

ISSN 1023-9855



# 胸腔醫學

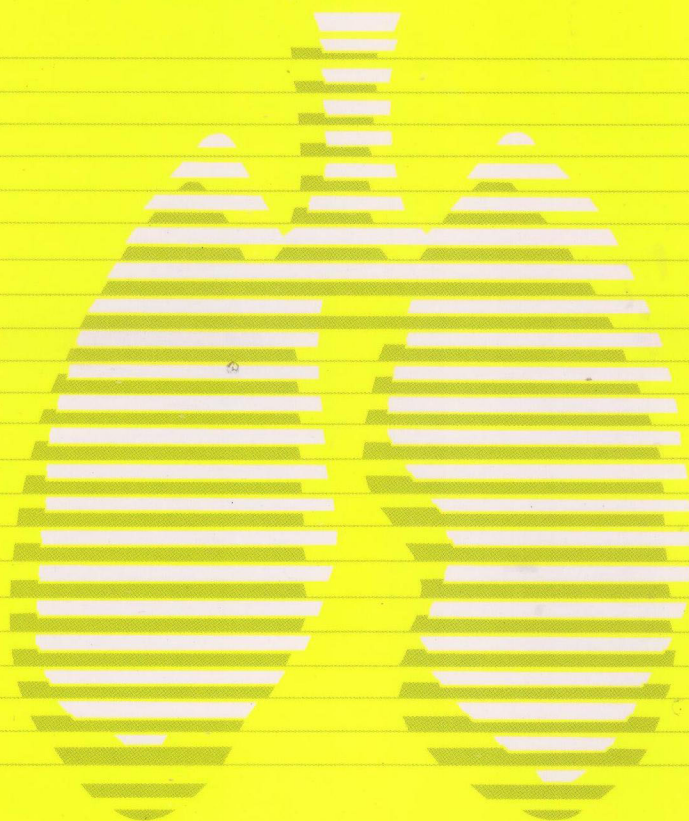
## Thoracic Medicine

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

Vol.22 No.6 Dec. 2007

第二十二卷 第六期

中華民國九十六年十二月



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.22 No.6 December 2007

# 胸腔醫學

## Thoracic Medicine

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

### 原著

- 加護病房中非計劃性氣管內管拔管的臨床特徵與預後 ..... 378~386  
張祐綸, 簡榮彥, 古世基, 余忠仁, 楊泮池

### 病例報告

- 腸球菌導致肺膿瘍合併胸壁感染：一個少見的病例報告 ..... 387~392  
邱振峰, 陳鴻仁, 陳 煒, 林振源, 施純明, 徐武輝
- 模仿肺結核之肺隱球菌病一病例報告 ..... 393~398  
黃聖輝, 葉育雯, 黃建賢, 高尚志, 江俊松
- 基底細胞癌合併延遲性肺轉移 ..... 399~404  
張益嘉, 盧崇正, 彭瑞鵬
- 復發性腦膜瘤合併肺部轉移 ..... 405~410  
邱仁治, 朱國安, 張慶宏, 林秀玲, 賴瑞生
- 鼻胃管誤放入右支氣管在急性呼吸衰竭併插氣管內管及氣球充起 ..... 411~415  
蕭承愷, 朱國安, 林旻希, 張慶宏, 賴瑞生
- 以頸部腫痛為初徵之縱膈腔成熟囊性畸胎瘤一病例報告 ..... 416~421  
游元方, 連允昌, 方嘉郎, 鍾啟禮
- 支氣管肺泡灌洗術診斷肺 Nocardiosis 在一周邊血液幹細胞移植後病患一病例報告 ..... 422~427  
劉濬漳, 張西川
- 肺癌轉移到膽囊而以急性膽囊炎為肺癌的初始表現：一病例報告 ..... 428~433  
張書豪, 許人文, 方俊慧, 陳禮平
- Lemierre 症候群以敗血性肺栓塞和全身性皮膚膿泡疹來表現：一病例報告 ..... 434~440  
張時杰, 廖唯昱, 王振泰, 余忠仁, 楊泮池
- Statin 引致肺部損傷一病例報告 ..... 441~447  
李國賢, 張西川
- 使用中藥「防風通聖散」減肥而引起危及生命之間質性肺炎一病例報告 ..... 448~454  
唐士恩, 簡志峰, 吳清平, 彭萬誠



# 胸腔醫學

## Thoracic Medicine

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

### Original Articles

- Clinical Features and Outcomes of Patients with Unplanned Endotracheal Extubation in a Mixed Intensive Care Unit ..... 378~386  
You-Lung Chang, Jung-Yien Chien, Shih-Chi Ku, Chong-Jen Yu, Pan-Chyr Yang

