ISSN 1023-9855

胸腔醫學

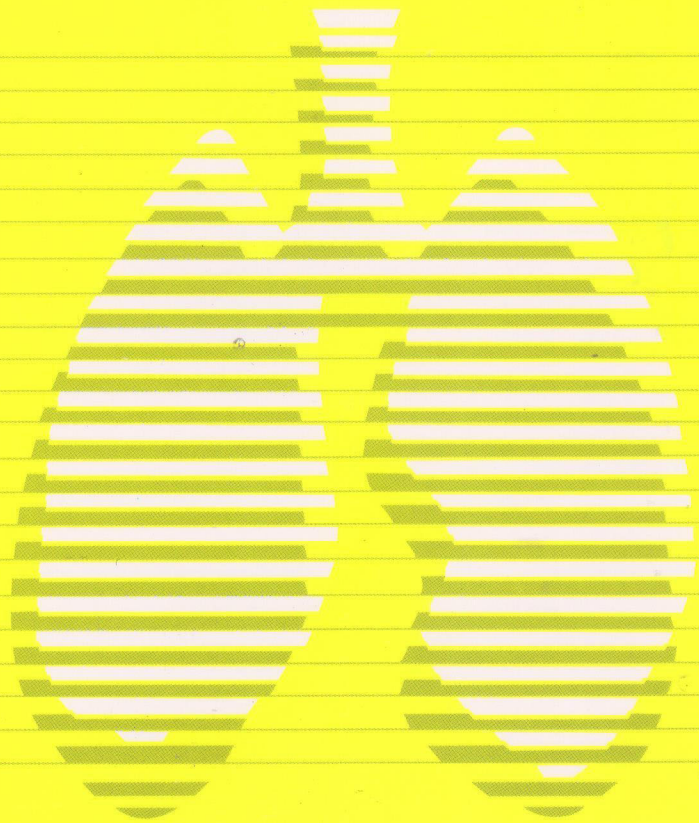
Thoracic Medicine

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

Vol.21 No.6 Dec. 2006

第二十一卷 第六期

中華民國九十五年十二月



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

中華民國九十五年十二月　第二十一卷　第六期
ISSN 1023－9855

胸腔醫學
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原著

病例報告

中華民國九十五年十二月　第二十一卷　第六期

ISSN 1023－9855

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Vol.21 No.6 December 2006

Orginial Articles

Case Reports

Palliative Metallic Stent Deployment for Advanced Esophageal Cancer with Airway Invasion

Ching-Yang Wu, Yun-Hen Liu, Hsien-Kun Chang*, Ming-Ju Hsieh, Yi-Cheng Wu, Yen Chu, Hui-Ping Liu, Po-Jen Ko

Background: To determine the clinical roles of metallic airway stents emplaced via rigid bronchoscopy in patients with malignant airway lesion caused by esophageal cancer.

Method: Seventeen patients with malignant airway lesions caused by esophageal cancer were treated by placement of 23 expandable stents (19 airway, 4 esophagus). The clinical evaluations and assessments were completed in all patients.

Result: The procedures were successful in 16 cases. Improvements in dyspnea were achieved in 88% of the patients (15 of 17 patients). The 30-day mortality rate was 18% (3 of 17 patients). The mean survival times were 85 days (5 to 262 days). Seven patients died due to hemoptysis and 9 died with pneumonia and respiratory failure.

Conclusion: The placement of the expandable nitinol stent via rigid bronchoscopy is feasible and effective in achieving a patent airway, relieving dyspnea, and improving the quality of life. ***(Thorac Med 2006; 21: 478-484)***

Key words: esophageal cancer, airway stenosis, tracheoesophageal fistula, airway stent

Division of Thoracic & Cardiovascular Surgery, *Division of Medical Oncology, Chang Gung Memorial Hospital, Chang Gung University

Address reprint requests to: Dr. Po-Jen Ko, Div. of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital, 5, Fu-Shin Street, Kweishan, Taoyuan, Taiwan, R.O.C.

