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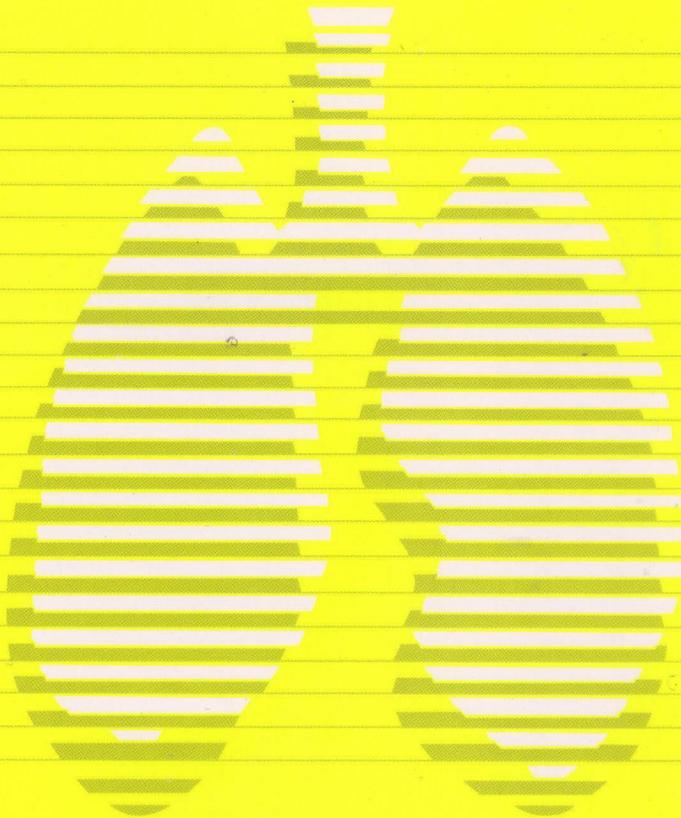
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The Clinical Use of an Internet-based Asthma Teleconsultation System

Min-Li Chang, Wen-Te Liu, Chun-Hua Wang, Han-Pin Kuo

Background: Self-assessment and self-management are the goals of long-term bronchial asthma care. The adherence to asthma management guidelines is generally poor. An electronic computer system with automatic assessment may increase awareness of the control status and provide more comprehensive recommendations for asthma management.

Objectives: To evaluate the clinical usefulness of an internet-based asthma teleconsultation system (TCS) for asthma patients' self assessment and management.

Methods: The TCS was built on a free website with software to assess asthma severity, and to suggest possible precipitating factors by calculating the mean PEFr, PEFr variation, rescue medication use, and asthma symptoms. Assessment and management recommendations complying with GINA guidelines are automatically shown after the data entry. The consensus between the TCS and 4 senior asthma specialists was validated for asthma severity assessment and corresponding management recommendations. The rating of the asthma control test was obtained by phone 4 weeks thereafter.

Results: One hundred thirty-four asthmatics with variability were recruited from clinical return visits. No difference in asthma severity assessment existed between the TCS and asthma specialists. The causes of asthma instability identified by the asthma specialists were consistent with the TCS, except for 1 case. The asthma specialists disagreed with the TCS management recommendations for 11 patients (8.2%). The agreement between the TCS and the asthma specialists in management was excellent, with a kappa statistic of 0.822. By following the TCS recommendation, 88% of asthmatic patients improved their asthma control, although 12% of patients were still rated not controlled by the Asthma Control Test (ACT). No emergency visits, hospitalizations or unscheduled clinic visits occurred during the 4 weeks of follow-up.

