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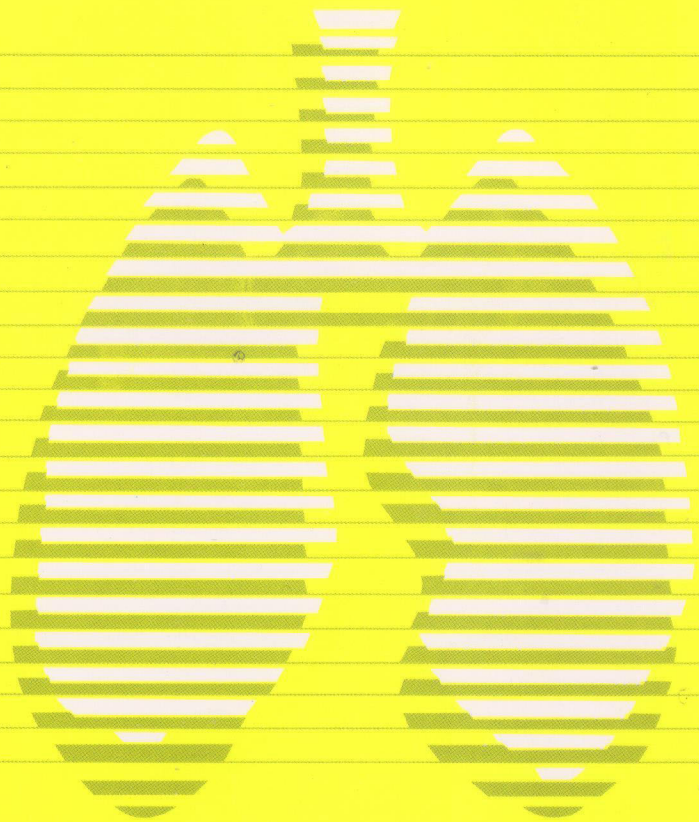

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Relationship of Sleepiness, Neck Circumference and Body Mass Index to the Respiratory Disturbance Index among Taiwanese

En-Ting Chang, Guang-Ming Shiao*

Objective: Obstructive sleep apnea (OSA) is a common disorder characterized by repetitive partial or complete upper airway collapse during sleep, and is often associated with hypoxemia and arousal. The disorder not only presents as daytime sleepiness but also induces systemic disease.

Methods: In the study, 477 Taiwanese subjects (males: 380; females: 97), who had visited the Sleep Center at Taipei Veterans General Hospital from 2004 to 2005 because of daytime sleepiness, were enrolled in the study.

Results: The mean age among the tested subjects was 50.3 years. The mean body mass index (BMI) was 26.9 kg/m^2. According to the data, males had a higher body mass index and were sleepier than females in the study. In addition, more severe Respiratory Disturbance Index (RDI) scores were found in the male subjects. Multiple regression analysis, after adjusting for BMI and age, indicated a significant correlation between OSA and the risk factors of BMI, Epworth score, and neck circumference in males. In the female subjects, there was only a correlation between OSA and BMI.

Conclusion: There is a correlation between severity of OSA and BMI, neck circumference and sleepiness in Taiwanese males, but only between severity of OSA and BMI in Taiwanese females. However, females have much more severe OSA than males at a similar BMI and age.
(Thorac Med 2007; 22: 79-85)

Key words: sleep apnea, neck circumference, Epworth score, Taiwanese, Taiwan

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嗜睡程度、頸圍與身體質量指數與睡眠呼吸障礙指數的關聯

張恩庭　蕭光明 *

背景：探討嗜睡程度、頸圍與身體質量指數與睡眠障礙指數的關聯。

方法：477 位至門診作睡眠檢查的病患，於做睡眠檢查時同時收集嗜睡程度量表(Epworth score)、頸圍與身體質量指數，經過一晚的睡眠檢查以後，根據這些數值分析其中的關聯性。

結果：受測者平均年齡為 50.3 歲，平均身體質量指數為 26.9 kg/m^2 ，男性比起女性有更高的身體質量指數、嗜睡程度及睡眠呼吸障礙指數。年齡、身體質量指數、頸圍與睡眠嚴重程度相關。若去除掉年齡及體重等影響因素，在男性中，年齡、身體質量指數、頸圍與睡眠障礙嚴重程度相關；而女性只有身體質量指數與睡眠障礙嚴重程度相關。