食道癌合併氣管侵犯之支持性金屬支架置放經驗

吳青陽　劉永恆　張獻崑 *　謝明儒　吳怡成　朱彥　劉會平　柯博仁

背景：探討經硬式支氣管鏡置放之金屬支架在食道癌合併氣管侵犯的治療角色。

方法：在十七位食道癌併氣管侵犯的病患中，共置放了二十三個金屬支架（十九個氣管支架，四個食道支架）。回溯性的分析治療成果及相關的併發症。

結果：共有十六位病患得到滿意的成果。有 88 % 的病患（15/17）在呼吸急促上有顯著改善。有三位病患在術後三十天內死亡（18 %）。平均存活時間為八十五天（5~262 天）。有七個病患因咳血而死亡,此外有九個病患因肺炎及呼吸衰竭而死亡。

結論：在治療食道癌合併氣管侵犯上，經硬式支氣管鏡置放金屬支架可有效的維持氣道通暢並改善病患的生活品質。*(胸腔醫學* ***2006; 21: 478-484)***

關鍵詞：食道癌，氣管狹窄，氣管食道瘻管，氣管支架

長庚紀念醫院　長庚大學　胸腔及心臟血管外科系　* 腫瘤科
索取抽印本請聯絡：柯博仁醫師，長庚紀念醫院　胸腔及心臟血管外科系，桃園縣龜山鄉復興街 5 號

Clinical Pictures of 28 Cases with Pathology-proven Cytomegalovirus Pneumonia

Yao-Chuan Hsiao, Ping-Hung Kuo, Shih-Cheng Lan, Pan-Chyr Yang

Background: The purpose of this study was to review cases of biopsy-proven cytomegalovirus (CMV) pneumonia in a tertiary medical center in Taiwan.

Patients and Methods: From January 1995 to December 2005, 28 patients with biopsy-proven CMV pneumonia were included in this study. The following data were recorded: demographics, clinical manifestations, radiographic and laboratory findings, histopathology, treatment regimens, and outcome.

Results: The study population consisted of 21 male and 7 female patients, with a mean age of 38.9±13.24 years. All were immunocompromised hosts, including 11 patients with acquired immunodeficiency syndrome (AIDS) and 9 who had undergone hematopoietic stem cell transplants (HSCT). The most frequent clinical manifestations were fever (67.9%), cough (57.1%), and dyspnea (89.3%). Elevated levels of C-reactive protein and lactate dehydrogenase were observed in the majority of patients. The ratio of arterial oxygen pressure over inspired oxygen (PaO_2/FiO_2) at diagnosis was 71.9±27.6 mm Hg. The mean CD4 lymphocyte count was 55±61.2 per μL in the AIDS patients. CMV IgM antibody titers were available in 11 cases only, and were all negative. The predominant high resolution computed tomography findings included ground-glass opacity (53.6%) and air-space consolidation (53.6%). Major histological findings associated with CMV pneumonia were fibrosis (39.3%) and *Pneumocystis jirovecii* pneumonia (PCP) (25%). Twenty (71.4%) patients developed respiratory failure, which occurred in 54.5% and 77.8% of the AIDS and post-HSCT groups, respectively (p=0.28). Nearly all of the patients (88.9%) in the post-HSCT group received combination therapy with anti-viral agents and anti-CMV immunoglobulin (CMVIG). In contrast, all of the patients with AIDS received anti-viral agents only. Treatment for 60% of patients was modified after biopsy. The 28-day survival rate was 53.6%, which was higher in AIDS patients than in post-HSCT patients (81.8% vs. 33.3%, p= 0.028).

Conclusions: CMV pneumonia still carries a high risk of mortality in immuno-compromised patients in Taiwan. Our data suggest that no clinical, laboratory, or radiographic features are reliable indicators for diagnosis, and invasive biopsy procedures are often required for definitive diagnosis. Post-HSCT CMV pneumonia is associated with a higher mortality than AIDS.***(Thorac Med 2006; 21: 485-493)***

Key words: cytomegalovirus (CMV) pneumonia, lung biopsy, acquired immuno-deficiency syndrome (AIDS), hematopoietic stem cell transplantation (HSCT)

Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan
Address reprint requests to: Dr. Ping-Hung Kuo, Department of Internal Medicine National Taiwan University Hospital, No. 7, Chung-Shan South Road, Taipei 100, Taiwan

組織病理二十八例証實之巨細胞病毒肺炎之病歷研究

蕭瑤娟　郭炳宏　藍仕政　楊泮池

背景：本篇報告回顧分析臺灣某醫學中心切片證實之巨細胞病毒肺炎病例。

方法：本研究收集從 1995 年 1 月至 2005 年 12 月在此醫學中心接受切片証實為巨細胞病毒肺炎者共二十八例，分析其人口學、臨床表徵、影像學、實驗數據、組織學、治療及預後。

