

ISSN 1023-9855



胸腔醫學

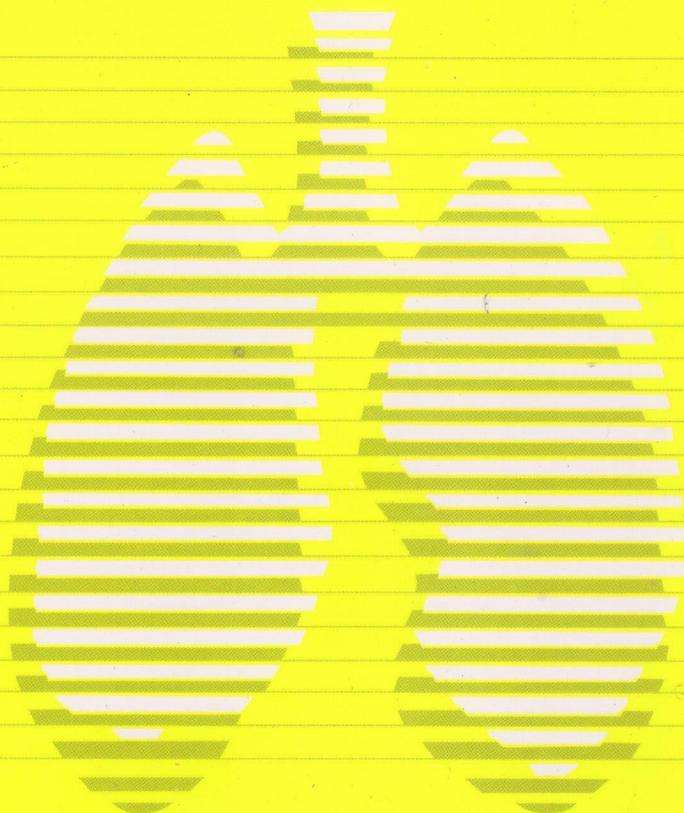
Thoracic Medicine

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

Vol.22 No.4 Aug. 2007

第二十二卷 第四期

中華民國九十六年八月



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.22 No.4 August 2007

胸腔醫學

Thoracic Medicine

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

原著

睡眠體位與非睡眠體位阻塞型睡眠呼吸中止症 229~236
黃俊雄, 林慶雄, 蔡偉宏, 陳正雄, 葉金水

病例報告

急性腎衰竭及高血鈣：以罕見的初始症狀表現之類肉瘤病—病例報告 237~242
黃偉彰, 覃俊士, 徐國雄, 關寶祥, 文美卿, 許正園

急性肺栓塞和潛藏的肺腺癌：Trousseau 症候群之一病例報告 243~248
陳志雄, 翁子傑, 許聯輝, 林煒能, 蔣士仁, 謝俊民

“姿勢輔助法”可促進使用軟式影像細支氣管鏡移除成人氣管內異物的成功率—病例報告 249~254
黃國棟, 鍾聿修, 林孟志

以食道鏡引導手術切除微小食道脂肪瘤—病例報告 255~258
張金池, 張逸良, 黃培銘, 李元麒

經頸靜脈肝內肝門靜脈造流術術後的急性肺水腫：一病例報告 259~264
林煒能, 柯獻欽, 陳志雄, 楊煦星, 鄭高珍, 謝俊民

中心靜脈導管插入所引發的偽動脈瘤—病例報告三例 265~272
劉旭崇, 張開明, 許正園

源發於肋骨的高度惡性骨肉瘤—病例報告 273~278
陳資濤, 王玠仁, 吳健樑, 劉洪彰

合併兩側惡性胸水的多發性骨髓瘤—病例報告與文獻探討 279~285
黃培銘, 許超群, 蔡慧珍, 黃琬婷, 黃吉志, 黃明賢

以低血糖為起始表現的肺內單獨纖維瘤—病例報告及文獻回顧 286~292
王俊隆, 張基晟, 許正園, 夏君毅, 關寶祥

胰臟偽囊腫以後縱膈腫瘤表現：病例報告 293~298
李志政, 林慶雄, 何上芸, 方信元, 林岳民

以間質性肺炎為表現的牙體技術員塵肺症：一病例報告 299~304
田鴻毅, 古世基, 張逸良, 楊泮池



Vol.22 No.4 August 2007

胸腔醫學

Thoracic Medicine

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

Original Articles

- Positional and Nonpositional Obstructive Sleep Apnea 229~236
Chun-Hsiung Huang, Ching-Hsiung Lin, Woei-Horng Chai, Cheng-Hsiung Chen, Chin-Shui Yah