結論：身體質量指數不管在男性與女性都與睡眠障礙的嚴重程度相關，而在相同的年齡及身體質量指數，女性較男性有更嚴重的睡眠呼吸障礙。*(胸腔醫學* ***2007; 22: 79-85****)*

關鍵詞：睡眠障礙，頸圍，嗜睡程度量表(Epworth score)，台灣人

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Multiple Myeloma Associated with Osteosclerotic Bone Lesion Presenting as Chest Wall Masses

Chih-Hsi Kuo, Hung-Chuan Lin, Chih-Teng Yu, Han-Pin Kuo

Multiple myeloma is a plasma cell neoplasm with osteolytic bone lesion. Osteoblastic bone lesion is rare, and patients frequently present with anemia, renal insufficiency, bone pain and impaired immunity. This report describes the case of a 71-year-old man, who presented with bilateral chest wall masses, but was otherwise asymptomatic. Multiple myeloma with involvement of the ribs was diagnosed via echo-guided biopsy and bone marrow aspiration. The CT showed peripheral and scattered calcification of the mass. The pathology also displayed osteosclerosis manifesting as excess bone deposition on existing bone surfaces, a rare presentation of multiple myeloma with osteoblastic reaction, that should be borne in mind in the presence of diffuse or discrete bone sclerosis. Treatment with conventional chemotherapy rarely achieves complete remission. Autologous stem cell transplantation offers a potential cure. Although rare, multiple myeloma should be included in the differential diagnosis of osteosclerotic bone lesions. ***(Thorac Med 2007; 22: 86-91)***

Key words: multiple myeloma, calcification, osteosclerotic

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以胸壁皮下腫塊表現之骨硬化性多發性骨髓瘤

郭志熙　林鴻銓　余志騰　郭漢彬

多發性骨髓瘤是一種蝕骨性的漿細胞腫瘤，而成骨性病灶是較罕見的。病患常以貧血，腎功能不全，骨頭疼痛及免疫不全來表現。在此我們報告一位 71 歲男性病患，除了兩側胸廓皮下腫塊以外無其他症狀，經過超音波引導切片及骨髓抽吸後診斷為多發性骨髓瘤合併肋骨侵犯。電腦斷層顯示腫塊呈現周邊形散在性鈣化。病理切片亦顯示過多之骨質於骨表面沉積的硬化現象。這是一個多發性骨髓瘤少見的成骨現象，因而遇瀰漫性或散在性之骨硬化時必須特別小心。以傳統化學治療甚少可完全反應；自體幹細胞移植提供治癒的可能性。因此，在遇骨硬化病灶時，仍應將較罕見的多發性骨髓瘤放入鑑別診斷。*(胸腔醫學* ***2007; 22: 86-91)***

關鍵詞：神多發性骨髓瘤，骨硬化，成骨現象

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Malignant Pleural Mesothelioma Presenting with Prolonged Fever and Rapid-Growing Pleural Mass — A Case Report

Po-Sheng Fan, Chiung-Zuei Chen, Wu-Wei Lai*, Tzuen-Ren Hsiue

Malignant pleural mesothelioma (MPM) is an uncommon, but no longer rare cancer. The most common symptoms include dyspnea, chest pain, and unilateral pleural effusion. However, prolonged fever has not been mentioned in published reports. There are several diagnostic means of evaluating pleural effusion, including effusion cytology, pleural biopsies, percutaneous computed tomography (CT)-guided cutting biopsy, and thoracoscopic biopsy. We report a 29-year-old male patient who developed left-side pleural effusion and prolonged fever without an accurate diagnosis until repeated thoracoscopic biopsies were done. MPM was diagnosed, and spread rapidly within 1 month. He died of multiple metastasis 5 months after diagnosis and left pneumonectomy. To the best of our knowledge, this may be the first report of MPM mainly presenting with prolonged fever and a rapidly-growing pleural mass. Hence, mesothelioma should be considered when fever and a rapidly-growing pleural mass occur simultaneously. ***(Thorac Med 2007; 22: 92-97)***

Key words: malignant pleural mesothelioma, prolonged fever, rapid-growing pleural mass, thoracoscopic biopsy

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以發燒及快速生長之肋膜腫瘤爲表現之惡性肋膜間皮瘤—病例報告