### Case Reports

- Lung Abscess with Thoracic Wall Invasion Caused by *Enterococcus Faecium* — A Rare Case Report ..... 387~392  
Chen-Feng Chiu, Hung-Jen Chen, Wei Chen, Chen-Yuan Lin, Chuen-Ming Shih, Wu-Huei Hsu
- Pulmonary Cryptococcosis Mimicking Pulmonary Tuberculosis — A Case Report ..... 393~398  
Seng-Hooi Terence Ooi, Diana Yuwung Yeh, Chien-Hsien Huang, Shang-Jyh Kao, Jiunn-Song Jiang
- Basal Cell Carcinoma with Delayed Lung Metastasis: A Case Report ..... 399~404  
Yi-Gia Chang, Chong-Chen Lu, Reury-Peng Perng
- Recurrent Intracranial Meningioma with Pulmonary Metastasis ..... 405~410  
Jen-Chih Chiou, Kuo-An Chu, Chin-Hung Chang, Shong-Ling Lin, Ruay-Sheng Lai
- Malpositioning of a Nasogastric Tube in the Right Main Bronchus of an Acute Respiratory Failure Patient with an Existing Cuffed Endotracheal Tube ..... 411~415  
Cheng-Kai Shiao, Kuo-An Chu, Min-Hsi Lin, Chin-Hung Chang, Ruay-Sheng Lai
- Mediastinal Mature Cystic Teratoma Presenting as a Painful Neck Swelling — A Case Report ..... 416~421  
Yuan-Fang You, Yung-Chang Lien, Chia-Lang Fang, Chi-Li Chung
- Pulmonary Nocardiosis Diagnosed by Bronchoalveolar Lavage in a Patient with Hodgkin's Disease after Peripheral Blood Stem Cell Transplantation — A Case Report ..... 422~427  
Chun-Chang Liu, Shi-Chuan Chang
- Acute Cholecystitis as the First Presentation of Lung Cancer Metastasis to the Gallbladder: A Case Report ..... 428~433  
Shu-Hao Chang, Jen-Wen Hsu, Chun-Hui Fang, Lai-Ping Chan
- Lemierre Syndrome Presenting with Septic Pulmonary Embolism and Diffuse Vesiculopustular Skin Rashes: A Case Report ..... 434~440  
Shih-Chieh Chang, Wei-Yu Liao, Jann-Tay Wang, Chong-Jen Yu, Pan-Chyr Yang
- Statin-Induced Lung Injury: A Case Report ..... 441~447  
Kuo-Hsien Lee, Shi-Chuan Chang
- Life-Threatening Interstitial Pneumonitis Induced by a Chinese Herbal Medicine, Fang Feng Tong San (Bofu-tsusho-san), Used for Intentional Weight Loss: A Case Report ..... 448~454  
Shih-En Tang, Chih-Feng Chian, Chin-Pyng Wu, Wann-Cherng Perng

# Clinical Features and Outcomes of Patients with Unplanned Endotracheal Extubation in a Mixed Intensive Care Unit

You-Lung Chang\*, Jung-Yien Chien\*, \*\*, Shih-Chi Ku\*, Chong-Jen Yu\*,  
Pan-Chyr Yang\*

**Objectives:** To describe the clinical features of patients with unplanned endotracheal extubation (UEE) and their outcomes after the event.

**Design:** A retrospective study from February 2003 to August 2005.

**Setting:** A 23-bed mixed intensive care unit in a branch of a university hospital.

**Patients:** All adult patients undergoing endotracheal intubation in a mixed intensive care unit (ICU) who experienced a UEE event.

**Measurements and Main results:** During the 31-month period, a total of 2655 patients were admitted to the ICU. After counting the first episode in the same ICU admission, there were 41 episodes (2.56%) of UEE among 1601 patients. There was male gender predominance among the patients. Thirty-six out of 41 patients had deliberate self-extubation, while the other 5 experienced an accidental extubation. There seemed to be a trend toward a higher rate of UEE during the nursing shift change, and secular trends in the month of May. At the moment of UEE, 25 patients (61%) were in a full ventilatory support status, and 16 (39%) were undergoing weaning from mechanical ventilation; 18 and 7 patients, respectively, were reintubated after the UEE episode. Those who needed reintubation had a higher  $\text{FiO}_2$  demand ( $p < 0.05$ ) and a higher pH value of arterial blood gas ( $p < 0.05$ ) than those did not. UEE patients with reintubation had a longer ICU stay. Hospital mortality was around 20% among these patients; however, those with reintubation had a higher mortality than those without (32 vs. 6.3%).

**Conclusion:** Reintubation in patients with UEE indicates a poorer clinical outcome. Risk factors associated with reintubation after the UEE episode include a high pH value of arterial blood gas and a high  $\text{O}_2$  demand. These results remind us to put more effort into clinical practice to prevent UEE events and improve care after the UEE event in the acute care setting. (*Thorac Med* 2007; 22: 378-386)

Key words: unplanned endotracheal extubation, deliberate self extubation, accidental extubation

---

\*Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital; \*\*Division of Chest Medicine, Department of Internal Medicine, Yunlin Branch Hospital, National Taiwan University Hospital  
Address reprint requests to: Dr. Shih-Chi Ku, Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital, No. 7, Chung-Shan South Road, Taipei 100, Taiwan

## 加護病房中非計劃性氣管內管拔管的臨床特徵與預後

張祐綸\* 簡榮彥\*,\*\* 古世基\* 余忠仁\* 楊泮池\*

**背景：**描述在加護病房中無計劃性氣管內管拔管的病人臨床特徵，及病人在事件後之預後。

**方法：**我們回顧分析一家大型醫院的分院從 2003 年 2 月到 2005 年 8 月這段期間入加護病房有插管的成年病人中，所有非計劃性氣管內管拔管病人的基本資料、可能的危險因子及住院預後。

**結果：**在 31 個月中，共有 2,655 位病人入加護病房。同一次入院只計算第一次事件之後，總共發生 41 次 (2.56%) 非計劃性氣管內管拔管。這其中以男性為大多數，而且其中 36 次是故意自拔管，5 次是意外拔管。護理人員換班時間及五月份似乎有較高的非計劃性氣管內管拔管率。需完全依賴呼吸器的病患有 25 位(61%)，部份依賴呼吸器的有 16 位 (39%)，這其中需要重插管的病人分別是 18 位及 7 位。需要重插管的病人比不用插管的病人有較高的氧氣需求 ( $p<0.05$ )、較酸的血液 pH 值 ( $p<0.05$ )、及較長的 ICU 住院天數 ( $p<0.001$ )。所有自拔管的病患的死亡率約 20%，但重插管病人有較高的死亡率 (32% vs 6.3%)。