Case Reports

- Acute Renal Failure and Hypercalcemia: Rare Initial Manifestations of Sarcoidosis —
A Case Report 237~242
Wei-Chang Huang, Chun-Shin Chin, Kuo-Hsiung Shu, Po-Cheung Kwan, Mei-Chin Wen, Jeng-Yuan Hsu
- Acute Pulmonary Embolism and Occult Lung Adenocarcinoma: A Case Report of Trousseau's
Syndrome 243~248
Chih-Hsiung Chen, Tzu-Chieh Weng, Lien-Hui Hsu, Wei-Neng Lin, Shyh-Ren Chiang, Jiunn-Min Shieh
- “Postural Maneuver” Promotes the Successful Removal of a Tracheobronchial Foreign Body
by Ultra-Thin Flexible Video Bronchoscopy in an Adult: A Case Report..... 249~254
Kuo-Tung Huang, Yu-Hsiu Chung, Meng-Chih Lin
- Esophagoscopy-Guided Surgical Enucleation of a Small Esophageal Lipoma — A Case Report.... 255~258
Chin-Chih Chang, Yih-Leong Chang, Pei-Ming Huang, Yung-Chie Lee
- Acute Pulmonary Edema Following Transjugular Intrahepatic Portosystemic Stent Shunt Creation
in a Cirrhotic Patient: A Case Report 259~264
Wei-Neng Lin, Shian-Chin Ko, Chih-Hsiung Chen, Hsi-Hsing Yang, Kuo-Chen Cheng, Jiunn-Min Shieh
- Iatrogenic Pseudoaneurysm Caused by Central Venous Cannulation — 3 Case Reports 265~272
Hsu-Chung Liu, Ki-Ming Chang, Jeng-Yuan Hsu
- High-Grade Rib Osteosarcoma in a 57-Year-Old Man — A Case Report 273~278
Tzu-Tao Chen, Chieh-Jen Wang, Chien-Liang Wu, Hung-Chang Liu
- Bilateral Malignant Pleural Effusion in Multiple Myeloma — A Case Report and
Literature Review 279~285
Pei-Ming Huang, Chau-Chyun Sheu, Hui-Jen Tsai, Wan-Ting Huang, Jhi-Jhu Hwang, Ming-Shyan Huang
- Solitary Pulmonary Fibrous Tumor with Initial Presentation of Hypoglycemia —
A Case Report and Literature Review 286~292
Jiun-Long Wang, Gee-Chen Chang, Jeng-Yuan Hsu, Jiun-Yi Hsia, Po-Cheung Kwan
- Pancreatic Pseudocyst Presenting as a Posterior Mediastinal Mass 293~298
Chih-Cheng Li, Ching-Hsiung Lin, Shang-Yun Ho, Hsin-Yuan Fang, Yueh-Min Lin
- Pneumoconiosis in a Dental Technician Presenting with Interstitial Pneumonitis: A Case Report 299~304
Hong-Yih Tien, Shih-Chi Ku, Yih-Leong Chang, Pan-Chyr Yang

Positional and Nonpositional Obstructive Sleep Apnea

Chun-Hsiung Huang, Ching-Hsiung Lin, Woei-Horng Chai, Cheng-Hsiung Chen,
Chin-Shui Yah

Background: Many patients with obstructive sleep apnea have a significant worsening of apnea in the supine position. The aim of this study was to describe the impact of body position on the clinical and polysomnographic data of OSA patients.

Methods: A total of 765 consecutive OSA patients were diagnosed in our sleep center from March 2002 to December 2004. Among these, 512 patients who met the following criteria were recruited into this study: apnea hypopnea index (AHI) > 10, age > 20, and normally sleeping in either the supine, intermediate or lateral position for more than 30 minutes. We classified the subjects into a positional patients (PP) group (Supine AHI/Lateral AHI \geq 2) and a nonpositional patients (NPP) group (Supine AHI/Lateral AHI < 2). Anthropomorphic data, overnight polysomnography, and Epworth Sleepiness Scale (ESS) scores were collected for analysis.

Results: Among the 512 subjects, 74% were positional patients and predominately male. Weight, body mass index (BMI), and neck circumference were significantly higher in the NPP group. Average weight in the NPP group was 8.8 kg heavier than in the PP group. ESS scores were also higher in the NPP group. The PP group tended to have a longer total sleep time and lower arousal index compared to the NPP group. The AHI and average apnea-hypopnea duration were significantly higher, and the average or minimal oxygen saturation was significantly lower in the NPP group. Using multiple logistic regression analysis, we found that the AHI, followed by the BMI and ESS scores, were strong predictive factors for the risk of developing positional OSA.

Conclusion: This study demonstrated that the majority of OSA patients were positional-dependent. These positional-dependent patients were thinner and had a lower severity of AHI and daytime sleepiness. The AHI is the most dominant variable predicting positional dependency. Body weight reduction and positional therapy are important strategies, in addition to nasal CPAP, in the treatment plan for OSA patients. (*Thorac Med* 2007; 22: 229-236)