Conclusion: The internet-based asthma TCS is accurate and reliable for both patients and physicians. (*Thorac Med* 2007; 22: 1-12)

Key words: asthma self-management, internet-based asthma teleconsultation system, telemedicine, asthma

氣喘網路會診系統的臨床使用

張敏麗 劉文德 王圳華 郭漢彬

背景：氣喘病患的自我評估及自我處理是氣喘長期治療的主要目標。現今氣喘病人對於氣喘診療指引的遵從性及自我照護能力明顯不足。所以我們提出一套氣喘網路會診系統—氣喘格網—以增加病患對於自身氣喘病嚴重程度的瞭解及更完整的氣喘病處理建議。

目標：評估此氣喘網路會診系統所做的氣喘評估及處置建議對於氣喘病人是否實用。

方法：這一套氣喘網路會診系統是依據GINA Guideline對於氣喘評估及處置所設計並且建立在網路上數位程式，藉由輸入尖峰吐氣流速平均值、尖峰吐氣流速變異值、氣喘發作緩解藥物使用次數及氣喘症狀再經由數位程式而提出氣喘嚴重度評估、氣喘可能的惡化因素及處置方式。對照網站數位程式和四位資深氣喘專業醫師診視病患後所做的氣喘的嚴重度評估及處置建議是否一致。在四周後以電話訪問詢問病患氣喘控制測驗問卷以評估病患的氣喘控制是否良好。

結果：134位不同嚴重度的氣喘病患在門診定期回診時完成評估。氣喘網路會診系統和臨床氣喘專業醫師對於氣喘嚴重度的評估沒有差異。有一位病患氣喘不穩定的原因和臨床氣喘專業醫師評估不一致。有11位病患(8.2%)的臨床氣喘醫師處置和氣喘網路會診系統所做的氣喘處置建議不一致。氣喘網路會診系統和臨床氣喘專業醫師所做的氣喘評估及處理有良好的一致性(Kappa statistics of 0.822)。病患在遵從網路會診系統處置建議後四周，有88%呈現控制良好而有12%控制不良。沒有氣喘發作而到急診求診、住院或提早回門診。

結論：此一氣喘網路會診系統所做的評估及處理建議是正確而且值得氣喘病患及醫師所信任。(胸腔醫學 2007; 22: 1-12)

關鍵詞：氣喘病患自我照護，氣喘網路會診系統，遠距醫療，氣喘

Accurate Estimation of Creatinine Clearance Based on Lean Body Mass Measured by Bioelectrical Impedance Analysis in Non-Small Cell Lung Cancer

Kuo-Hsuan Hsu, Tsung-Ying Yang, Gee-Chen Chang, Jeng-Yuan Hsu

Background: The Cockcroft-Gault (C-G) formula has been widely used to substitute for 24-hour creatinine clearance (24-hour Ccr) in estimating the glomerular filtration rate, but in our previous study, it underestimated the 24-hour Ccr markedly in advanced-stage non-small lung cancer (NSCLC) patients. It has been reported that there is a very high correlation between urinary creatinine excretion (Ucr) and lean body mass (LBM). The purpose of this study was to evaluate the feasibility of using LBM measured by bioelectrical impedance analysis (BIA) to estimate the 24-hour Ccr in advanced-stage NSCLC patients.

Methods: Eighty-four patients with advanced NSCLC, who were admitted for the first cycle of chemotherapy, participated in this study. Twenty-four-hour urine was collected and LBM was obtained by BIA before chemotherapy. We evaluated whether or not there was a significant correlation between 24-hour Ucr and LBM. If there was, LBM was used to estimate 24-hour Ucr, thus 24-hour Ccr. The creatinine clearance predicted from LBM measured by the BIA method (LBM Ccr) and C-G formula (C-G Ccr) was compared to the 24-hour Ccr.

Results: There was a significant correlation between LBM and 24-hour Ucr ($r = 0.798$). The Ccr obtained by the C-G formula underestimated the 24-hour Ccr by a mean of 12.3 ml/min. The LBM Ccr was highly correlated with 24-hour Ccr ($r = 0.848$), with a mean difference of 0.1 ml/min. The agreement of predicted Ccr, using LBM measured by the BIA method and the C-G formula with 24-hour Ccr, was similar.