結果：此二十八例皆為免疫不全患者，包含十一例後天免疫不全症候群病患及九例骨髓幹細胞移植接受者。最初主要之臨床表徵包括發燒(67.9%)、咳嗽(57.1%)、呼吸困難(89.3%)。多數患者其 C 反應蛋白與乳酸脫氫酶會上升。動脈血氧分壓平均為 71.9 ± 27.6 mmHg 。後天免疫不全症候群患者之平均 CD4 淋巴球數目為 55 ± 61.2/μL 。有偵測血中巨細胞病毒 IgM 抗體之十一位病患其檢驗報告皆呈現陰性。在胸部高解析電腦斷層呈現型態主要有毛玻璃樣病灶(53.6%)與肺泡型病灶(53.6%)。組織學上有 39.3% 合併纖維化，有 25% 合併肺囊蟲肺炎。有二十例(71.4%)產生呼吸衰竭，佔後天免疫不全症候群病患之 54.5% 與骨髓幹細胞移植接受者之 77.8% (p=0.28)。有 60% 的病患於切片診斷後調整治療計劃。巨細胞病毒肺炎之 28 天存活率 53.6% (後天免疫不全症候群病患為 81.8% 、骨髓幹細胞移植接受者為 33.3% (p=0.028))。

結論：巨細胞病毒肺炎在臺灣仍是造成免疫不全病患死亡之高危險因素。本研究發現除了侵入性的切片檢查之外，並無任何臨床、實驗學或影像學的特徵，可以確定診斷巨細胞病毒肺炎。此外，巨細胞病毒肺炎發生在骨髓幹細胞移植接受者上，其死亡率似乎比發生在後天免疫不全症候群患者上要高。*(胸腔醫學* ***2006; 21: 485-493)***

關鍵詞：巨細胞病毒肺炎，肺部切片，後天免疫不全症候群，骨髓幹細胞移植

國立台灣大學醫學院附設醫院　內科部
索取抽印本請聯絡：郭炳宏醫師，國立台灣大學醫學院附設醫院　內科部，台北市中山南路 7 號

Microscopic Polyangiitis Caused by Propylthiouracil in a Patient with Hyperthyroidism — A Case Report

Wei-Shun Chen*, Shih-Yi Lee**, Chien-Liang Wu**, Pei-Jan Chen**,
Chi-Yuan Tzen***, Jen-Tso Hsiao****

he etiology of hemoptysis can be grouped into 3 major categories: disease from the airways, the pulmonary parenchyma, and the pulmonary vasculature. Small vessel pulmonary vasculitis, such as microscopic polyangiitis (MPA), is 1 of the diseases diffusely affecting the pulmonary parenchyma in the presentation of the hemoptysis. Propylthiouracil (PTU) is 1 of the etiologies of MPA with an unclear mechanism. Herein, we describe a woman with PTU-induced ANCA-positive vasculitis who developed pulmonary hemorrhage with respiratory failure and crescentic glomerulonephritis. We initiated mechanical ventilation, and medical treatment, including high-dose steroid pulse therapy and oral cyclophosphamide, and discontinued PTU. Her condition improved and she was discharged. She has been in stable condition without further sequelae. ***(Thorac Med 2006; 21: 494-500)***

Key words: peri-antineutrophil cytoplasm antibody, propylthiouracil, vasculitides, microscopic polyangiitis

*Division of Chest Medicine, ****Division of Community Medicine, Department of Internal Medicine, Taipei City Hospital, **Division of Chest Medicine, ***Department of Internal Medicine, Department of Pathology, Mackay Memorial Hospital Taipei, Taiwan
Address reprint requests to: Dr. Pei-Jan Chen, Department of Internal Medicine, Mackay Memorial Hospital. 92, Sec 2, Chung-Shan North Rd. Taipei, Taiwan, R.O.C.