Key words: sleep position, obstructive sleep apnea

睡眠體位與非睡眠體位阻塞型睡眠呼吸中止症

黃俊雄 林慶雄 蔡偉宏 陳正雄 葉金水

背景：很多阻塞型睡眠呼吸中止症病患仰臥時，呼吸中止會惡化。本篇研究的目的，是描述睡眠體位對阻塞型睡眠呼吸中止症病患，在臨床及睡眠多項生理檢查儀資料的影響。

方法：從2002年3月到2004年12月，在我們的睡眠中心，總共有765名病患，被診斷為阻塞型睡眠呼吸中止症。其中有512名符合納入研究的條件；呼吸停止-呼吸不足指數(AHI)大於10，年齡大於20，及某一睡眠體位如側睡或仰睡超過30分鐘。我們將病患分為：睡眠體位病患組(仰睡AHI/側睡AHI \geq 2)、與非睡眠體位病患組(仰睡AHI/側睡AHI $<$ 2)。收集病患資料、過夜睡眠多項生理檢查儀資料、及依波沃斯睡眠量表(Epworth Sleepiness Scale, ESS)並加以分析。

結果：在512位病患中，74%是睡眠體位阻塞型睡眠呼吸中止症的病患，以男性為主。非睡眠體位阻塞型睡眠呼吸中止症的病患，明顯比較重，質量指數(BMI)較高，頸圍大，比睡眠體位阻塞型睡眠呼吸中止症的病患重8.8公斤，且依波沃斯睡眠計量較高。同時，呼吸停止呼吸不足指數也較高，其發生時間也較長，明顯的較低氧飽合度。而睡眠體位阻塞型睡眠呼吸中止症的病患相較於非睡眠體位病患組，傾向於有較長睡眠時期及較高快速動眼期睡眠百分比。經多變項邏輯迴歸分析，我們發現呼吸停止呼吸不足指數、質量指數、及依波沃斯睡眠計量，可用以預測發現睡眠體位阻塞型睡眠呼吸中止症的危險性。

結論：此研究顯示阻塞型睡眠呼吸中止症患者中，有一大部份是起因睡眠體位。睡眠體位阻塞型睡眠呼吸中止症患者，體重較輕，呼吸停止呼吸不足指數較低，白天嗜睡度較低。呼吸停止呼吸不足指數，是預測睡眠體位阻塞型睡眠呼吸中止症的主要因子。對於睡眠體位阻塞型睡眠呼吸中止症患者的處置，除了經鼻陽壓呼吸器的使用外，減重和體位療法亦是治療阻塞型睡眠呼吸中止症病患的重要方法之一。(胸腔醫學 2007; 22: 229-236)

關鍵詞：體位，阻塞型睡眠呼吸中止症

Acute Renal Failure and Hypercalcemia: Rare Initial Manifestations of Sarcoidosis — A Case Report

Wei-Chang Huang, Chun-Shin Chin, Kuo-Hsiung Shu*, Po-Cheung Kwan**,
Mei-Chin Wen**, Jeng-Yuan Hsu

Sarcoidosis is a multisystem, inflammatory disorder that can involve any organ, especially the lungs; however, significant renal involvement is rare [1].

We report a 58-year-old male who had nausea and vomiting for 3 months. Laboratory data showed elevated serum creatinine and calcium levels. Sarcoidosis with renal and endocrine gland involvement was confirmed by typical chest radiography findings, Gallium-67 citrate scanning, mediastinoscopic biopsy of the mediastinal lymphadenopathy, and kidney biopsy. Oral prednisolone, 0.5 mg/kg/day, resulted in laboratory improvement. (*Thorac Med* 2007; 22: 237-242)

Key words: sarcoidosis, acute renal failure, hypercalcemia

Division of Chest Medicine and *Nephrology, Department of Internal Medicine; **Department of Pathology, Taichung Veterans General Hospital

Address reprint requests to: Dr. Chun-Shin Chin, Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, No.160, Sec.3, Taichungkang Road, Taichung, Taiwan

急性腎衰竭及高血鈣：以罕見的初始症狀表現之類肉瘤病 —病例報告

黃偉彰 覃俊士 徐國雄* 關寶祥** 文美卿** 許正園

類肉瘤病乃一全身性發炎的疾病，可以侵犯任何器官，尤其是肺部。雖然所有器官都可能受侵犯，但侵犯到腎臟卻是相當罕見。

我們報告了一個 58 歲男性病人，因為持續噁心、嘔吐三個月而住院。實驗室檢查發現血液肌酸酐及血鈣升高。最後，我們經由胸部 X 光片，核醫鎳 67 發炎掃描(Gallium-67 citrate scanning)，縱膈腔淋巴結切片檢查，及腎臟切片檢查確定診斷病人罹患類肉瘤病併腎臟及內分泌系統侵犯。病人在接受類固醇治療後，腎功能及血鈣皆逐漸獲得改善。(胸腔醫學 2007; 22: 237-242)

關鍵詞：類肉瘤病，急性腎衰竭，高鈣血

Acute Pulmonary Embolism and Occult Lung Adenocarcinoma: A Case Report of Trousseau's Syndrome

Chih-Hsiung Chen, Tzu-Chieh Weng, Lien-Hui Hsu, Wei-Neng Lin,
Shyh-Ren Chiang, Jiunn-Min Shieh