**結論：**自拔管的病人中若有重插管意味其預後較差。重插管的相關危險因子包括較高的氧氣需求及較鹼的血氧分析。這樣的結果提醒我們要多避免自拔管的發生及加強自拔管後的照護。(胸腔醫學 2007; 22: 378-386)

**關鍵詞：**非計劃性氣管內管拔管，故意自拔管，意外拔管

# Lung Abscess with Thoracic Wall Invasion Caused by *Enterococcus Faecium* — A Rare Case Report

Chen-Feng Chiu\*,\*\*\*, Hung-Jen Chen\*, Wei Chen\*, Chen-Yuan Lin\*\*,  
Chuen-Ming Shih\*, Wu-Huei Hsu\*

Lung abscess causes significant morbidity and mortality despite advances in diagnostic modalities and antibiotic therapy. Lung abscess with thoracic wall infection is an unusual complication and the causative pathogens are mostly *Mycobacterium tuberculosis*, *Nocardia* and *Actinomyces*. We report a case of *Enterococcus* lung abscess with thoracic wall infection in a 53-year-old male with acute myelogenous leukemia (AML). The chest radiograph was unremarkable when he was admitted for induction chemotherapy. However, neutropenic fever developed and the chest radiograph revealed a patchy lesion in the right lower lung field 2 weeks after chemotherapy. Subsequent chest computed tomography showed a lung abscess with thoracic wall invasion. Pus cultures following transthoracic needle aspiration of the lung abscess and infected thoracic wall yielded *Enterococcus faecium*. Unfortunately, the patient died of deteriorated AML and pulmonary infection 4 months later, despite aggressive antibiotics treatment. To our knowledge, this is the first case of *Enterococcus spp.*-related lung abscess with thoracic wall infection. Physicians should be alert for this pathogen when patients are refractory to empirical antibiotics treatment and in an immunocompromised status. (*Thorac Med* 2007; 22: 387-392)

Key words: *Enterococcus*, lung abscess, thoracic wall invasion

---

Divisions of Pulmonary and Critical Care Medicine\* and Hematology and Oncology\*\*, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan

Department of Internal Medicine, Feng Yuan Hospital, Department of Health, Executive Yuan, Taiwan\*\*\*

Address reprint requests to: Dr. Chuen-Ming Shih, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Taichung, Taiwan

## 腸球菌導致肺膿瘍合併胸壁感染：一個少見的病例報告

邱振峰\*,\*\*\* 陳鴻仁\* 陳 煒\* 林振源\*\* 施純明\* 徐武輝\*

儘管抗生素治療的進步，肺膿瘍造成的死亡仍然相當顯著。肺膿瘍合併胸壁感染並不常見，其致病菌大多是結核菌，土壤絲菌和放射菌。我們報告一個 53 歲男性急性髓性白血病例，他罹患腸球菌肺膿瘍合併胸壁感染。患者在剛入院接受化學治療時，胸部 X 光檢查為正常。但是在化學治療兩週之後，發生嗜中性白血球低下合併發燒，胸部 X 光顯示右下肺部有一片明顯浸潤病灶。後續的胸部電腦斷層攝影發現肺膿瘍合併胸壁感染。經由胸壁穿刺抽吸肺膿瘍及胸壁病灶之後，細菌培養結果為糞腸球菌（*Enterococcus faecium*）。此患者之肺膿瘍在有效的抗生素治療之後得到初步的改善，不幸的是病人的髓性白血病持續惡化，同時因為肺部感染擴大合併呼吸衰竭而死亡。據吾人所知，此病例是第一例因為腸球菌導致肺膿瘍合併胸壁感染的案例。由於此種病菌之抗藥性強，一般之廣效性抗生素均無效，須以抽吸物作培養以得到正確診斷，並須給予夠長之有效抗生素治療。（*胸腔醫學* 2007; 22: 387-392）

關鍵詞：腸球菌，肺膿瘍，胸壁感染

# Pulmonary Cryptococcosis Mimicking Pulmonary Tuberculosis — A Case Report

Seng-Hooi Terence Ooi, Diana Yuwung Yeh, Chien-Hsien Huang\*, Shang-Jyh Kao, Jiunn-Song Jiang