甲狀亢進症病人使用 PTU 誘發 Microscopic Polyangiitis 的病例報告

陳威慎 *　李士毅 **　吳健樑 **　陳培然 **　曾岐元 ***　蕭仁佐 ****

咳血之病因主要細分為三類，包含呼吸道、肺實質性與肺血管性的疾病。而肺部之小血管炎，例如 MPA ，可廣泛影響肺實質。目前，導致 MPA 誘因之一的 PTU ，其致病機轉依然不清楚。

本篇提出一則服用 PTU 所誘發陽性 ANCA 的血管炎的病例。在本案例的治療上，我們給予機械性換氣及包括高劑量類固醇之脈衝療法,口服的免疫抑制劑(cyclophosphamide)併停止使用 PTU 。之後她的症狀好轉後出院，目前狀況穩定。*(胸腔醫學 **2006; 21: 494-500**)*

關鍵詞：核週邊抗嗜中性白血球細胞質抗體，丙硫脲酮，血管炎，多發性小脈管炎

臺北市立聯合醫院內科部　胸腔內科 *　社區醫學部 **** ，馬偕紀念醫院內科部　胸腔內科 **　病理科 ***
索取抽印本請聯絡：陳培然醫師，馬偕紀念醫院內科部　胸腔內科，台北市中山北路二段 92 號

Surgical Treatment for Boerhaave's Syndrome — Report of Two Cases

Fu-Chi Fang, Yeung-Leung Cheng, Ching Tzao, Chih-Ming Hsieh, Shih-Chun Lee

Boerhaave's syndrome, or spontaneous perforation of the esophagus, is a life-threatening disease. The timing of diagnosis and treatment of this disease is an important factor in determining its outcome. We report 2 consecutive cases of Boerhaave's syndrome with different clinical presentations that were observed in our institution. The first patient was diagnosed and received urgent surgical repair of the esophageal perforation within 16 hours after presentation. Another patient was diagnosed after more than 3 days and esophageal diversion and thoracic drainage were performed to control sepsis. A delayed esophageal anastomosis was performed after the perforation had healed. These 2 patients were treated successfully and recovered uneventfully after a 1-year follow-up. ***(Thorac Med 2006; 21: 501-505)***

Key words: spontaneous perforation, esophagus, surgery, empyema

Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan
Address reprint requests to: Dr. Fu-Chi Fang, Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, No. 325, Cheng-Kung Rd, Sec 2, Taipei 114, Taiwan

手術治療不同病程的 Boerhaave 氏症候群—兩病例報告

方副吉　程永隆　禚靖　謝志明　李世俊

Boerhaave 氏症候群或自發性食道破裂是一種高死亡率的疾病，從診斷到開始治療的時間對病人的癒後是很重要的因子。我們報告兩例不同病程的 Boerhaave 氏症候群，並成功地手術治療的經驗。第一例從診斷到立即手術修補治療是從病人開始有症狀的 16 小時內。另外一例則是超過三天，緊急手術方式是頸部食道造口、胸腔積液引流來控制敗血症，並且在確定破裂處癒合後行頸部食道吻合。這兩病例在術後一年的追蹤均沒有特別併發症發生。*(胸腔醫學* ***2006; 21: 501-505****)*

關鍵詞：自發性破裂，食道，手術，膿胸

國防醫學中心三軍總醫院外科部　胸腔外科
索取抽印本請聯絡：方副吉醫師，國防醫學中心三軍總醫院外科部　胸腔外科，台北市內湖區成功路二段 325 號

Misdiagnosis of Swyer-James-Macleod Syndrome as Pulmonary Embolism Leading to a Complication of Extrapulmonary and Rectus Sheath Hematomas — A Case Report

I-Jang Liu, Kam-Chung Lee, Jiunn-Der Lee, David Lin Lee, Hung-Yang Tao

The Swyer-James-Macleod syndrome is one of the causes of unilateral hyperlucent lung. It is thought to be a post-infective form of bronchiolitis obliterans following a lower respiratory tract infection in early childhood. It is comprised principally of hyperlucency, a deficient blood supply, and decreased ventilation in the affected lung, and is sometimes associated with focal bronchiectasis. We present the case of a 61-year-old woman afflicted with Swyer-James-Macleod syndrome that was misdiagnosed as a pulmonary embolism by a cardiovascular surgeon in another hospital. Hemoptysis and severe extrapulmonary hematoma occurred after treatment with anti-coagulants. The literature concerning the differential diagnosis of unilateral hyperlucency on chest X-ray is also reviewed. ***(Thorac Med 2006; 21: 506-511)***

Key words: bronchiolitis obliterans, Macleod's syndrome, pulmonary embolism, Swyer-James syndrome, unilateral hyperlucent lung