In patients with underlying malignancy, systemic venous thromboembolism (VTE) is a common complication in the cancer-related hypercoagulable state. Under certain circumstances, systemic VTE may be the only presentation before cancer is diagnosed. Acute pulmonary embolism (PE) is a severe form of systemic VTE. Its symptoms manifest from asymptomatic state, dyspnea, chest pain, and syncope, to sudden circulatory collapse. Acute PE is a less common diagnostic entity in Asian countries than in Western countries. In addition, patients with acute PE seem to have a higher cancer occurrence than those with other mild VTE presentations. This population difference leads to an underestimation, and therefore, delays in the early detection of an occult cancer. Herein, we report a 54-year-old man who was admitted due to acute PE. He was finally diagnosed with lung adenocarcinoma with multiple liver and bony metastasis. However, he had symptoms related to acute PE only, and no cancer-related complaints were noted. Based on this unusual case experience, we suggest a detailed search for occult malignancy is crucial to prevent a delayed diagnosis in patients presenting with acute PE without a known etiology of thrombosis. (*Thorac Med* 2007; 22: 243-248)

Key words: acute pulmonary embolism, lung adenocarcinoma, Trousseau's syndrome

急性肺栓塞和潛藏的肺腺癌：Trousseau 症候群之一病例報告

陳志雄 翁子傑 許聯輝 林煒能 蔣士仁 謝俊民

因為癌症會造成高凝血狀態，所以全身靜脈血栓栓塞症在癌症病人身上是很常見的併發症。在特定情形下，全身靜脈血栓栓塞症可能是病人在最終被發現有癌症前唯一的臨床表現。急性肺栓塞是一種嚴重的全身靜脈血栓栓塞症，它臨床表現不一，從沒有症狀、呼吸喘、胸痛、昏厥、甚至到突然猝死都有。相較於西方，急性肺栓塞在東方是比較罕見的診斷。此外，對照於比較輕微的全身靜脈血栓栓塞症，在急性肺栓塞的病人似乎具有比較高的癌症發生率。這種東西方的人群差異讓本病比較少被診斷出來，因此可能會延後發現病人其實潛藏了未知癌症。在本篇文章中，我們報告一名 54 歲的男性病人因為急性肺栓塞住院，最後他被診斷出肺腺癌併多處轉移。然而，除了因為急性肺栓塞造成的臨床表現外，這個病人並沒有任何和癌症相關的不適症狀。基於這種罕見的病人經驗，我們建議在沒有明顯容易造成血栓症原因的病人，如果出現了急性肺栓塞，徹底地檢查體內是否藏有未知惡性腫瘤是相當重要的工作。(胸腔醫學 2007; 22: 243-248)

關鍵詞：急性肺栓塞，肺腺癌，Trousseau 症候群

“Postural Maneuver” Promotes the Successful Removal of a Tracheobronchial Foreign Body by Ultra-Thin Flexible Video Bronchoscopy in an Adult: A Case Report

Kuo-Tung Huang*, Yu-Hsiu Chung*,**, Meng-Chih Lin*,**

Tracheobronchial foreign body (TFB) aspiration can be a life-threatening emergency requiring immediate intervention, even though it is less common in adults than in children. It also can be a chronic non-specific symptom mimicking other lung diseases, from bronchial asthma to severe obstructive pneumonia. Successful removal of the TFB in different circumstances should be performed to reduce morbidity and mortality.

A 78-year-old man aspirated a metallic dental implant, with the presenting symptoms of cough and mild fever. The implant was not visible by flexible video bronchoscopy in the supine position. It was subsequently removed successfully by flexible video bronchoscopy using the simple method of a “postural maneuver”. (*Thorac Med* 2007; 22: 249-254)

Key words: tracheobronchial foreign body, flexible video bronchoscopy, postural maneuver

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan

**Department of Respiratory Care, Chang Gung Institute of Technology, Chiayi, Taiwan

Address reprint requests to: Dr. Meng-Chih Lin, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital, 123, Ta Pei Road, Niao Sung Hsiang, Kaohsiung, Taiwan R.O.C.

“姿勢輔助法”可促進使用軟式影像細支氣管鏡移除成人 氣管內異物的成功率—病例報告

黃國棟* 鍾聿修**, ** 林孟志**, **

異物吸入常發生於小孩，是一個須緊急處理的急症，成人雖較少發生，但臨床上診斷較小孩困難，故死亡率較高。臨床症狀可從慢性非特異性的呼吸道症狀、氣喘、阻塞性肺炎到呼吸衰竭甚至死亡。我們應嘗試任何可以幫助移除氣管內異物的方法來移除氣管內異物，降低病患的傷害及死亡率。

本例是一位 78 歲男性病患，於外院進行假牙植入時發生金屬假牙吸入氣管的意外。我們無法在使用傳統躺臥姿勢下進行的軟式影像細支氣管鏡檢查中找到金屬假牙，因此我們使用了“姿勢輔助法”來協助並進行軟式影像細支氣管鏡檢查，順利的找到了金屬假牙並將其成功地移除。*(胸腔醫學 2007; 22: 249-254)*