Pulmonary tuberculosis, cryptococcosis and *Pneumocystis jirovecii* pneumonia (in AIDS patients) are the principal causal agents of chronic lung infections in Taiwan. Differentiation between pulmonary tuberculosis and pulmonary cryptococcosis may be difficult if a sputum specimen either not available or tests negative for acid-fast staining. Traditionally, if clinical and radiographic improvements are achieved after an anti-tuberculosis “therapeutic trial”, the diagnosis of sputum smear-negative pulmonary tuberculosis is strengthened. However, pulmonary cryptococcosis might also resolve spontaneously without anti-fungal therapy, and this improvement might occur during the trial period. Hence, response to an anti-tuberculosis therapeutic trial does not always confirm the diagnosis of pulmonary tuberculosis. We present a case of pulmonary cryptococcosis which was misdiagnosed as sputum smear-negative pulmonary tuberculosis. Pulmonary cryptococcosis must be excluded before the diagnosis of smear-negative pulmonary tuberculosis is made to prevent future confusion. We advocate checking the serum cryptococcal antigen before starting anti-tuberculosis treatment in smear-negative pulmonary tuberculosis, to minimize the possibility of misdiagnosis. (*Thorac Med* 2007; 22: 393-398)

Key words: pulmonary cryptococcosis, pulmonary tuberculosis, cryptococcal antigen, misdiagnosis, mimic

---

Section of Chest Medicine, Department of Internal Medicine, Shin Kong Wu Ho-Su Memorial Hospital

\*Section of Infectious Disease, Department of Internal Medicine, Shin Kong Wu Ho-Su Memorial Hospital

Address reprint requests to: Dr. Jiunn-Song Jiang, Division of Chest Medicine, Department of Internal Medicine, Shin Kong Wu Ho-Su Memorial Hospital, No. 95 Wen-Chang Road, Taipei, Taiwan, ROC.



## 模仿肺結核之肺隱球菌病一病例報告

黃聖輝 葉育雯 黃建賢\* 高尚志 江俊松

在台灣，肺結核、隱球菌病（cryptococcosis）及卡氏肺囊蟲肺炎（在 AIDS 病患）是造成慢性肺炎的主要病原菌。若病人沒有痰或痰的抗酸性染色呈陰性的情況下，肺結核及肺隱球菌病的鑑別診斷將會很困難。傳統上，若接受嘗試性抗結核藥物治療後獲得臨床及影像學上的改善，則痰抹片陰性肺結核的診斷將更確定。但肺隱球菌病可能自愈，自愈也可能恰好發生在病人接受嘗試性抗結核藥物期間。因此，使用嘗試性抗結核藥物治療後有改善也不一定代表肺結核的診斷是正確的。我們報告一個肺隱球菌病病例，他因為在接受嘗試性抗結核藥物治療後有臨床及影像學上的改善而被誤診為痰抹片陰性肺結核。在下肺結核的診斷前，肺隱球菌病必須先被排除，否則將來會造成很大的困惑。我們倡議在開始使用嘗試性抗結核藥物治療前，先檢查血清中隱球菌抗原以降低將肺隱球菌病誤診為肺結核的機會。*(胸腔醫學 2007; 22: 393-398)*

關鍵詞：肺隱球菌病，肺結核，隱球菌抗原，誤診，模仿

# Basal Cell Carcinoma with Delayed Lung Metastasis: A Case Report

Yi-Gia Chang\*, Chong-Chen Lu<sup>\*,\*\*</sup>, Reury-Peng Perng<sup>\*,\*\*</sup>

Basal cell carcinoma is the most common skin cancer in Taiwan. The incidence is increasing because of the much higher exposure to ultraviolet radiation worldwide in recent years. Primary basal cell carcinoma can usually be well-excised and the prognosis is typically favorable. Distant metastasis occasionally occurs; only about 268 cases have been reported between 1894 and September 2004. We report a case of basal cell carcinoma of the perianal area and the status post-complete surgical excision with lung metastasis 19 years later. Chest radiography and chest computed tomography (CT) showed diffuse multiple cavitary nodules of the bilateral lung fields. The diagnosis was confirmed via CT-guided biopsy. Although basal cell carcinoma is relatively benign compared with other skin cancers, the possibility of delayed recurrence or distant metastasis should be considered. (*Thorac Med* 2007; 22: 399-404)

Key words: skin cancer, basal cell carcinoma, metastatic basal cell carcinoma

---

\*Department of Chest Medicine, Taipei Veterans General Hospital

\*\*Department of Internal Medicine, School of Medicine, National Yang Ming University, Taipei, Taiwan

Address reprint requests to: Dr. Chong-Chen Lu, Department of Chest Medicine, Taipei Veterans General Hospital, 201, Section 2, Shih-Pai Road, Taipei 112, Taiwan

## 基底細胞癌合併延遲性肺轉移

張益嘉\* 盧崇正\*\*\* 彭瑞鵬\*\*\*

基底細胞癌為台灣最常見的皮膚惡性腫瘤。最近幾年以來，隨著全世界普遍紫外線暴露大量增加的緣故，使其發生率如其他皮膚腫瘤一樣的逐漸增加。原發性基底細胞癌通常可以很容易地切除乾淨，且預後極為良好。發生遠處轉移是相當罕見的，且於西元 1894 年至西元 2004 年十二月間國際間僅有 268 個個案被發表出來。我們在此發表一個肛門旁基底細胞癌做過根治性外科切除術，卻於手術十九年後發生肺部遠處轉移的個案。病患的胸部 X 光片和胸部電腦斷層均顯示兩側肺部散佈著瀰漫性、多發性的開洞式結節。後來由經電腦斷層導引肺部穿刺切片得以確定診斷。藉由這個個案我們希望能用以提醒臨床醫師，雖然基底細胞癌與其他皮膚惡性腫瘤比起來有較為良性之表現，但其依舊有延遲性復發或發生遠處轉移的可能性。(胸腔醫學 2007; 22: 399-404)