范博勝　陳炯睿　賴吾為*　薛尊仁

惡性肋膜間皮瘤是個不常見卻又不再罕見的癌症。常見的表現包括有胸痛、呼吸困難、及肋膜積水。但發燒並不是惡性肋膜間皮瘤的典型臨床表現。一般來說有幾種方法可以用來評估肋膜腔積液：包括肋膜腔液抽吸細胞學檢查、肋膜切片、經皮電腦斷層導引下肋膜切片以及胸腔鏡切片。

本例我們報告一位29歲男性病例以左側肋膜積液合併發燒及左側胸痛來表現。經過細針抽吸及肋膜切片皆無確切診斷，之後接受胸腔鏡切片描述為慢性發炎組織以及創傷後造成的血腫。一個月後，該病例仍因持續發燒以及全身倦怠合併喘的情形再次進行評估，再一次的胸腔鏡切片證實為惡性肋膜間皮瘤。經過左側全肺切除，局部放射線治療及化學治療後，該病例在五個月後因全身多處轉移死亡。因此當臨床表現為發燒及快速生長之肋膜腫瘤時，惡性肋膜間皮瘤是需要被考慮的診斷之一。因為其癒後極差,因此正確且即時的診斷更形重要。*(胸腔醫學* ***2007; 22: 92-97****)*

關鍵詞：惡性肋膜間皮瘤，發燒，快速生長之肋膜腫瘤，胸腔鏡切片

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Mucinous Bronchioloalveolar Carcinoma: A Case Report and Literature Review for Immunohistochemical Evaluation and Prognosis

Chung-Yu Chen, Yih-Leong Chang*, Kuan-Yu Chen, Yung-Chie Lee**, Pan-Chyr Yang

Mucinous bronchioloalveolar carcinoma (BAC) is an uncommon histologic type of lung adenocarcinoma. The various clinical, radiographic and pathologic findings of different subtypes of BAC are correlated with survival. The mucinous type of BAC histologically mimics other primary mucin-producing adenocarcinomas of the lung and metastatic mucinous adenocarcinomas. Commonly-used immunohistochemical markers, such as thyroid transcription factor-1 (TTF-1), cytokeratin (CK) 7 and CK20 are helpful in distinguishing between primary pulmonary adenocarcinoma and metastatic adenocarcinoma. Therefore, subclassification of lung adenocarcinoma by immunohistochemical evaluation will probably help in establishing diagnoses and predicting survival. We report a 68-year-old female patient with mucinous BAC that initially manifested as a focal opacity in the right lower lobe on chest radiography. Right lower lobe lobectomy and lymph node dissection were performed. The post-operation course was smooth, and she has been followed at our clinic without recurrence, as of this writing. The literature concerning immunohistochemical studies and prognosis are reviewed. ***(Thorac Med 2007; 22: 98-105)***

Key words: bronchioloalveolar carcinoma, immunohistochemistry, cytokeratins, thyroid transcription factor

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黏液型細支氣管肺泡癌—一病例報告與免疫組織化學染色的評估及預後之文獻回顧

陳崇裕　張逸良 *　陳冠宇　李元麒 **　楊泮池

黏液型細支氣管肺泡癌是肺腺癌中一種少見的組織型態。不同的臨床症狀、放射線表現與不同類型細支氣管肺泡癌的病理發現都和病人的存活率有密切的關係。黏液型細支氣管肺泡癌在組織型態上與其他肺部原發的黏液型腫瘤和轉移的黏液型腺癌極為相似。目前常用的免疫組織化學染色法中， Thyroid Transcription Factor (TTF-1)， Cytokeration (CK) 7 和 CK20 可以用來幫助區別原發性肺腺癌或轉移性腺癌。所以經由免疫組織化學的研究來對肺腺癌加以分類，可以幫助我們建立診斷及預後的推測。我們報告一個 68 歲的女性黏液型細支氣管肺泡癌患者，一開始是在胸部 X 片上右下肺葉的地方發現一個塊狀的陰影。她順利地接受了右下肺葉切除術與淋巴腺切除，在我們的門診追蹤至今並沒有發現腫瘤復發的情形。我們回顧了有關黏液型細支氣管肺泡癌免疫組織化學染色的研究與預後相關之文獻報告。*(胸腔醫學 **2007; 22: 98-105**)*

關鍵詞：細支氣管肺泡癌，免疫組織化學染色，甲狀腺轉錄因子 1 ，細胞角質蛋白

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Cough-Induced Rib Fracture in Osteopenic Patients