Conclusion: The C-G formula underestimated the 24-hour Ccr significantly in patients with advanced-stage NSCLC. LBM measured by the BIA method was significantly correlated with 24-hour Ucr. It is feasible to predict 24-hour Ccr using LBM measured by the BIA method in these patients. (*Thorac Med* 2007; 22: 13-20)

Key words: creatinine clearance, lean body mass, non-small cell lung cancer

藉由生物電子阻抗測定的脂肪除外體重來估算非小細胞 肺癌病人的肌酸酐廓清率

徐國軒 楊宗穎 張基晟 許正園

在晚期的非小細胞肺癌的病人，治療皆是全身性的化學治療為主，現今主要是以白金類（Platinum）的化學藥物為基礎，搭配一個新的第三代的化學藥物為輔。不過因白金類的化學藥物如順鉑（Cisplatin）有腎毒性，所以在作化學治療時，會根據病人腎臟功能作劑量的調整，在以前，都會留 24 小時的尿液來計算病人的 24 小時肌酸酐廓清率，不過，這樣的作法會浪費許多的時間，後來慢慢就使用 Cockcroft-Gault 方程式，估算病人的 24 小時肌酸酐廓清率，來代表病人的腎臟功能。不過，在之前的研究發現，這樣估算的 24 小時肌酸酐廓清率，常會有的低估的情形。另外，之前的研究也顯示，尿液肌酸酐的排除和脂肪除外體重有相當的關係。所以我們設計這個實驗，藉由生物電子阻抗測定的方法，來測量病人的脂肪除外體重，結果發現，脂肪除外體重和病人尿液肌酸酐的排除有正相關性，並且藉由脂肪除外體重，我們也可以比較精確的來估算病人 24 小時肌酸酐廓清率。（*胸腔醫學 2007; 22: 13-20*）

關鍵詞：肌酸酐廓清率，脂肪除外體重，非小細胞肺癌

Myelomatous Pleural Effusion in Multiple Myeloma — A Case Report and Literature Review

Chia-Fu Tsai, Ming-Jen Peng, Chiao-Hsien Lee, Chien-Liang Wu

A 77-year-old woman was admitted due to progressive dyspnea on exertion for 2 weeks. Chest radiography showed opacification of the left hemithorax. Chest ultrasonography revealed a massive amount of pleural effusion and multiple nodular lesions on the left pleura. Pleural effusion cytology showed dispersed anaplastic cells resembling plasma cells. Bone marrow biopsy verified the diagnosis of multiple myeloma.

Malignant pleural effusion is a rare manifestation of multiple myeloma. Approximately 30 cases have been reported in the English literature since 1950. We herein report 1 case and review the literature. (*Thorac Med* 2007; 22: 21-26)

Key words: multiple myeloma, pleural effusion

多發性骨隨瘤併惡性胸水—病例報告及文獻回顧

蔡嘉富 彭明仁 吳健樑 李昭賢

有個 77 歲的女性病人因骨頭疼痛至骨科門診求診，之後並伴有食慾不振及體重減輕，後來逐漸地喘起來，胸部 X 光發現左肺變白，胸部超音波可見左肋膜腔大量積水及一些小腫瘤長在左肋膜上。肋膜積液存在較原始形態的細胞(anaplastic cells)，骨髓檢查確診為多發性骨隨瘤。以惡性胸水為多發性骨隨瘤的表現並不多見，從 1950 年代至今在英文文獻中約三十例，我們報告此個案及回顧以往的病例。(胸腔醫學 2007; 22: 21-26)

關鍵詞：多發性骨隨瘤，惡性胸水

Pulmonary Infection with *Mycobacterium Simiae* — A Case Report

Yu-Ting Chou, Yao-Kuang Wu, Han-Chung Hu, Meng-Jer Hsieh

Mycobacterium simiae infections in humans have been reported since 1971, and are found mostly in tropical and subtropical regions. Pulmonary *M. simiae* infections have been presented in patients with chronic lung disease, pulmonary tuberculosis, malignancy, and acquired immunodeficiency syndrome. The optimal therapy for pulmonary *M. simiae* infection is not clear due to limited patient numbers. This report describes the first case of pulmonary *M. simiae* infection in Taiwan, found in a patient with chronic obstructive pulmonary disease who was successfully treated with clarithromycin and rifampicin. The prevalence, reservoir, clinical presentation, bacterial characteristics, diagnostic criteria, and current recommended therapy for *M. simiae* infection are also reviewed. (*Thorac Med* 2007; 22: 27-32)