關鍵詞：皮膚癌，基底細胞癌，轉移性基底細胞癌

---

\* 台北榮民總醫院 胸腔部，\*\* 國立陽明大學醫學院 內科系

索取抽印本請聯絡：盧崇正醫師，台北榮民總醫院 胸腔部，台北市北投區石牌路二段 201 號

# Recurrent Intracranial Meningioma with Pulmonary Metastasis

Jen-Chih Chiou\*, Kuo-An Chu\*, \*\*, Chin-Hung Chang\*, Shong-Ling Lin\*\*, \*\*\*,  
Ruay-Sheng Lai\*, \*\*

Meningiomas rarely metastasize outside the intracranial compartment. We report a case of recurrent intracranial meningioma with lung metastasis in a 61-year-old male. The patient, with a 1-week history of mild right chest pain, was found to have a large right lung mass by chest roentgenography 14 years after resection of an intracranial meningioma of the transitional type. A computed tomography (CT)-guided biopsy for the lung tumor was done. The pathology showed findings consistent with a transitional type meningioma. A recurrent intracranial tumor was disclosed by brain magnetic resonance imaging (MRI) at the same time. The patient underwent a gross total resection of the brain tumor, but the metastatic lung tumor was left untreated at his request. Local recurrence of transitional meningioma was confirmed by pathological examination. At 2 months after the operation, the patient remained clinically well. (*Thorac Med* 2007; 22: 405-410)

Key words: lung, meningioma, metastasis

---

\* Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan; \*\* School of Medicine, National Yang-Ming University, Taipei, Taiwan; \*\*\* Department of Pathology and Laboratory Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan  
Address reprint requests to: Dr. Kuo-An Chu, Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, 386 Ta-Chung 1<sup>st</sup> Road, Kaohsiung 813, Taiwan

## 復發性腦膜瘤合併肺部轉移

邱仁治\* 朱國安\*,\*\* 張慶宏\* 林秀玲\*\*,\*\*\* 賴瑞生\*,\*\*

腦膜瘤少有頭顱外的轉移，我們在此提出一個復發性腦膜瘤合併肺部轉移的病例報告。一位六十一歲男性，十四年前被診斷為過渡型腦膜瘤，並接受腫瘤全切除手術。病患因為一週以來右胸輕微疼痛求醫，經胸部 X 光片檢查，發現右下肺有一顆大腫瘤，行電腦斷層導引切片，病理檢查顯示為過渡型腦膜瘤，同時腦部核磁共振影像發現腦部腫瘤復發。病患接受頭部腫瘤切除，對於胸部腫瘤則拒絕治療，切除下來的腦部腫瘤經病理檢查證實為過渡型腦膜瘤，病患術後兩個月內狀況良好。(胸腔醫學 2007; 22: 405-410)

關鍵詞：肺，腦膜瘤，轉移

---

\* 高雄榮民總醫院 胸腔內科，\*\* 國立陽明大學醫學院，\*\*\* 高雄榮民總醫院 病理檢驗部  
索取抽印本請聯絡：朱國安醫師，高雄榮民總醫院內科部 胸腔內科，高雄市左營區大中一路 386 號

# Malpositioning of a Nasogastric Tube in the Right Main Bronchus of an Acute Respiratory Failure Patient with an Existing Cuffed Endotracheal Tube

Cheng-Kai Shiao\*, Kuo-An Chu<sup>\*,\*\*</sup>, Min-Hsi Lin<sup>\*,\*\*</sup>, Chin-Hung Chang<sup>\*,\*\*</sup>,  
Ruay-Sheng Lai<sup>\*,\*\*</sup>

Nasogastric tube insertion is a common clinical procedure in medical care. However, misplacement of a nasogastric tube can cause unexpected complications which may even be life threatening in some cases. Herein, we describe a 43-year-old man who was admitted to the intensive care unit (ICU) via our emergency department, with the diagnosis of left-side empyema with acute respiratory failure. An endotracheal tube was inserted for mechanical ventilation, and then a nasogastric tube was inserted for decompression. A repeat chest radiograph 3 days later detected the misplacement of the nasogastric tube in the right main bronchus. The misplacement occurred even with the presence of an endotracheal tube with cuff inflation, as well as after confirmation of positioning by auscultation. Therefore, we emphasize the use of routine chest radiography confirmation of nasogastric tube positioning, in addition to conventional methods of auscultation, especially in patients in critical condition or with an existing endotracheal tube and mechanical ventilation. (*Thorac Med* 2007; 22: 411-415)

Key words: complications, endotracheal intubation, iatrogenic, nasogastric tube

---

\* Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan; \*\* School of Medicine, National Yang-Ming University, Taipei, Taiwan  
Address reprint requests to: Dr. Kuo-An Chu, Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, 386 Ta-Chung 1<sup>st</sup> Road, Kaohsiung 813, Taiwan

## 鼻胃管誤放入右支氣管在急性呼吸衰竭併插氣管內管及 氣球充起

蕭承愷\* 朱國安\*\*, \*\* 林旻希\*\*, \*\* 張慶宏\*\*, \*\* 賴瑞生\*\*, \*\*

鼻胃管置入是在醫療護理過程中常見的臨床程序。不過，鼻胃管的誤置可能引起意想不到的併發症，甚至威脅到生命。我們描述一43歲男性病人進入加護病房，因為在急診室被診斷為左側膿胸併呼吸衰竭，接受插入氣管內管及使用呼吸器和放置鼻胃管。直到三天後我們追蹤的胸部X射線照相才發現鼻胃管誤置進右主支氣管。即使氣管內管的氣囊已打起，並做聽診確認仍將鼻胃管誤放入氣道。幸好，病患當時正在禁食中及做鼻胃管排空引流才未造成併發症。因此，我們認為除了以傳統聽診為鼻胃管確認位置之外，務必常規的胸部X射線照相，以避免不可預期的併發症。(*胸腔醫學* 2007; 22: 411-415)