Hsin-Chih Chen, Cheng-Liang Tsai, Chung-Kan Peng, Kun-Lun Huang,
Wann-Cherng Perng, Horng-Chin Yan

We report 3 patients with rib fractures induced by coughing. The diagnosis was confirmed by chest plain film showing the callus formation of rib fracture sites. The patients' body mass indexes were around the normal range. They all received a lumbar spine bone densitometry examination. The T scores were between -1.0 and -2.5 SD, indicating that these patients had osteopenia. Although cough-induced rib fractures can also occur in normal-bone-density patients, osteopenia or osteoporosis could be a risk factor of rib fractures. ***(Thorac Med 2007; 22: 106-110)***

Key words: cough, rib fracture, bone densitometry, osteopenia

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骨質缺乏病患之咳嗽引起肋骨骨折

陳信志　蔡鎮良　彭忠衍　黃坤崙　彭萬誠　顏鴻欽

慢性咳嗽可以引起壓力性肋骨骨折。文中報導五名因咳嗽導致肋骨骨折之案例，其中一個案例為肋骨移位型骨折，另四位案例乃是藉由胸部 X 光片顯示假骨質形成(callus formation)來診斷。所有病人的身體質量指數都趨近正常值，其中三位病人接受骨質密度檢測，骨密度之 T 分數介於 -1.0 與 -2.5 標準偏差數，表示這三位病人都有骨質缺乏的狀況。雖然咳嗽引起肋骨骨折也可以發生在正常骨質的病人身上，但是骨質缺乏或者骨質疏鬆應為咳嗽導致肋骨骨折之危險因子。*(胸腔醫學* ***2007; 22: 106-110****)*

關鍵詞：咳嗽導致肋骨骨折，假骨質形成，骨質密度，骨質缺乏

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Carcinoid Tumor Arising in Mature Teratoma of the Anterior Mediastinum — A Case Report

Mei-Hsuan Lee, Huang-Chi Chen, Shah-Hwa Chou*, Shean-Fang Yang**, Ming-Shyan Huang

Apart from the gonads, the mediastinum is the most frequently involved site of germ cell tumors, accounting for about 2-6% of these neoplasms. Mature teratomas of the mediastinum are benign lesions. They do not have the metastatic potential observed in testicular teratoma, and are cured by surgical resection alone. Most teratomas of the mediastinum are benign and only 15-20% account for malignant neoplasms, such as immature teratomas, mature teratomas with malignant transformation, or teratomas concomitant to mixed germ cell tumors. Many lesions are found on routine chest X-rays, and nearly two-thirds of patients have specific symptoms. The most common symptoms are chest pain, cough, and dyspnea caused by compression or invasion of contiguous structures. Only 2 cases have been published in the past decades. We present a case of mature teratoma of the anterior mediastinum with carcinoid tumor arising in association with gastrointestinal epithelium, confined to the mass, and review the associated literature. ***(Thorac Med 2007; 22: 111-116)***

Key words: carcinoid tumor, mediastinal mass, teratoma

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自前縱膈腔成熟畸胎瘤產生之類癌瘤—一個病例報告

李玫萱　陳煌麒　周世華 *　楊曉芳 **　黃明賢

除了性腺外，縱膈腔是生殖細胞瘤最好發的位置約佔百分之二至六。縱膈腔之成熟畸胎瘤大多是良性病變。縱膈腔之成熟畸胎瘤不像是睪丸畸胎瘤可觀察到的轉移潛力且可經由單獨外科切除治癒。大部分縱膈腔畸胎瘤是良性的，百分之十五至二十是惡性腫瘤，如不成熟畸胎瘤、成熟畸胎瘤併惡性轉形、畸胎瘤共存的混合生殖細胞瘤。在大部分的病變中是藉由常規胸部 X 光檢查發現，近三分之二的病患有特殊症狀。常見的症狀是因為鄰近構造被壓迫到或被侵犯到，如胸痛、咳嗽、呼吸急促。在英文文獻裡，過去的幾十年中只有兩個病例被發表過。在此我們提出一位自前縱膈腔之成熟畸胎瘤的胃腸道細胞產生之類癌瘤，並回顧歷年來與此病例相關的文獻報告。*(胸腔醫學 **2007; 22: 111-116**)*

關鍵詞：類癌瘤，縱膈腔腫塊，畸胎瘤

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Multicentric Castleman's Disease Presenting with a Mediastinal Mass, Multiple Lymphoadenopathy, Pleural and Pericardial Effusion — A Case Report and Literature Review

