, and the most common primary malignancies are breast cancer, and colorectal and renal cell carcinoma. Endobronchial metastasis of papillary thyroid cancer is extremely rare, and only a few case reports have been documented.

We came across a patient who had thyroid papillary carcinoma and underwent a right total thyroid lobectomy for papillary thyroid carcinoma 9 years previously. He complained of progressive productive cough with blood-tinged sputum. In addition, a huge right lower lung mass was noted on chest X-ray. Chest computed tomography showed a right lower lobe mass with a heterogeneous enhancement. Bronchoscopy demonstrated an endobronchial mass and the biopsy specimen showed metastatic papillary thyroid carcinoma, proven by immunohistochemical stains. (*Thorac Med* 2008; 23: 452-457)

Key words: endobronchial metastasis, hemoptysis, recurrence of thyroid papillary carcinoma

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以支氣管內轉移為表現之乳突狀甲狀腺癌復發： 一病例報告及相關文獻回顧

張永裕 蔡忠榮 黃琬婷* 黃明賢

甲狀腺癌目前仍為最常見的內分泌腫瘤。除可能侵犯局部淋巴結外，亦可轉移至肺、骨骼及腦部。肺外腫瘤合併支氣管內轉移是罕見的，過去被報導最多者為乳癌、大腸結腸癌及腎細胞癌。乳突狀甲狀腺癌合併支氣管內轉移更是很少被報導。

文中我們提出一位乳突狀甲狀腺癌病患於接受右側甲狀腺切除術9年後，因咳嗽併少量喀血求診，除了胸部X光及電腦斷層顯示的肺腫瘤外，在軟式支氣管鏡檢查中，我們發現腫瘤阻塞右下葉支氣管，經病理切片證實為乳突狀甲狀腺癌併支氣管內轉移。*(胸腔醫學 2008; 23: 452-457)*

關鍵詞：支氣管內轉移，咳血，乳突狀甲狀腺癌復發

Pulmonary Histoplasmosis in an Immunocompetent Man

Shih-Wei Wu, Wann-Cherng Perng, Chih-Feng Giian, Giian-Wen Chen, Wen-Lin Su

Histoplasmosis is rarely seen in Taiwan and only a limited number of cases have been reported locally. We reported a 37-year-old man, a Myanmar immigrant, with established pulmonary histoplasmosis. No known risk factors, such as AIDS or immunosuppressive therapy, were identified. The patient willingly refused antifungal therapy of uncertain efficacy, which provided the opportunity to observe the evolution of untreated pulmonary histoplasmosis. Furthermore, this case serves as a reminder for clinicians to always consider alternative diagnoses when the clinical course of a disease does not evolve as expected.

(*Thorac Med* 2008; 23: 458-463)

Key words: pulmonary histoplasmosis, antifungal therapy

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在一個免疫力正常男性身上發現的肺組織漿菌病

吳世偉 彭萬誠 簡志峰 陳健文 蘇文麟

在台灣組織漿菌病是非常罕見的，在本土的雜誌中也僅有極少數的病例被報告過。我們在此報告一個最後被診斷為肺組織漿菌病的37歲男性，該病人除了是緬甸移民之外，並沒有其他已知的危險因子，例如AIDS或免疫抑制劑的使用等。由於這樣的肺組織漿菌病其治療效果仍未定，該病人決定不接受抗黴菌藥物治療，這也剛好提供了一個絕佳的機會，讓我們觀察未經治療的肺組織漿菌病其病程進展。再者，這病例也提醒了臨床醫師當疾病的臨床病程或治療不如預期發展時，永遠要想到其他可能的診斷。
(*胸腔醫學* 2008; 23: 458-463)

關鍵詞：肺組織漿菌病，抗黴菌藥物治療

Migration – A Usual Complication of Covered Self-Expandable Metallic Stent with an Unusual Course – Case Report