關鍵詞：併發症，氣管插管，醫源性，鼻胃管

---

\* 高雄榮民總醫院 胸腔內科，\*\* 國立陽明大學醫學院

索取抽印本請聯絡：朱國安醫師，高雄榮民總醫院內科部 胸腔內科，高雄市左營區大中一路 386 號

# Mediastinal Mature Cystic Teratoma Presenting as a Painful Neck Swelling — A Case Report

Yuan-Fang You, Yung-Chang Lien\*, Chia-Lang Fang\*\*, Chi-Li Chung

Mature teratomas of the mediastinum, the most common extragonadal germ cell tumors in adults, usually arise within the anterior mediastinum. In contrast, the neck is an uncommon site for a teratoma. We report an unusual case of mediastinal mature cystic teratoma that extended to the neck. A 28-year-old woman presented with progressive, painful neck swelling, which compressed the trachea and deviated it to the right. Computed tomography (CT) of the chest revealed a cystic mass occupying an area from the anterior mediastinum to the cervical area; the lesion consisted of multiple tissue elements, including soft tissue, fluid, fat and calcification. The cystic mass was resected and the pathological diagnosis was a mature cystic teratoma. To the best of our knowledge, a mediastinal teratoma seldom presents as a neck swelling. Although a rare manifestation, it should be considered in the differential diagnosis of neck masses in adults. (*Thorac Med* 2007; 22: 416-421)

Key words: mature cystic teratoma, neck swelling

---

Division of Pulmonary Medicine, Department of Internal Medicine; Division of Thoracic Surgery, Department of Surgery\*; Department of Pathology\*\*, Taipei Medical University Hospital, Taipei, Taiwan  
Address reprint requests to: Dr. Chi-Li Chung, Division of Pulmonary Medicine, Department of Internal Medicine, Taipei Medical University Hospital, No. 252, Wuxing St., Taipei 110, Taiwan



# 以頸部腫痛為初徵之縱膈腔成熟囊性畸胎瘤一病例報告

游元方 連允昌\* 方嘉郎\*\* 鍾啟禮

縱膈腔成熟畸胎瘤是成人最常見的生殖腺外生殖細胞瘤（extragonadal germ cell tumor），且最常見於前縱膈腔；相對地，頸部並不是畸胎瘤的好發位置。我們報告一個罕見病例，為一延伸到頸部之縱膈腔成熟囊性畸胎瘤（mediastinal mature cystic teratoma）。一名 28 歲女性，頸部呈現漸進性疼痛腫大，且壓迫氣管並將之推向右方。頸胸電腦斷層攝影顯示一囊性腫塊由前縱膈腔延伸至頸部區域；此病變由多樣性的組織成份構成，包含了軟組織、液體、脂肪及鈣化構造。經外科切除此囊性腫塊後，病理診斷為一成熟囊性畸胎瘤。據我們所知，縱膈腔畸胎瘤很少以頸部腫大為初徵。儘管這是一種少見的表徵，臨床醫師在診治成人頸部腫塊時，應把縱膈腔畸胎瘤列入鑑別診斷。（*胸腔醫學* 2007; 22: 416-421）

關鍵詞：成熟囊性畸胎瘤，頸部腫大

# **Pulmonary Nocardiosis Diagnosed by Bronchoalveolar Lavage in a Patient with Hodgkin's Disease after Peripheral Blood Stem Cell Transplantation — A Case Report**

Chun-Chang Liu\*, Shi-Chuan Chang\*,\*\*

We experienced a rare case of pulmonary nocardiosis in a 24-year-old female patient with Hodgkin's disease after allogenic peripheral blood stem cell transplantation. The lesions presented as bilateral pulmonary infiltrations on chest radiographs. The *Nocardia* bacilli were identified in cytological smears of bronchoalveolar lavage fluid obtained from the left lingual lesion. The patient responded well to trimethoprim-sulfamethoxazole (TMP/SMX) and the lesions resolved 19 days after treatment. A high index of suspicion is mandatory for an early diagnosis. (*Thorac Med* 2007; 22: 422-427)

Key words: pulmonary nocardiosis, peripheral blood stem cell transplantation, bronchoalveolar lavage

---

\*Chest Department, Taipei Veterans General Hospital, and \*\*Institute of Emergency and Critical Care Medicine, School of Medicine, National Yang-Ming University, Taipei, Taiwan

Address reprint requests to: Dr. Shi-Chuan Chang, Chest Department, Taipei Veterans General Hospital, No. 201, Section 2, Shih-Pai Road, Taipei 112, Taiwan