Key words: *Mycobacterium simiae*, chronic obstructive pulmonary disease, acquired immunodeficiency syndrome

肺部的 *Mycobacterium simiae* 感染—病例報告

周育廷 吳耀光 胡漢忠 謝孟哲

Mycobacterium simiae 在人類的感染自 1971 年開始被發現。*M. simiae* 造成的感染似乎有地域性的分佈，大多數多是在熱帶及亞熱帶地區發現。肺部 *M. simiae* 感染的病例在慢性肺部、肺結核病、惡性腫瘤及後天免疫不全症候群的病人中都有被描述過，瀰漫性的 *M. simiae* 感染也曾被報告過。因為病人數太少，針對肺部 *M. simiae* 感染最理想的治療方式仍然不是很清楚。這篇文章報告了台灣第一個慢性阻塞性肺病病人肺部感染 *M. simiae* 的病例，而且成功的以 clarithromycin 及 rifampicin 治療。我們並對有關 *M. simiae* 的流行病學、傳播途徑、臨床症狀、細菌學的特性、診斷的標準及目前建議的治療方式做一些整理。(胸腔醫學 2007; 22: 27-32)

關鍵詞：*Mycobacterium simiae*，慢性阻塞性肺病，後天免疫不全症候群

Upper Airway Obstruction Caused by an Ectopic Supraglottic Thyroid Nodule: A Case Report

Shian-Jiun Lin, Jer-Hwa Chang, Kuan-Jen Bai, Chun-Nin Lee

Upper airway obstructions can be divided by cause into acute and non-acute cases. The diagnosis requires a high degree of clinical suspicion. Tumors generally present as a non-acute cause of upper airway obstruction. We report a rare case with a supraglottic nodule who presented with acute respiratory failure. This 60-year-old woman was brought to our hospital with acute hypercapnic respiratory failure complicated by a disturbance of consciousness; her past history was notable for growth retardation, hypertension, and asthma. After dual ectopic thyroid glands had been diagnosed at the tongue root and larynx, surgical excision of the supraglottic tumor was performed and the patient made a full recovery. (*Thorac Med* 2007; 22: 33-39)

Key words: upper airway obstruction, supraglottic tumor, dual ectopic thyroid

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一例喉部異位性甲狀腺結節造成上呼吸道阻塞

林賢君 張哲華 白冠壬 李俊年

上呼吸道阻塞的原因(upper airway obstruction)可分為急性及非急性，它的診斷需要高度臨床警覺。在急性上呼吸道阻塞的病程中，腫瘤較不會被考慮在內。

我們報告一罕見病例為聲門上腫瘤(supraglottic tumor)併呼吸衰竭及困難拔管。這位 60 歲女性病患過去曾有生長障礙、氣喘、及高血壓的病史。因急性意識改變被送至本院且高二氧化碳性呼吸衰竭被發現。兩處異位性甲狀腺(dual ectopic thyroid)併甲狀腺功能低下症最後被診斷。經手術切除喉部異位性甲狀腺結節和甲狀腺素治療後，病患穩定出院。(胸腔醫學 2007; 22: 33-39)

關鍵詞：上呼吸道阻塞，聲門上腫瘤，兩處異位性甲狀腺

Disseminated *Nocardia Farcinica* Presenting as Diffused Pulmonary Nodular Infiltration in a Patient with Pemphigus Vulgaris — A Case Report

Ming-Huang Tuo, Yao-Kuang Wu, Shiu-Feng Huang^{*,**}, Ying-Huang Tsai

Nocardia is a Gram-positive and weakly acid-fast stain-positive aerobic bacillus that is ubiquitous in the soil and water. It is an uncommon pathogen in humans, and found mostly in immunocompromised patients with variable etiologies. The acquisition of this infection is generally via the respiratory tract, and frequently involves the subcutaneous tissue, lung, and central nervous system. There are some common predisposing factors associated with an immunocompromised status that cause nocardiosis. The image of pulmonary nocardiosis is variable and nonspecific, and the most common findings on chest radiography are: nodules/mass, cavitation, and consolidation/infiltrates.