關鍵詞：氣管內異物，軟式影像細支氣管鏡，姿勢輔助法

*長庚紀念醫院高雄院區 胸腔內科，** 嘉義長庚技術學院 呼吸治療學系
索取抽印本請聯絡：林孟志醫師，長庚紀念醫院高雄院區 胸腔內科，高雄縣鳥松鄉大埤路 123 號

Esophagoscopy-Guided Surgical Enucleation of a Small Esophageal Lipoma — A Case Report

Chin-Chih Chang*, Yih-Leong Chang**, Pei-Ming Huang*,***, Yung-Chie Lee*,***

Lipomas of the esophagus are rare benign tumors. Patients with esophageal lipomas are usually asymptomatic until tumors become large enough to cause symptoms. We report a rare case of a small esophageal tumor, only 1.0 cm in diameter, which caused indolent symptoms; surgical enucleation was successfully performed with a right lateral mini-thoracotomy with simultaneous esophagoscopy guidance. A 70-year-old woman complained of a foreign body sensation in her chest for 4 months. Body weight loss was also noted. Both barium esophagography and endoscopic ultrasonography revealed a submucosal tumor in the middle esophagus. Biopsy failed to demonstrate the submucosal tissue. Intraoperative esophagoscopy-guided tumor enucleation via a right lateral mini-thoracotomy was performed. A lipoma, 1.0 cm at the largest diameter, in the submucosa of the middle esophagus, was confirmed by pathology. The postoperative course was uneventful. (*Thorac Med* 2007; 22: 255-258)

Key words: esophageal lipoma, endoscopy

以食道鏡引導手術切除微小食道脂肪瘤—病例報告

張金池* 張逸良** 黃培銘*,*** 李元麒*,***

食道脂肪瘤是罕見的良性腫瘤。食道脂肪瘤的病患通常沒有症狀直到腫瘤變得夠大時才引起症狀。此報告為一罕見微小食道脂肪瘤的病例，大小只有 1 公分，卻引起輕微的症狀，並且成功地在食道鏡引導下以右側迷你開胸手術切除腫瘤。一位 70 歲女性主訴胸部異物感已四個月，並有體重減少。鋇劑食道攝影及內視鏡超音波皆顯示在中段食道有一個黏膜下腫瘤。切片無法夾到腫瘤部分。我們進行右側迷你開胸術，並在手術中以食道鏡引導下施行了腫瘤切除手術。病理檢查確定其為一個食道黏膜下脂肪瘤。手術後過程恢復順利。(胸腔醫學 2007; 22: 255-258)

關鍵詞：食道脂肪瘤，內視鏡

Acute Pulmonary Edema Following Transjugular Intrahepatic Portosystemic Stent Shunt Creation in a Cirrhotic Patient: A Case Report

Wei-Neng Lin, Shian-Chin Ko, Chih-Hsiung Chen*, Hsi-Hsing Yang*,
Kuo-Chen Cheng*, Jiunn-Min Shieh

Through lowering portal hypertension, transjugular intrahepatic portosystemic stent shunt (TIPSS) can control life-threatening esophageal or gastric variceal bleeding and refractory ascites more effectively, and thereby provide a better chance of survival. Post-TIPSS complications, even in many patients with successfully functioning shunts, were reported to be mainly severe hepatic encephalopathy, acute or subacute hepatic failure, severe sepsis, and immediate technical complications such as acute occlusion, hepatobiliary perforation, and procedure-related intraabdominal bleeding. Herein, we report a 54-year-old man who was admitted to the medical intensive care unit due to life-threatening variceal hemorrhage. After he had undergone TIPSS, acute shortness of breath developed. He was found to have acute pulmonary edema possibly due to acute systemic and pulmonary hemodynamic change post-TIPSS. His dyspnea and lung condition in the chest radiograph improved after diuretics therapy. This is an uncommon complication post-TIPSS. The efficacy of diuretic therapy in in-stent stenosis and the long-term outcome remain unclear. (*Thorac Med* 2007; 22: 259-264)

Key words: acute pulmonary edema, liver cirrhosis, transjugular intrahepatic portosystemic stent shunt

Division of Chest Medicine, Department of Internal Medicine; *Department of Critical Care Medicine, Chi Mei Foundation Medical Center, Tainan

Address reprint requests to: Dr. Jiunn-Min Shieh, Division of Chest Medicine, Department of Internal Medicine, Chi Mei Foundation Medical Center, 901 Chung-Hwa Road, Yung Kang City, Tainan 710, Taiwan, R.O.C.