Yen-Lung Lee*, Jui-Ying Lee*, Hsien-Pin Li*, Shah-Hwa Chou*,**, Eing-Long Kao*,**

The authors report a 46-year-old male with middle-third esophageal cancer and invasion of the left main bronchus who underwent an insertion of a left main bronchial stent (Ultraflex, Boston Scientific, 14 mm×40 mm) to relieve airway stenosis, since the widest portion of the left main bronchus was only 11 mm. After 3 months, left main bronchial stent migration with right main bronchial orifice obstruction was noted on the chest computed tomography and flexible bronchoscopy. Rigid bronchoscopy was performed to remove the migrated stent and a new larger stent was inserted (Ultraflex, Boston Scientific, 16 mm×40 mm). Left main bronchial stent migration with right main bronchial orifice total obstruction is rarely encountered in the literature. Migration rarely occurs 3 months after an initial stent deployment, especially when a larger stent is used. (*Thorac Med* 2008; 23: 464-469)

Key words: migration, complication, tracheobronchial stent

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移位—常見的氣管自動擴張型金屬支架併發症以少見的方式表現—病例報告

李彥龍* 李瑞英* 李憲斌* 周世華**, ** 高英隆**, **

氣管自動擴張型金屬支架可以快速的撐開狹窄的呼吸道並且改善呼吸困難。但是有許多併發症如位移、部分或完全的呼吸道阻塞、口臭、反覆性呼吸道感染、與其他器官形成瘻管及肉芽組織形成等等，會使支架的功能不佳，甚至危及病人的性命。

在此，我們分享了一個四十六歲男性病人胸部中段食道癌併左支氣管侵犯的病人使用氣管自動擴張型金屬支架撐開左支氣管狹窄，之後發生移位情形的處理經驗。在置入比左主支氣管直徑稍大的支架三個月後，發生了呼吸困難的情況，原因是支架移位並且造成右主支氣管阻塞。因此安排硬式支氣管鏡取出原本的支架，並置入一個直徑比原先大的新支架。根據這個病人的經驗，儘管已經使用了較大的支架且置放超過一個月後，支架仍然可能移位。(胸腔醫學 2008; 23: 464-469)

關鍵詞：移位，併發症，氣管自動擴張型金屬支架

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Unusual Presentation of Right Aberrant Subclavian Artery: Case Report

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Hung Chang, Shih-Chun Lee

Background: Dysphagia due to an aberrant subclavian artery is termed dysphagia lusoria. Although right aberrant subclavian artery is a congenital anomaly, dysphagia lusoria is rare and generally develops during the 4th decade of life. We present a young patient who had had chest pain and mild dysphagia for 3 months. A barium contrast study and computed tomography of chest revealed an aberrant right subclavian artery passing behind the esophagus; Magnetic resonance angiography of the aorta confirmed the diagnosis. Usually, aberrant subclavian artery does not lead to symptoms; however, sometimes dysphagia develops. Barium contrast study of the esophagus will reveal the abnormality. (*Thorac Med* 2008; 23: 470-474)

Key words: dysphagia, aberrant subclavian artery

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罕見的右側異生性鎖骨下動脈：案例報告

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前言：因為異生性鎖骨下動脈而造成的吞嚥困難稱為dysphagia lusoria。儘管右側異生性鎖骨下動脈是先天性的疾病，造成吞嚥困難的機會是很小的而且通常發生在四十歲左右。

案例報告：我們要呈現的是一位有輕微胸痛及吞嚥困難症狀將近三個月的年輕病患。鋇劑食道顯影及胸部電腦斷層發現十到後方有一異生性鎖骨下動脈，而主動脈核磁共振血管攝影證實了這個準斷。

結論：通常異生性鎖骨下動脈不會導致臨床症狀，但是有時候會發生吞嚥困難。鋇劑食道顯影會發現異常病灶。(胸腔醫學 2008; 23: 470-474)

關鍵詞：吞嚥困難，異生性鎖骨下動脈