Disseminated nocardiosis with bacteremia is not common and may be fatal. We report a 57-year-old male non-smoker, who had pemphigus vulgaris and was receiving immuno-suppressive therapy, developed unexplained multiple pulmonary nodules 2 months later. *Nocardia spp.* bacteremia was identified, but responded poorly to trimethoprim-sulfamethoxazole (TMP/SMX) treatment. Finally, pulmonary nocardiosis was proved by open lung biopsy. *Nocardia farcinica*, a potentially multidrug resistant strain, was identified from positive blood culture. This is the 7th case reported as pemphigus vulgaris complicated with human disseminated nocardiosis after therapy, from 1902 to 2005. (*Thorac Med* 2007; 22: 40-46)

Key words: disseminated nocardiosis, *Nocardia farcinica*, pemphigus vulgaris

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以多發性肺結節浸潤為表現的尋常天皰瘡合併瀰漫性土壤絲菌感染一病例報告

杜明晃 吳耀光 黃秀芬*,** 蔡煒煌

土壤絲菌為一格蘭氏染色陽性及弱抗酸性染色陽性之嗜氧桿菌，普遍存在於泥土及水中。為平常少見之病原菌，多發生在因各種原因導致免疫力不全之病人。感染途徑多為呼吸道吸入，並多侵犯皮下組織，肺部及中樞神經系統。土壤絲菌感染在肺部影像學無特別專一表現，常見的有結節 / 腫塊，開洞，及肺部實質化。

瀰漫性土壤絲菌感染及菌血症罕見但可能致命。本文報告一名 57 歲患有尋常天皰瘡男性，在接受免疫抑制治療兩個月後，出現多發之肺部原因不明的結節性浸潤。血液培養證實為土壤絲菌 (*Nocardia farcinica*) 感染，此為一潛在具多重抗藥性之菌株。稍後之肺部切片病理檢查亦相符合。在人類因尋常天皰瘡接受免疫治療後併發瀰漫性土壤絲菌感染，本例為自 1902 年至 2005 年間，文獻中搜尋報告之第七個病例。(胸腔醫學 2007; 22: 40-46)

關鍵詞：瀰漫性土壤絲菌感染，土壤絲菌，尋常天皰瘡

Electroacupuncture Results in Bronchodilating Response in Asthma Patients — Three Case Reports

Kuo-An Chu^{*,**}, Yi-Chin Wu^{*}, Min-Hsi Lin^{*,**}, Chien-Wei Hsu^{*,**}

Some studies on the treatment of asthma in the English literature have shown the encouraging effects of acupuncture in improving pulmonary function, while only a few have reported the relationship between electroacupuncture (EA) and asthma. We herein present 3 cases of chronic persistent asthma showing significant, immediate bronchodilating effects using EA alone. After EA was applied to selected acupoints, clinical symptoms, such as dyspnea and wheezing, showed improvement. At the same time, spirometry showed immediate improvement in forced expiratory volume in 1 second (FEV₁) of more than 15%, as compared with FEV₁ measured before EA. After EA stimulation, subjective improvement of clinical symptoms was found in these 3 cases. Based on our observations of these 3 asthma patients, EA, as well as traditional manual acupuncture, may improve the results of spirometry and clinical dyspnea symptoms in certain asthma patients. Further studies may be designed to prove the effectiveness and find the mechanism and differences between manual acupuncture and EA in the treatment of asthma. (*Thorac Med* 2007; 22: 47-52)

Key words: asthma, electroacupuncture, spirometry

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電針在氣喘病患造成立即支氣管擴張療效

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依據過去部分文獻的報告顯示，針刺對氣喘病人的肺功能可有明顯而立即的改善，但是只有極少數報導電針與氣喘的關係。我們報導三位持續氣喘患者，在僅接受電針並未同時使用短效支氣管擴張劑治療的情況下，這三位患者的臨床症狀如呼吸困難和呼吸哮鳴聲都有顯著的改善。同時間肺量計檢查用力吐氣一秒量也有立即而明顯的改善(改善超過 15%)。觀察中 3 位氣喘病患使用電針後，主觀的呼吸困難症狀亦有明顯的改善情形。