經頸靜脈肝內肝門靜脈造流術術後的急性肺水腫： 一病例報告

林煒能 柯獻欽 陳志雄* 楊煦星* 鄭高珍* 謝俊民

經頸靜脈肝內肝門靜脈造流術可以藉由降低門脈高壓，非常有效地控制危及生命的食道或是胃靜脈瘤出血和頑治性腹水，因此提高病人存活的机会。然而，就算造流術成功，術後分流功能正常，術後併發症卻很常見。這些不良作用主要是肝性腦病變、急性或是亞急性肝衰竭、嚴重敗血症，和技術上的併發症如急性阻塞、肝膽道穿孔、術式造成的腹內出血等。此外，因為肝硬化會出現心輸出量增加和週邊血管阻力下降，造成高血行動力學循環狀態，但造流術術後的肺部血行動力學改變卻很少受到注意。在本篇文章中，我們報導一名因為危急生命的靜脈瘤出血而住進加護病房的54歲男性病人，在病人接受經頸靜脈肝內肝門靜脈造流術之後，併發呼吸急促的問題，後來他被發現因為造流術術後產生的全身和肺部血行動力學改變後的急性肺水腫，在給予利尿劑治療後，呼吸喘的程度和胸部X光都有改善。然而，利尿劑治療對於造成支架內狹窄和病人長期預後的角色仍然不清楚。(胸腔醫學 2007; 22: 259-264)

關鍵詞：急性肺水腫，肝硬化，經頸靜脈肝內肝門靜脈造流術

Iatrogenic Pseudoaneurysm Caused by Central Venous Cannulation — 3 Case Reports

Hsu-Chung Liu, Ki-Ming Chang, Jeng-Yuan Hsu

Pseudoaneurysm of great vessels is 1 of the severe mechanical complications that can occur during central venous cannulation. Our first case developed a pseudoaneurysm after cannulation via the left subclavian route; the second and third cases developed a pseudoaneurysm after cannulation via the right internal jugular route. Different diagnostic examinations, including conventional angiography and Multi-Detector Computed Tomography (MDCT) angiography were used in these cases, respectively. Successful transcatheter embolization of the pseudoaneurysm was performed in case 1. Case 2 and case 3 received conventional surgical repair due to the different anatomical location. In conclusion, MDCT angiography is adequate for the initial evaluation of neck vessel injury, and has the advantage of less invasiveness compared with conventional angiography. The treatment options include ultrasound-guided compression, transcatheter interventions, percutaneous thrombin injection, and open surgical repair. The choice should always be based on the clinician's judgment and applicability to the clinical condition. (*Thorac Med* 2007; 22: 265-272)

Key words: pseudoaneurysm, central venous cannulation, conventional angiography, multi-detector computed tomography angiography, transcatheter embolization

中心靜脈導管插入所引發的偽動脈瘤—病例報告三例

劉旭崇 張開明 許正園

偽動脈瘤是中心靜脈導管插入過程所引發的嚴重併發症之一。案例一是經由左側鎖骨下靜脈插管不慎所造成，案例二及案例三則是經由右側內頸靜脈插管所引發。在這些案例中我們分別採用不同的診斷檢查，包括傳統血管攝影及多層次電腦斷層血管攝影。治療部分，案例一乃是接受動脈導管栓塞術且成功，另外兩例則是接受傳統外科修復手術。總結來說，多層次電腦斷層血管攝影術有較非侵入性的優點，且已經漸漸取代傳統血管攝影術成為評估頸部血管損傷的首選檢查。另一方面，目前對於偽動脈瘤的治療已經有越來越多新的方式，在臨床應用上包括超音波引導下壓迫、動脈導管栓塞術、超音波引導凝血酶注射、以及外科修復手術等等，對於選擇那一種治療還是取決於臨床醫師對病人病情的考量以及各種治療的適用性。(胸腔醫學 2007; 22: 265-272)

關鍵詞：偽動脈瘤，中心靜脈導管，血管攝影，多層次電腦斷層血管攝影，動脈導管栓塞術

High-Grade Rib Osteosarcoma in a 57-Year-Old Man — A Case Report

Tzu-Tao Chen, Chieh-Jen Wang, Chien-Liang Wu, Hung-Chang Liu*

Osteosarcoma, usually seen in children and adolescents, is rarely found in adults. When it occurs, it is frequently found in the long bones, seldom in the flat bones. We report a 57-year-old man with a tender chest wall mass and massive pleural effusion. He was initially treated for presumptive tuberculosis, but did not respond to treatment. Further evaluation revealed a high-grade osteosarcoma of a rib. It was resected, followed by radiotherapy. When a lung metastasis was subsequently detected, chemotherapy was added. (*Thorac Med* 2007; 22: 273-278)

Key words: osteosarcoma, rib, chest wall tumor, pleural effusion

Division of Chest Medicine, Department of Internal Medicine; *Department of Thoracic Surgery, Mackay Memorial Hospital, Taipei, Taiwan

Address reprint requests to: Dr. Chieh-Jen Wang, Department of Internal Medicine, Mackay Memorial Hospital, Taipei, Taiwan, No.92 Section 2, Chungshan North Road, Taipei, Taiwan