Department of Internal Medicine, Veterans General Hospital of Kaohsiung, Taiwan
Address reprint requests to: Dr. Kam-Chung Lee, Respiratory Division, Department of Internal Medicine, Veterans General Hospital-Kaohsiung, No. 386, Ta-Chung 1st Road, Kaohsiung, Taiwan

將 Swyer-James-Macleod Syndrome 誤診爲肺栓塞以致造成肺外及腹直肌內血腫的併發症—一病例報告

劉宜讓　李錦中　李俊德　李琳　陶宏洋

Swyer-James-Macleod 症候群是單側高透亮性肺野的其中原因之一。它被認為是在幼童早期時，遭受下呼吸道感染之後所形成的阻塞性細支氣管炎（bronchiolitis obliterans)。它主要是由一個單側高透亮性、貧乏血流供應、以及通氣量減低的受損肺葉所組成；偶爾也會合併支氣管擴張症。我們報告一位患有 Swyer-James-Macleod 症候群的 61 歲女性病人，被其他醫院的心臟血管外科醫師誤診為肺動脈栓塞而服用抗凝血劑，以至產生咳血及肺外血腫的併發症。我們並且回顧有關胸部 X 光片呈現單側高透亮性肺野時的鑑別診斷。*(胸腔醫學* ***2006; 21: 506-511)***

關鍵詞：阻塞性細支氣管炎（bronchiolitis obliterans)， Macleod's 症候群，肺栓塞， Swyer-James 症候群，單側高透亮性肺野

高雄榮民總醫院　內科部
索取抽印本請聯絡：李錦中醫師，高雄榮民總醫院　內科部呼吸治療科，高雄市左營區大中一路 386 號

Lung Recruitment Maneuver and High Positive End-expiratory Pressure Setting for Emergency Life-saving in Acute Lung Injury and Acute Respiratory Distress Syndrome — A Report of 3 Cases

Hsuan-Tsung Su, Kun-Ta Chou, Chong-Chen Lu, Reury-Perng Perng

The lung-protective ventilation strategy is well accepted for the management of acute respiratory distress syndrome (ARDS) and acute lung injury (ALI) in adult patients with strongly supportive evidence. However, the role of the lung recruitment maneuver (RM) followed by high positive end-expiratory pressure (PEEP) is still controversial, and the clinical benefits need further evaluation in ongoing trials. This procedure may play an important role as an emergency rescue therapy for ALI/ARDS patients with refractory life-threatening hypoxemia, and provide an opportunity to reverse the clinically almost inevitable fatal outcome of these patients. Herein, we report the cases of 3 severe hypoxemic patients in critical condition. The hypoxemia and unstable condition were both relieved by RM and a high post-RM PEEP setting. The favorable outcome in these 3 patients is a reminder of the importance of using RM and a high post-RM PEEP setting for the rescue of the refractory hypoxemia in ALI/ARDS patients. ***(Thorac Med 2006; 21: 512-523)***

Key words: acute respiratory distress syndrome, acute lung injury, lung recruitment maneuver, high positive end-expiratory pressure

Chest Department, Taipei Veterans General Hospital
Address reprint requests to: Dr. Chong-Chen Lu, Chest Department, Taipei Veterans General Hospital, No. 201, Section 2, Shih-Pai Road, Taipei 112, Taiwan, R.O.C.

肺泡撐開法合併高呼氣末陽壓設定在急性肺損傷與急性呼吸窘迫症候群病人的瀕危急救使用—三例病例報告

蘇鉉宗　周昆達　盧崇正　彭瑞鵬

肺保護換氣策略(lung-protective ventilation strategy)是在成人急性肺傷害與急性呼吸窘迫症候群的呼吸器使用上，目前普遍的共識。而肺泡撐開法(lung recruitment maneuver)與撐開肺泡後高呼氣末陽壓(high positive end-expiratory pressure)的設定，目前在此類病人臨床上的預後效果則尚未確立，有待進一步的研究與探討。儘管如此，肺泡撐開法與高呼氣末陽壓的設定，在急性肺損傷與急性呼吸窘迫症候群病人因為氧合不足而瀕臨危險時，卻有可能扮演一個重要的角色。透過這樣的呼吸器使用方法，有可能因為改善病患的氧合度，而逆轉因缺氧造成的不穩定狀態或死亡結果。在此我們報告三例因缺氧而瀕危的急性呼吸窘迫症候群病人，因為這樣的方法，而逆轉臨床上的不穩定狀況，同時也對這樣的呼吸器設定做一個簡單的探討。*(胸腔醫學* ***2006; 21: 512-523)***