由我們三位病患的有限觀察顯示，除傳統針刺之外，電針可能改善氣喘患者的臨床症狀和肺功能檢查結果，但仍有待未來更多對照組研究來確定其有效性。(胸腔醫學 2007; 22: 47-52)

關鍵詞：氣喘，電針，肺量計檢查

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Concomitant Mediastinal and Ovarian Mature Cystic Teratomas: A Case Report

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Mature cystic teratomas are tumors consisting of tissue from at least 2 of the 3 primitive germ layers. Mature teratomas typically occur in midline or para-axial regions. The most common locations are the sacrococcygeal regions, gonads, and mediastinum. However, the simultaneous occurrence of mediastinal and ovarian teratomas has never been reported in the literature. We herein report a young female who received a left partial oophorosalphingectomy and tumor excision for an ovarian mature cystic teratoma. Pre-operative chest X-ray revealed an anterior mediastinal tumor. Chest X-ray taken 15 months later demonstrated obvious interval growth of the anterior mediastinal tumor, which pathologically also showed mature cystic teratoma. The mediastinal teratoma contained small areas of pancreatic tissue, whereas the ovarian teratomas did not show any pancreatic tissue. Although the incidence is rare, the possibility of concomitant mediastinal and ovarian teratomas could not be overlooked. (*Thorac Med* 2007; 22: 53-59)

Key words: mediastinal teratomas, ovarian teratomas, mature cystic teratomas

共同發生的縱膈腔畸胎瘤與卵巢畸胎瘤—病例報告

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成熟囊狀畸胎瘤是由至少兩種胚胎層組織所組成；典型的成熟畸胎瘤延著中線或縱軸兩側發生，最常見的發生位置在薦尾骨部位，生殖器官，以及縱膈腔。然而到目前為止，文獻上從未報導過共同發生的縱膈腔畸胎瘤與卵巢畸胎瘤。我們報告一位年輕女性因為卵巢成熟囊狀畸胎瘤接受左側部份卵巢輸卵管切除術及腫瘤切除。術前胸部 X 光顯示有前縱膈腔腫瘤；十五個月後的胸部 X 光顯示前縱膈腔腫瘤明顯增大。前縱膈腔腫瘤的病理結果也是成熟囊狀畸胎瘤；前縱膈腔畸胎瘤包含部份胰臟組織，但卵巢畸胎瘤並未包含任何胰臟組織。雖然共同發生的縱膈腔畸胎瘤與卵巢畸胎瘤極少見，但臨床醫師也不能忽略這種可能性。(胸腔醫學 2007; 22: 53-59)

關鍵詞：縱膈腔畸胎瘤，卵巢畸胎瘤，成熟囊狀畸胎瘤

Malignant Giant Solitary Fibrous Tumor of the Anterior Mediastinum — A Case Report

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A 67-year-old female presented with progressive shortness of breath for more than 6 months. Chest radiographs and a computed tomography scan showed a giant extra-pulmonary solid mass in the left thoracic cavity with minimal pleural effusion. The mass compressed the mediastinum and left lung. A left lateral video-assisted thoracotomy was performed and the clearly demarcated mass was removed. A giant reddish solid mass measuring 22.5 x 17.0 x 9.0 cm and weighing 2.6 kg was found during operation. The pathological diagnosis was malignant solitary fibrous tumor. Histological examination showed a solitary fibrous tumor composed of a relatively uniform, bland hypocellular to hypercellular spindle cell population in collagenous, cellular and myxoid stroma. The patient remained well during a 2-year follow-up after the operation. (*Thorac Med* 2007; 22: 60-65)