Shung-Ru Chen, Gwan-Han Shen, Guan-Chou*, Jeng-Yuan Hsu

Castleman's disease (CD, angiofollicular lymph node hyperplasia), is a lymphoproliferative disorder associated with a number of malignancies, including Kaposi's sarcoma, non-Hodgkin's lymphoma, Hodgkin's lymphoma, and POEMS syndrome. CD comprises at least 2 distinct diseases: i.e., localized and multicentric forms with very different prognoses. Herein, the case of a 52-year-old otherwise healthy female who suffered from chronic cough with whitish sputum, intermittent neck and face swelling, mediastinal mass, axillary lymphoadenopathy, and pleural and pericardial involvement for 3 months is reported. Multicentric Castleman's disease was diagnosed after axillary lymph node biopsy. Due to patient refusal, treatment with prednisolone 10 mg BID (bis in die) alone was given instead of chemotherapy; her symptoms, such as dyspnea, edema, facial swelling and fever, improved gradually. There was no recurrence after 1 and a half year's follow-up. ***(Thorac Med 2007; 22: 117-122)***

Key words: Castleman's disease, multicentric

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以瀰漫性淋巴病變爲表現的多發性 Castleman 氏病 —一病例報告及文獻回顧

陳相如　沈光漢　周　冠 *　許正園

Castleman 氏病（血管濾泡淋巴結增殖），是一種淋巴增生性的疾病，因為它與人類免疫不全及第八型?疹病毒的密切關係而廣受注意，Castleman 氏病包括至少兩型疾病且有不同的預後，它與一些腫瘤有關，包括卡波西氏肉瘤、霍金氏及非霍金氏淋巴瘤和 POEMS 症候群。我們報告一位診斷為多發性 Castleman 氏病的 52 歲中年婦女，她以前的身體狀況良好，因咳嗽白痰及陣發性臉部及頸部腫脹三個月求診，因病患拒絕全身性化學治療，僅以口服類固醇控制，出院後門診追蹤一年半未見復發。*(胸腔醫學**2007; 22: 117-122**)*

關鍵詞：Castleman 氏病，多發性

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Mother-Infant Transmission of *Mycobacterium Tuberculosis* Beijing Genotype Detected by Spoligotyping — A Case Report

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Spacer oligonucleotide typing (Spoligotyping), one of the molecular genotyping techniques, has been proven useful for simultaneous detection and genotyping of the *Mycobacterium tuberculosis* complex, and can be used in the epidemiological study of *Mycobacteria tuberculosis* infection. We report a 90-day-old infant, who suffered from fever and obstructive ileus treated with surgery. The pathological finding was intestinal tuberculosis. The infant's mother was found to have sputum smear and culture-positive pulmonary tuberculosis. Spoligotyping could be done from the pathological biopsy of the intestinal specimen. We found the same spoligotype of *M. tuberculosis*, the Beijing genotype, in the mother's sputum isolate and the infant's biopsy sample. Based on the contact history and the identical Beijing genotype, we highly suspected that the infant's intestinal tuberculosis was transmitted from his mother. ***(Thorac Med 2007; 22: 123-128)***

Key words: spoligotyping, epidemiological study of *Mycobacterium tuberculosis* infection, intestinal tuberculosis

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母親與嬰兒間之北京株結核菌感染—病例報告

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間隔寡核酸基因分型法 (spoligotyping) 可以同時鑑定結核菌株及其基因型別，以應用於結核病分子流行病學的研究。本報告為一位九十天大的嬰兒因發燒和腸阻塞而開刀，病理報告為腸結核，追至嬰兒的母親也有肺結核。藉由間隔寡核酸基因分型法，在腸結核的病理切片組織中，我們找到與母親陽性痰液培養中相同的北京株結核菌。因此，高度懷疑嬰兒的結核病是由母親傳染而來。傳統的接觸史追蹤應佐以分子流行病學研究來確認及治療結核病。*(胸腔醫學* ***2007; 22: 123-128)***

關鍵詞：間隔寡核酸基因分型法，肺結核病分子流行病學，腸結核

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Clear Cell Variant Squamous Cell Carcinoma of the Lung — A Case Report