關鍵詞：急性呼吸窘迫症候群，急性肺損傷，肺泡撐開法，高呼氣末陽壓

台北榮民總醫院　胸腔部
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

Chest Tube Malpositioning-related Hemothorax and Intra-abdominal Bleeding — A Case Report

Po-Kuei Hsu*, Chien-Ying Wang, Mu-Shun Huang

Chest tube insertion is a standard procedure for pneumothorax, massive hemothorax, and hemopneumothorax in emergency departments. The 2 common techniques used for the insertion of chest tubes are the trocar method and blunt dissection. Although the trocar method is simpler, it is associated with a higher incidence of complications. In contrast, blunt dissection is safer and minimizes trauma to neurovascular bundles. The complications of chest tube insertion include infection, tube malpositioning, and injury to internal organs. Inadvertent malpositioning of chest tubes may cause unnecessary trauma to patients. We report a complication due to chest tube malpositioning.

Computed tomography disclosed an intra-hepatically malpositioned chest tube in a patient who had undergone thoracostomy for right-side hemopneumothorax, with a continuous drainage of blood from the chest tube and hemodynamic instability. Tube thoracostomy-related hemothorax and intra-abdominal bleeding were suspected. Immediate removal of the chest tube and insertion of a new chest tube were performed. The hemopneumothorax condition stabilized after conservative management and the chest tube was removed 11 days later. Complications of tube thoracostomy are reviewed in this report. ***(Thorac Med 2006; 21: 524-528)***

Key words: chest tube, complication, hemothorax, internal bleeding

Division of Thoracic Surgery, Department of Surgery*,Taipei Veterans General Hospital; Division of Trauma, Emergency Department, National Yang-Ming University School of Medicine, Taipei, Taiwan
Address reprint requests to: Dr. Po-Kuei Hsu, Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei, Taiwan

胸管誤置引起血胸及腹腔內出血—病例報告

徐博奎 *　王鑑瀛　黃睦舜

插胸管是在急診室及胸腔科病房常施行的處置，用以處理肋膜腔不正常的空氣或液體積留，胸管誤置雖不少見，卻可能對病人造成極大併發症。我們報告一位 44 歲男性，因騎機車車禍送到急診室，由於皮下氣腫，便在懷疑氣胸的存在下快速插上胸管，因為血壓不穩及持續有鮮血引流，於是病人被轉往本院。胸部 X 光懷疑胸管誤置，外傷重點腹部超音波可見血胸及腹內積水，為評估腹內狀況，安排電腦斷層檢查，結果證實胸管誤插至肝臟之中，緊急拔除誤置的胸管並重新插入胸管。病人經保守治療 11 天後拔除胸管，肺部復原良好。常用插胸管的方式包括套管穿刺法及手指剝離法，前法雖然較為簡單方便，但在緊急狀況，嚴重皮下氣腫及病人無法正確配合時，我們建議使用手指剝離法較為安全。*(胸腔醫學 **2006; 21: 524-528**)*

關鍵詞：胸管，併發症，血胸，腹內出血

台北榮民總醫院　外科部　胸腔外科 *　急診部，國立陽明大學　醫學系
索取抽印本請聯絡：徐博奎醫師，台北榮民總醫院　外科部　胸腔外科，台北市石牌路二段 201 號

Extramedullary Hematopoiesis: A Forgotten Cause of Mediastinal Mass

Yin-Kai Chao, Ming-Ju Hsieh, Yun-Hen Liu, Hui-Ping Liu

Extramedullary hematopoiesis (EMH) is a rare disorder, and is defined as the appearance of hematopoietic elements outside the bone marrow. Although it tends to be microscopic and asymptomatic, EMH may sometimes manifest as organomegaly or tumor-like mass. We report the case of a patient with a posterior mediastinal mass with unexplained weight loss. Extramedullary hematopoiesis was diagnosed via surgical resection. Alpha thalassemia minor was confirmed after the diagnosis of extramedullary hematopoiesis. Keys to the accurate pre-operative diagnosis and proper management of this condition are discussed. ***(Thorac Med 2006; 21: 529-533)***

Key words: extramedullary hematopoiesis, mediastinal mass

Division of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital, Chang Gung University
Address reprint requests to: Dr. Hui-Ping Liu, Div. of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital, 5 Fu-Hsing Street, Kweishan, Taoyuan, Taiwan