Key words: malignant solitary fibrous tumor, anterior mediastinum

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巨大單獨之前縱膈腔惡性纖維瘤—病例報告

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一位六十七歲女性表現呼吸漸進性急促大於六個月。胸腔放射線檢查與電腦斷層顯示有一巨大肺外硬腫瘤在左側胸腔中且合併有一些肋膜積水。這腫瘤壓迫了縱膈腔與左肺。施以左外側開胸輔以內視鏡手術將腫瘤清楚且完整地移除。在手術中發現一個巨大紅色硬的腫瘤體積有 22.5x17.0x9.0 公分而重量有 2.6 公斤。病理診斷為單獨的惡性纖維瘤。組織檢查顯示這單獨的纖維瘤由少至多相對均勻且溫和分佈在纖維與黏液基質中的梭狀細胞所主組成。術後經過二年的追蹤這病人仍然保持良好。(胸腔醫學 2007; 22: 60-65)

關鍵詞：單獨的惡性纖維瘤，前縱膈

A Case of Fatal Acute Pulmonary Edema due to Unrecognized Peripartum Cardiomyopathy

Jui-Ying Fu, Kuo-Chin Kao, Han-Chung Hu, Meng-Jer Hsieh, Chung-Chi Huang

Peripartum cardiomyopathy is a rare form of heart failure that occurs during the 6 months from the last month of pregnancy to the first 5 months after delivery. The diagnosis is made by strict clinical and echocardiography criteria. It can result in a lethal outcome; the reported mortality rate ranges from 20% to 85%. The causes of death are worsening heart failure, arrhythmia, and thromboembolic events, and over half the patients die suddenly. But the complications are often reversible if recognized promptly and treated adequately, so we should keep the differential diagnosis in mind if heart failure signs develop in a patient during the peripartum period. Herein, we describe the case of a patient diagnosed as peripartum cardiomyopathy complicated with fatal acute pulmonary edema within 1 day after delivery, who improved rapidly after optimal management of heart failure. (*Thorac Med* 2007; 22: 66-72)

Key words: peripartum cardiomyopathy, acute pulmonary edema

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周產期心肌病變合併致命的急性肺水腫—病例報告

傅瑞英 高國晉 胡漢忠 謝孟哲 黃崇旂

周產期心肌病變是孕婦或產後心臟衰竭的罕見原因之一。它發生於懷孕的最後一個月以及產後的前五個月。診斷最主要是要排除已知原因的心肌病變以及吻合心臟超音波的診斷條件。致病基轉仍不明。我們報告一病例，在產後一天發生急性肺水腫合併呼吸衰竭。雖然病患併有使用 β -adrenergic agonist 安胎的病史，但經由完整的心臟超音波檢查以及排除其他原因的心肌病變後，確立診斷為周產期心肌病變。產後急性肺水腫可以進展至致命的呼吸衰竭，所以臨床醫師的如果能及早覺察，早期給予積極治療，應該能改善此類病人的預後結果。(胸腔醫學 2007; 22: 66-72)

關鍵詞：周產期心肌病變，急性肺水腫

Malignant Melanoma Presenting as a Mediastinal Mass: A Case Report

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Primary mediastinal melanoma is extremely rare. The diagnosis is based on the presence of epithelioid cells with cytoplasmic melanin pigment in the histological study and a typical expression in immunohistochemical studies, and the exclusion of other primary sites of tumor. Clinical symptoms include cough, chest pain, shortness of breath, hemoptysis, dysphagia, and weight loss. The prognosis is usually unfavorable and there is no agreement on optimal therapy. Herein, we report a 49-year-old female patient with malignant melanoma presenting as a mediastinal mass without an extrathoracic primary. (*Thorac Med* 2007; 22: 73-78)

Key words: mediastinal mass, malignant melanoma

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惡性黑色素瘤以縱膈腔腫瘤形式表現：病例報告

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原發性縱膈腔惡性黑色素瘤極為少見；診斷以病理切片顯示表皮樣細胞其細胞質內含有黑色素及典型的免疫組織化學染色表現為主；以及臨床上須排除其他原發病灶。臨床症狀包括咳嗽、胸痛、氣促、咳血、吞嚥困難及體重減輕。一般預後不佳，亦無公認的最適治療。在此我們報告一位 49 歲女性以縱膈腔腫瘤為其惡性黑色素瘤的最初表現。(胸腔醫學 2007; 22: 73-78)

關鍵詞：縱膈腔腫瘤，惡性黑色素瘤

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