源發於肋骨的高度惡性骨肉瘤—病例報告

陳資濤 王玠仁 吳健樑 劉洪彰*

骨肉瘤(osteosarcoma)在成人的表現相較於兒童為少，且大多數為次發性(secondary)，而好發的部位以四肢骨與長骨為主，較罕見於扁平骨。我們報告一位 57 歲男性病患以觸痛的胸廓腫瘤合併大量肋膜積水表現，以抗結核病藥物治療無效後，至本院經過外科病理切片發現為源發於肋骨的高度惡性骨肉瘤合併肺轉移，其後接受腫瘤切除與放射化學治療的病例。(胸腔醫學 2007; 22: 273-278)

關鍵詞：骨肉瘤，肋骨，胸廓腫瘤，肋膜積水

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

Pei-Ming Huang, Chau-Chyun Sheu, Hui-Jen Tsai*, Wan-Ting Huang**,
Jhi-Jhu Hwang, Ming-Shyan Huang

Pleural effusion is an uncommon manifestation of multiple myeloma. Several mechanisms have been proposed for the development of pleural effusion in multiple myeloma, and most of them are benign. We report a patient with IgG- λ multiple myeloma with bilateral malignant pleural effusions and cutaneous involvement. She initially presented with massive left-sided malignant pleural effusion, and shortly thereafter, she developed right-sided malignant pleural effusion. Even though aggressive chemotherapy was administered, she died 10 weeks after diagnosis. Our observation in this case was consistent with that of other reports, in that the presentation of malignant pleural effusion indicates an advanced stage and a very poor prognosis for patients with multiple myeloma. Further investigations on malignant plasma cell biology and the explicit mechanisms of malignant pleural effusion in multiple myeloma are needed in order to improve the management and outcome of this malignancy. (*Thorac Med* 2007; 22: 279-285)

Key words: multiple myeloma, malignant pleural effusion

合併兩側惡性胸水的多發性骨髓瘤—病例報告與文獻探討

黃培銘 許超群 蔡慧珍* 黃琬婷** 黃吉志 黃明賢

胸水在多發性骨髓瘤的病人身上並不常見。有很多原因會產生這個情況，而大部份是良性的。我們報告一個IgG- λ 多發性骨髓瘤的病人合併兩側惡性胸水以及皮膚的侵犯。病人最初以左側大量惡性胸水表現，並在很短的時間內發展出右側惡性胸水。雖然她接受了積極的化學治療，但其病情仍快速惡化，並在被診斷出多發性骨髓瘤十週後死亡。我們的觀察與其他的報告一致：當多發性骨髓瘤病患出現惡性胸水時，代表這個腫瘤已經到了末期，且預後極差。因此，我們必須更瞭解惡性漿細胞的生物學以及其產生惡性胸水的致病機轉，以期能改善我們對這個併發症的處理方式以及這個疾病的預後。(胸腔醫學 2007; 22: 279-285)

關鍵詞：多發性骨髓瘤，惡性胸水

Solitary Pulmonary Fibrous Tumor with Initial Presentation of Hypoglycemia — A Case Report and Literature Review

Jiun-Long Wang*, Gee-Chen Chang*, **, Jeng-Yuan Hsu*, Jiun-Yi Hsia***,
Po-Cheung Kwan****

Solitary fibrous tumor (SFT) is an uncommon slow-growing mesenchymal neoplasm. It usually involves the visceral pleural and rarely has an intrapulmonary distribution. It is very sharp and round in shape when appearing intrapulmonarily. About 4% of SFT has hypoglycemia as a part of the paraneoplastic syndrome. We report a case of solitary pulmonary fibrous tumor with the presentation of hypoglycemia. After complete resection of the tumor, the blood sugar returned to normal range. Imaging pictures of the solitary pulmonary fibrous tumor and the mechanism of hypoglycemia caused by SFT are discussed. (*Thorac Med* 2007; 22: 286-292)

Key words: hypoglycemia, pulmonary tumor, solitary fibrous tumor

*Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, **Institute of Biomedical Sciences, National Chung Hsing University, Taichung, ***Division of Thoracic Surgery, Department of Surgery, ****Department of Pathology, Taichung Veterans General Hospital, Taichung, Taiwan
Address reprint requests to: Dr. Gee-Chen Chang, Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, 160, Chung-Kang Road, Section 3, Taichung, Taiwan, R.O.C.

以低血糖為起始表現的肺內單獨纖維瘤 —病例報告及文獻回顧

王俊隆* 張基晟**,** 許正園* 夏君毅*** 關寶祥****

單獨纖維瘤是一種罕見且生長緩慢的實質腫瘤，通常以影響臟層的肋膜為主，很少會出現在肺內。當出現於肺內時，影像上可以看到圓型的腫瘤。大約百分之四的單獨纖維瘤會引起低血糖作為其副腫瘤症候群(paraneoplastic syndrome)的臨床表現。在文章裡，我們描述一位五十五歲的肺內單獨纖維瘤男性患者以低血糖合併意識不清作為起始的臨床表現。經由手術切除肺內腫瘤後，血糖即回昇到正常範圍內。經過一年的追蹤，臨床及影像上都無復發的跡象。文章中將就肺內單獨纖維瘤在影像上的表現及其引起低血糖的機轉做進一步的探討並回顧相關的文獻。(胸腔醫學 2007; 22: 286-292)