以後縱膈腔腫瘤來表現的骨髓外造血：病例報告及文獻回顧

趙盈凱　謝明儒　劉永恆　劉會平

骨髓外造血在慢性貧血的病患常以肝脾腫大來表現，極少數會以腫瘤狀增生做為臨床表徵，本文報告一例以後縱膈腔腫瘤來表現的骨髓外造血，並討論如何術前診斷及治療的時機。*(胸腔醫學* ***2006; 21: 529-533)***

關鍵詞：骨髓外造血，縱膈腔腫瘤

長庚紀念醫院，長庚大學　胸腔及心臟血管外科系
索取抽印本請聯絡：劉會平醫師，長庚醫院　胸腔及心臟血管外科系， 333 桃園縣龜山鄉復興街 5 號

Clinical Features and Outcomes of Cryptococcal Pleural Effusion in Liver Cirrhotic Patients

Yu-Min Chuang*, Chong-Jen Yu*, Po-Ren Hsueh*,**, Hou-Tai Chang***, Pan-Chyr Yang*

Cryptococcus neoformans can cause infection in individuals with both normal and impaired immune function, especially in cases of human immunodeficiency virus infection. Pleural involvement is not common in cryptococcosis, even with disseminated infection. Liver cirrhosis is a disease known to lead to immunodeficiency. Herein, we report 4 cases of liver cirrhosis diagnosed as cryptococcosis with pleural involvement. The patients comprised 3 females and 1 male, and their ages ranged from 53~75 years. There were 3 hepatitis-related cases and 1 primary biliary-related case of cirrhosis. The characteristics of pleural effusion in our cases were all transudative, and the cellular response of the pleural effusion was neutrophil or lymphocyte-predominant. The prognosis of isolated pleural involvement is somewhat better than that of disseminated infection, although all our cases expired within 3 months. Three cases from the literature are also reviewed in this case series report. In summary, early diagnosis of cryptococcal pleural effusion in cirrhotic patients is still a challenge in clinical practice. ***(Thorac Med 2006; 21: 534-542)***

Key words: *Cryptococcus neoformans*, pleural effusion, liver cirrhosis

Departments of *Internal Medicine and **Laboratory Medicine, National Taiwan University Hospital, National Taiwan University College of Medicine, Taipei, Taiwan
***Department of Internal Medicine, Far Eastern Memorial Hospital, Taipei County, Taiwan
Address reprint requests to: Dr. Chong-Jen Yu, Departments of Internal Medicine, National Taiwan University, No. 7, Chung-Shan South Road, 100 Taipei, Taiwan

肝硬化病人合併隱球菌肋膜感染之臨床表現及其預後

莊毓民 *　余忠仁 *　薛博仁 *,**　張厚台 ***　楊泮池 *

無論是否為免疫功能缺陷，隱球菌都可以造成人類的感染，尤其是在後天免疫不全的病人。隱球菌造成肋膜感染的比率並不高，即使在全身性的感染，這樣的表現依然是少數。肝硬化是一個會造成免疫功能低下的後天疾病，亦有一些報告關於這些病人得到隱球菌的病例，但關於隱球菌造成肋膜炎的病例少見，且其臨床表現及胸水的特徵亦多未描述。我們報告四個病例在過去五年中藉由胸水培養，確定有隱球菌造肋膜炎的肝硬化患者：包括三位女性和一位男性，其年齡範圍為 53~75 歲；形成肝硬化的原因，其中三例為肝炎病毒所造成，一例為原發性膽汁性肝硬化症；臨床表現為發燒及呼吸困難，而其胸水的特徵全部皆為濾出液，其中白血球的分類有二例是淋巴球為主，另一例則以嗜中性球為主；其中只有一例其隱球菌感染侷限在胸水中，其他皆為全身性的感染；所有的病例皆有接受抗黴菌藥物的治療，但唯有侷限肋膜感染的一例，存活超過一個月但亦於三個月內死亡。回顧過去文獻中總共有三例的病例報告，唯一一個有胸水分析的病例亦為濾出液。肝硬化的病人發生肋膜隱球菌症並不常見，如何適當的予以早期診斷是個相當重要但不容易的課題。*(胸腔醫學* ***2006; 21: 534-542)***