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Clear cell change in primary lung cancer is not uncommon, but clear cell-predominant bronchogenic carcinoma is extremely rare. The unique pathologic character of clear cells is large polygonal tumor cells with “water-clear” or foamy cytoplasm. Most of the reports had a favorable prognosis. A 72-year-old male was seen with persistent dry cough; chest radiography revealed a left upper lobe mass. After a detailed survey, left upper lobe lobectomy and lymph node dissection were performed. Clear cell changes were found on nearly all pathologic sections and only few tiny squamoid differentiations were found. Clear cell variant of squamous cell carcinoma was the final diagnosis. The patient had an early local recurrence and chest wall metastasis after 6 months which was a quite unusual clinical course. The presentation of majority clear cells of lung cancer required a complete review of all pathologic sections to find any squamous or glandular differentiation. Benign sugar tumors and metastasis from urinary tract malignancy should also be differentiated both by immunohistochemical stains and detailed radiographic survey. ***(Thorac Med 2007; 22: 129-134)***

Key words: clear cell variant of lung cancer

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透明細胞型鱗狀上皮細胞癌—病例報告

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在肺癌中透明細胞 (clear cell) 的分化並不少但幾乎由透明細胞所構成的肺癌相當罕見，透明細胞在顯微鏡下的病理表現為水樣透明的細胞質。由透明細胞構成的肺部腫瘤需要鑑別診斷的包括良性透明細胞瘤、原發或次發透明細胞癌、以及透明細胞型鱗狀上皮細胞癌或腺癌作鑑別診斷，因為預後截然不同。仔細的病理切片檢查，免疫化學染色和詳盡的泌尿系統檢查都是必須的。但在此我們提出一個屬於第一期的透明細胞型鱗狀上皮細胞癌病例，臨床症狀只有咳嗽，胸部 X 光片為左上肺葉一週邊腫瘤，而電腦斷層攝影下其密度為似囊狀病變，並無縱隔腔淋巴結腫大或遠處轉移。經根除性左上肺葉切除術後其病程進展及局部轉移相當快速。在此並回顧歷年來與此病例相關的文獻報告。*(胸腔醫學* ***2007; 22: 129-134****)*

關鍵詞：透明細胞型鱗狀上皮細胞癌

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Huge Gastrointestinal Stromal Tumor Extending into the Left Thorax — A Case Report

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Gastrointestinal stromal tumors, a group of mesenchymal tumors with special immunohistochemical properties, usually arise from the gastrointestinal tract, but may occur in the omentum, mesentery, and retroperitoneum. They relatively rarely occur in young women.

We report a huge gastrointestinal stromal tumor in a young woman. The tumor was 16 x 10 x 10 cm in size and extended from the abdominal cavity to the left thorax. After chemotherapy with Glevic for 3 months, the tumor had enlarged (23 x 18 x 16 cm) with the mediastinum shifting to the right thorax. The patient received conservative treatment and expired due to multiple organ failure. ***(Thorac Med 2007; 22: 135-139)***

Key words: gastrointestinal stromal tumor

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延伸至左胸腔的巨大腸胃道基質瘤—個案報告

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腸胃道基質瘤 (gastrointestinal stromal tumor) 是一類具有特殊免疫組織化學性質的間質瘤，通常由腸胃道長出，但有時亦可由網膜、腸系膜或後腹腔長出。此種腫瘤少發生於年輕女性。

此篇病例報告是關於一發生於年輕女性之巨大腸胃道基質瘤。該腫瘤約在確定診斷時約 16 × 10 × 10 公分，且由腹腔一直延伸至左胸腔。經過以 Glevic 化學治療三個月後，該腫瘤成長為 23 × 18 × 16 公分合併有縱膈腔向右偏移。病人在接受支持性療法後，死於多重器官衰竭。*(胸腔醫學 **2007; 22: 135-139**)*

關鍵詞：腸胃道基質瘤

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Severe Hypoxemia and Polycythemia due to Pulmonary Alveolar Microlithiasis — A Case Report

Chia-Hong Lin, Shih-Pin Chen, Tzu-Chin Wu

Pulmonary alveolar microlithiasis (PAM) is a rare disease characterized by an intra-alveolar and interstitial accumulation of tiny, roundish corpuscles called ‘‘microliths’’. PAM may lead to hypoxemia, pulmonary hypertension (PH), respiratory failure and cor pulmonale. Lung transplantation is reserved for the extreme patient. We report a 27-year-old male presenting with shortness of breath for 5 years; his hemoglobin and hematocrit were 23.5 mg/dl and 68.6 vol%, respectively.