關鍵詞：低血糖，肺內腫瘤，單獨纖維瘤

* 台中榮民總醫院內科部 胸腔內科，** 中興大學生物醫學研究所

*** 台中榮民總醫院外科部 胸腔外科，**** 台中榮民總醫院 病理部

索取抽印本請聯絡：張基晟醫師，台中榮民總醫院內科部 胸腔內科，台中市西屯區台中港路三段 160 號

Pancreatic Pseudocyst Presenting as a Posterior Mediastinal Mass

Chih-Cheng Li, Ching-Hsiung Lin, Shang-Yun Ho*, Hsin-Yuan Fang**,
Yueh-Min Lin***

Pancreatic pseudocyst presenting as a mediastinal mass is very rare. Approximately 40 to 50 cases have been reported in the English literature over the last 2 decades. Usually, mediastinal tumors are asymptomatic or present with thoracic symptoms. By contrast, the most common presenting symptoms of mediastinal pancreatic pseudocysts are abdominal pain and weight loss.

We report a 48-year-old man with epigastric dull pain for 4 days and weight loss of 3 kilograms in the most recent months. He had a medical history of alcoholic pancreatitis and gall bladder stone. Chest radiography showed a posterior mediastinal mass. Reformatted oblique coronary computed tomography scan of the abdomen revealed a thick-wall pseudocyst extending from the pancreas to the lower mediastinum. After mediastinotomy, the pathology of the mass was found to be compatible with the diagnosis of pseudocyst. The patient was then managed surgically by external drainage. In the follow-up visit within 1 month after discharge, no recurrent symptom was found. (*Thorac Med* 2007; 22: 293-298)

Key words: pancreatic pseudocyst, posterior mediastinal mass

胰臟偽囊腫以後縱膈腫瘤表現：病例報告

李志政 林慶雄 何上芸* 方信元** 林岳民***

縱膈腫瘤的診斷通常可藉由其所在位置來考慮，在後縱膈最常見的腫瘤為神經細胞腫瘤，胰臟偽囊腫以後縱膈腫瘤表現非常少見，最近二十年來英文文獻大約只有 40 到 50 個案被報告。通常縱膈腫瘤大多沒有症狀或以胸腔方面的症候表現，相對於此縱膈胰臟偽囊腫則常以腹痛和體重減輕來表現。

我們將報告一個 48 歲男性表現上腹持續悶痛四天合併最近一個月體重減輕三公斤的病例，其胸腔影像呈現後縱膈腫瘤，經重組電腦斷層影像發現一個厚壁的偽囊腫自胰臟沿伸到下縱膈腔。且縱膈切開術與病理的發現符合縱膈胰臟偽囊腫的診斷。後來這個病患接受胸外引流的手術後，經一個月門診的追蹤並沒有發現任何復發的症狀。(胸腔醫學 2007; 22: 293-298)

關鍵詞：胰臟偽囊腫，後縱膈腫瘤

Pneumoconiosis in a Dental Technician Presenting with Interstitial Pneumonitis: A Case Report

Hong-Yih Tien, Shih-Chi Ku, Yih-Leong Chang*, Pan-Chyr Yang

Pneumoconiosis is rarely seen among dental technicians, although they are exposed to various inorganic substances consisting mainly of the dust of heavy metals and chemicals in their occupational environment. It has been suggested that these substances are potential causes of pulmonary injury among these workers. Reports in the past have proposed a causal relationship among disease progression and the type of particles inhaled, duration of exposure, and the dose-response reactions. This phenomenon can be seen in the declining lung function, progression of respiratory symptoms, and even cancer formation in patients. We report a young man who was a dental technician with pneumoconiosis, manifesting initially with interstitial pneumonitis of unknown origin. This case highlights the likelihood that frequent exacerbations of occupational lung disease due to interstitial pneumonitis might be attributed to the rapid deterioration of lung function in this patient group. (*Thorac Med 2007; 22: 299-304*)

Key words: dental technician, pneumoconiosis, occupational exposure, interstitial pneumonitis

以間質性肺炎為表現的牙體技術員塵肺症：一病例報告

田鴻毅 古世基 張逸良* 楊泮池

塵肺症很少發生於牙體技術人員。由於他們獨特的工作環境本質，這些技術員常被暴露在各種各樣的無機物質中，主要包括一些重金屬和化學製品之粉塵。這些物質目前認為是造成牙體技術人員肺部傷害的潛在原因。過去的研究報告指出這類塵肺症發生的原因與吸入粉塵的種類、暴露的時間與劑量有關。並且會導致肺功能降低、呼吸症狀惡化乃至於癌症的形成。我們報告一個病例以不明原因間質性肺炎為表現，經診斷為牙體技術員塵肺症。本案例點出牙體技術員塵肺症會以間質性肺炎的反覆性發作來表現，而導致病人肺功能的急速惡化。(胸腔醫學 2007; 22: 299-304)

關鍵詞：牙體技術人員，塵肺症，職業暴露，間質性肺炎