## 支氣管肺泡灌洗術診斷肺 Nocardiosis 在一周邊血液幹細胞移植後病患—病例報告

劉濬漳\* 張西川\*\*,\*\*

我們診斷了一位罕見的病例—Pulmonary Nocardiosis。這位 24 歲女性是位因 Hodgkin's disease 接受周邊血液幹細胞移植的病患，病發時胸部 X 光片所見是兩側肺出現浸潤性病灶。經由支氣管肺泡灌洗術檢查，在灌洗液細胞學抹片發現了 *Nocardia* 菌。經過靜脈 trimethoprim-sulfamethoxazole 治療 19 天之後，肺部病灶幾乎完全消解。高度懷疑是診斷肺 Nocardiosis 最重要的因素。(胸腔醫學 2007; 22: 422-427)

關鍵詞：Pulmonary nocardiosis，周邊血液幹細胞移植，支氣管肺泡灌洗術

---

\* 台北榮民總醫院 胸腔部，\*\* 國立陽明大學 急重症醫學研究所

索取抽印本請聯絡：張西川醫師，台北榮民總醫院 胸腔部，台北市北投區石牌路二段 201 號

# Acute Cholecystitis as the First Presentation of Lung Cancer Metastasis to the Gallbladder: A Case Report

Shu-Hao Chang, Jen-Wen Hsu, Chun-Hui Fang\*, Lai-Ping Chan\*\*

Although lung cancer is the commonest cause of death worldwide, metastases to the gallbladder are extremely rare. Two cases of gallbladder cancer attributed to metastatic lung cancer have been reported in the literature, but lung cancer with the initial presentation of acute cholecystitis due to metastases to the gallbladder has never been reported. Herein, we report a 78-year-old man who developed acute right upper quadrant abdominal pain as the initial presentation of the lung cancer due to metastasis to the gallbladder. (*Thorac Med* 2007; 22: 428-433)

Key words: lung cancer, metastasis, acute cholecystitis

---

Division of Chest Medicine, Department of Internal Medicine, \*Division of General Surgery, Department of Surgery, \*\*Department of Pathology, Cheng Ching General Hospital, Taichung, Taiwan  
Address reprint requests to: Dr. Jen-Wen Hsu, Division of Chest Medicine, Department of Internal Medicine, Cheng Ching General Hospital, No.139 Ping Tien Street Taichung, Taiwan

## 肺癌轉移到膽囊而以急性膽囊炎為肺癌的初始表現： 一病例報告

張書豪 許人文 方俊慧\* 陳禮平\*\*

肺癌雖然是目前世界上一重要的死亡原因，但轉移到膽囊卻是非常罕見的。文獻蒐尋上只有兩篇病例報告為肺癌轉移到膽囊。而因為膽囊轉移而產生急性膽囊炎，而以此急性膽囊炎為肺癌的初始表現卻未曾被報告過。我們在這裡報告一 78 歲男性因膽囊的轉移而以急性右上腹痛為肺癌的初始表現。(胸腔醫學 2007; 22: 428-433)

關鍵詞：肺癌，腫瘤轉移，急性膽囊炎

# Lemierre Syndrome Presenting with Septic Pulmonary Embolism and Diffuse Vesiculopustular Skin Rashes: A Case Report

Shih-Chieh Chang, Wei-Yu Liao, Jann-Tay Wang, Chong-Jen Yu, Pan-Chyr Yang

Lemierre syndrome is usually an anaerobic infection of the oropharyngeal space, followed by septic thrombophlebitis of the internal jugular vein and metastatic infections by septic embolization. The most common site of metastatic infection is the lungs, as well as other sites, including the joints, soft tissue and central nervous system. Skin involvement is a less common presentation as a consequence of continuous bacteremia, according to the previous literature. We describe a young man with the initial presentation of sore throat, and who subsequently developed fever, neck pain and generalized skin vesiculopustular rashes. Neck computed tomography (CT) scans demonstrated right parapharyngeal abscess and thrombosis of the external jugular vein. Hospitalization was complicated with septic shock and acute hypoxic respiratory failure. *Fusobacterium necrophorum* was isolated from the blood culture. Successful treatment was achieved by intravenous antibiotics with surgical drainage for the deep neck infection and the ligation/excision of external jugular vein thrombosis. Although the main treatment for Lemierre syndrome is intravenous antibiotics with good anti-anaerobic activity, surgical debridement, as well as ligation and excision of the thrombosed jugular vein, may be necessary for uncontrolled infection and repeated septic embolization. (*Thorac Med* 2007; 22: 434-440)

Key words: Lemierre syndrome, pharyngitis, septic thrombophlebitis, vesiculopustular rash

---

Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan  
Address reprint requests to: Dr. Wei-Yu Liao, Department of Internal Medicine, National Taiwan University Hospital,  
#7, Chung-Shan South Road, Taipei 100, Taiwan

# Lemierre 症候群以敗血性肺栓塞和全身性皮膚膿泡疹來表現：一病例報告

張時杰 廖唯昱 王振泰 余忠仁 楊泮池

Lemierre 症候群通常是由於口咽部的厭氧菌感染，進而併發內頸靜脈血栓靜脈炎和栓塞性轉移感染。栓塞性轉移感染最常見的部位是肺部，其它還包括了關節、軟組織及中樞神經系統。在過去的文獻中，菌血性轉移感染至皮膚是不常見的。我們提出一年輕男性病例以喉嚨痛為初期表現，進而出現發燒、頸部疼痛及全身的皮膚膿泡疹。其頸部的電腦斷層攝影發現右側咽喉旁膿瘍及外頸靜脈血栓。住院過程中併發敗血性休克及急性呼吸衰竭。從病人的血液培養中分離出壞死細梭桿菌。我們以抗生素加上手術引流和摘除外頸靜脈血栓成功地治療這位病患。雖然 Lemierre 症候群的治療主要以具對抗厭氧性細菌的抗生素為主，但是對於難以控制的感染和反覆的敗血性肺栓塞，摘除頸靜脈血栓的手術治療可能有其必要性。*(胸腔醫學 2007; 22: 434-440)*