A pulmonary artery catheter revealed severe hypoxemia, PH, increased pulmonary vascular resistance, and a venous admixture. The chest X-ray showed a characteristic sandstorm pattern. High resolution computed tomography revealed diffuse micronodules and interlobar septal thickness. The bronchoalveolar lavage study disclosed characteristic concentric lamellar calcified microliths. The patient responded well to therapeutic phlebotomy and nasal continuous positive airway pressure. ***(Thorac Med 2007; 22: 140-145)***

Key words: pulmonary alveolar microlithiasis, dyspnea

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肺泡微結石症導致嚴重低血氧及紅血球增生—病例報告

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肺泡微結石症是一種罕見的肺部疾病，主要是在肺泡中產生細小圓形的細石沉積。肺泡微結石症可以導致低血氧，肺高壓，呼吸衰竭以及肺心症等臨床症狀。目前對症狀嚴重的病患，肺移植可能可以作為一個最後的選擇。我們報告一位 27 歲沒有任何系統性疾病的男性。五年前開始有輕微呼吸困難的現象，住院時的血色素為 23.5 mg/dl ，血容積為 68.6 Vol% 。

肺動脈導管顯示有嚴重低血氧，肺高壓，肺血管阻力上升。胸部 X 光有典型的沙暴型浸潤 (sandstorm)。肺部高解析度電腦斷層顯示許多細小結節以及葉間隔膜增厚。肺泡灌洗術的結果顯示典型的同心圓層狀鈣化微粒進一步確定診斷。病患的症狀在治療性放血以及連續正壓面罩使用之後顯著改善。*(胸腔醫學 **2007; 22: 140-145**)*

關鍵詞：肺泡微結石症，多血症，呼吸困難

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Melioidosis Mimicking Septic Embolism — A Case Report

Chia-Lin Lee, Chi-Huei Chiang

Melioidosis is infection with the Gram-negative bacterium *Burkholderia pseudomallei*. It is an important cause of sepsis in eastern Asia and northern Australia, and it often causes respiratory involvement and fatal fulminant septicemia. The mortality rate is high despite suggested therapy with ceftazidime, co-trimoxazole, amoxicillin-clavulanate, chloramphenicol, and tetracyclines. The number of documented cases in Taiwan has been increasing in recent decades, and melioidosis is regarded as an emerging infection. We report the case of a 52 year-old alcoholic male with diabetes who presented with severe left shoulder and left buttock pain, followed by respiratory symptoms. Chest radiograph and computed tomography disclosed findings mimicking septic embolism. A confirmed diagnosis of melioidosis was made via isolation of *B. pseudomallei* from the sputum and the blood sample. The patient was treated successfully with the combination of intravenous ceftazidime and trimethoprim-sulfamethoxazole, followed by maintenance therapy with oral levofloxacin. ***(Thorac Med 2007; 22: 146-152)***

Key words: melioidosis, *Burkholderia pseudomallei*, septic embolism, pneumonia

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以敗血性血栓症爲臨床表現的類鼻疽—病例報告

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類鼻疽 (Melioidosis) 是由類鼻疽伯克氏菌 (*Burkholderia pseudomallei*) 所感染造成的疾病。此病菌在東南亞及澳洲北部為相當重要的致病菌。類鼻疽經常造成肺部發炎性浸潤及嚴重的敗血症，而後者伴隨著相當高的死亡率。縱使合併使用多種有效的抗生素，死亡率仍居高不下。近年來，自此病被列為「傳染病個案報告單」之新增通報項目後，衛生單位已陸續接獲並證實有本土之散發性病例發生。

在此，我們報告一位 52 歲酗酒並罹患糖尿病的男性病人以左肩、左臀部疼痛及發燒、咳嗽來表現。一系列的胸部影像檢查疑似敗血性血栓症 (septic embolism)，而痰液及血液培養證實是類鼻疽。合併使用靜脈注射抗生素 ceftazidime (第三代頭孢子素) 及 trimethoprim-sulfamethoxazole (磺胺類藥物) 治療 24 天後，病人的臨床症狀及胸部 X 光得到迅速顯著的進步。繼之以口服 levofloxacin 10 週的加強治療。

在本文中，我們將進一步探討類鼻疽的臨床表徵，及治療用藥的選擇。*(胸腔醫學* ***2007; 22: 146-152****)*

關鍵詞：類鼻疽，類鼻疽伯克氏菌，敗血性血栓症，肺炎

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