關鍵詞：Lemierre 症候群，咽喉炎，敗血性血栓靜脈炎，皮膚膿泡疹

# Statin-Induced Lung Injury: A Case Report

Kuo-Hsien Lee\*, Shi-Chuan Chang\*\*

The 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitors, or statins, are the most prescribed drugs for treating hypercholesterolemia. Generally, statins have an excellent safety profile and the adverse effects are mild and transient. We report a patient who had drug-induced lung injury probably caused by rosuvastatin, as suggested by numerous foamy cells present in the bronchoalveolar lavage fluid. The patient showed clinical improvement after discontinuation of the drug and corticosteroid treatment. Since the clinical course, imaging findings and response to corticosteroid treatment have varied widely in the reported cases of statin-induced lung injury, a high index of suspicion and awareness of the adverse effects of statins are mandatory for an early diagnosis. (*Thorac Med* 2007; 22: 441-447)

Key words: bronchoalveolar lavage, lung injury, phospholipidosis, statins

---

\*Division of Pulmonary and Critical Care Medicine, Koo Foundation Sun Yat-Sen Cancer Center; \*\*Chest Department, Taipei Veterans General Hospital, and Institute of Emergency and Critical Care Medicine, School of Medicine, National Yang-Ming University, Taipei, Taiwan

Address reprint requests to: Dr. Shi-Chuan Chang, Chest Department, Taipei Veterans General Hospital, No. 201, Section 2, Shih-Pai Road, Taipei 112, Taiwan



## Statin 引致肺部損傷—病例報告

李國賢\* 張西川\*\*

HMG-CoA 還原酶抑制劑 (HMG-CoA reductase inhibitors) 或稱為 statins，是治療高血脂症的常用藥物。一般而言，statins 具有良好的安全性，其副作用多半輕微、短暫。我們報告一例疑似 rosuvastatin 引致肺部損傷的病例，因其支氣管肺泡灌洗液 (bronchoalveolar lavage fluid) 有很多泡沫狀細胞 (foamy cells) 且其臨床症狀和肺病病灶在停用 rosuvastatin 和類固醇治療漸獲改善。基於 statins 引致肺傷害的臨床症狀、影像學所見、肺組織病理結果、類固醇治療之效應及停藥後的反應差異頗大，準此，對服用 statins 藥品的病人，若出現不明原因呼吸困難或胸部影像學檢查發現肺部有異常時，應考慮藥物引致肺傷害的可能性。  
(*胸腔醫學* 2007; 22: 441-447)

關鍵詞：支氣管肺泡灌洗，肺部損傷，phospholipidosis，statins

# Life-Threatening Interstitial Pneumonitis Induced by a Chinese Herbal Medicine, Fang Feng Tong San (Bofu-tsusho-san), Used for Intentional Weight Loss: A Case Report

Shih-En Tang, Chih-Feng Chian, Chin-Pyng Wu, Wann-Cherng Perng

An increasing number of drugs can induce distinctive patterns of interstitial lung disease, ranging from benign infiltrates to life-threatening acute respiratory failure. We report a patient who presented with progressive dyspnea and fever that were complicated by acute respiratory failure. The chest roentgenograph revealed a diffuse ground-glass pattern; interstitial pneumonitis was diagnosed after video-assisted thoracoscopic lung biopsy. The patient admitted using the Chinese herbal medicine Fang Feng Tong San (Bofu-tsusho-san in Japanese) for intentional weight loss for about 10 days before admission. Her condition improved after treatment with corticosteroid. Drug-induced interstitial lung disease, including that caused by herbal medicines, should be considered in any patient with unexplained interstitial pneumonitis. (*Thorac Med* 2007; **22**: 448-454)

Key words: Fang Feng Tong San, Bofu-tsusho-san, interstitial pneumonitis, Chinese herbal medicine, weight loss

---

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Address reprint requests to: Dr. Wann-Cherng Perng, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Tri-Service General Hospital, Number 325, Section 2, Cheng-Kung Road, Neihu 114, Taipei, Taiwan

# 使用中藥「防風通聖散」減肥而引起危及生命之間質性肺炎—病例報告

唐士恩 簡志峰 吳清平 彭萬誠

有越來越多的藥物被知道會造成不同疾病程度的間質性肺炎，可能從輕微的肺部浸潤至嚴重危及生命的急性呼吸衰竭。目前有許多中藥造成間質性肺炎的病例被報導，我們報告一位病人呈現漸進性呼吸困難及發燒並導致呼吸衰竭，胸部 X 光片呈現廣泛肺浸潤，經影像輔助胸腔鏡手術（VATS）肺切片顯示為間質性肺炎，經詳細詢問病史，病人承認在入院前十天開始使用中藥防風通聖散作為減肥目的使用，病人在接受類固醇治療後臨床症狀明顯改善。對於難以解釋的間質性肺炎，醫師應將藥物造成間質性肺炎納入考量，包括中藥。*(胸腔醫學 2007; 22: 448-454)*

關鍵詞：防風通聖散，間質性肺炎，中藥，減肥藥