關鍵詞：隱球菌，胸水，肝硬化

國立台灣大學醫學院附設醫院　內科 *　檢驗醫學科 **，財團法人亞東紀念醫院　內科 ***
索取抽印本請聯絡：余忠仁醫師，國立台灣大學醫學院附設醫院　內科部，台北市中山南路 7 號

Lupus Erythematosus (LE) Cells in Pleural Effusion: Initial Diagnosis of Systemic Lupus Erythematosus by Cytological Examination — Two Case Reports and Review of the Literature

Kun-Ta Chou*, Jen-Fu Shih *,**, Yu-Chin Lee*,**, Reury-Perng Perng*,**

Systemic lupus erythematosus (SLE) is an autoimmune disease involving multiple organs. The diverse manifestations can be confusing and may obscure the diagnosis, especially when few clues are present at the beginning. Serositis is 1 of the various presentations, and the presence of LE (lupus erythematosus) cells in the body fluid may be a hint leading to the final diagnosis of SLE.

Herein, we present 2 male patients diagnosed with SLE with an initial presentation of pleuritis. Although SLE is unusual in this population, the finding of LE cells in the pleural effusion prompted an immunologic survey. The diagnosis of SLE was confirmed with the high titer of ANA and anti-ds ANA. The literature regarding LE cells is reviewed, and we conclude that cytologic examination of the body fluid is not only a useful tool for detecting malignant cells, but also has a role in detecting benign diseases, such as SLE. ***(Thorac Med 2006; 21: 543-550)***

Key words: lupus erythematosus (LE) cell, systemic lupus erythematosus (SLE), pleural effusion, serositis

*Chest Department, Taipei Veterans General Hospital, Taiwan; **School of Medicine, National Yang-Ming University, Taipei, Taiwan

Address reprint requests to: Dr. Jen-Fu, Shih, Chest Department, Taipei Veterans General Hospital, 201, Sec. 2, Shih-pai Road, Taipei 112, Taiwan

肋膜液中發現 LE 細胞：藉由細胞學檢查診斷系統性紅斑性狼瘡—病例報告與文獻回顧

周昆達 *　施振甫 *,**　李毓芹 *,**　彭瑞鵬 *,**

系統性紅斑性狼瘡是自體免疫疾病，可影響許多器官。多樣性的表現會混淆我們的目光，特別是初到院時只有少量的証據存在。漿膜炎也常在系統性紅斑性狼瘡病人身上表現。困難處在於如何在一個沒有診斷而且年紀大的男病人身上得到一些蛛絲馬跡，引導我們向免疫疾病的方向追查。在體液中發現LE細胞，也許是一個不錯的線索。

我們報告兩位年紀大的男病人，一開始以肋膜炎為最初表現。在男性老年族群中，系統性紅斑性狼瘡是比較少見的。在他們的肋膜積液中，我們藉由常規的細胞學檢查，意外發現 LE 細胞的存在。病人血清中也呈現高濃度的的 ANA 及 anti-ds DNA ，從而確立了系統性紅斑性狼瘡的診斷。這兩位病人接受類固醇治療後，症狀得到不錯的改善。我們回顧有關 LE 的文獻，並提出體液細胞學檢查不僅是偵測惡性細胞的常規檢查，對於良性的疾病，如系統性紅斑性狼瘡也扮演一定的角色。*(胸腔醫學* ***2006; 21: 543-550)***

關鍵詞：LE (lupus erythematosus) 細胞，系統性紅斑性狼瘡，肋膜積液，漿膜炎

* 台北榮民總醫院　胸腔部，** 國立陽明大學醫學院
索取抽印本請聯絡：施振甫醫師，台北榮民總醫院　胸腔部，112 台北市北投區石牌路二段 201 號 14 樓

Catamenial Pneumothorax: An Example of a Porous Diaphragm — Case Report

Yi-Heng Liu, Chih-Yen Tu, Chia-Hung Chen, Hung-Jen Chen, Chuen-Ming Shih, Chih-Yi Chen*

Catamenial pneumothorax is currently considered to be a very unusual clinical condition. It has been defined as a spontaneous and recurrent pneumothorax occurring within 72 h from the onset of menstruation. The first attack usually occurs in women during the 3rd or 4th decade of life, and is mostly involved in the right lung. However, the exact incidence, pathogenic mechanisms, and optimal management of catamenial pneumothorax remain unclear. We report a 36-year-old female patient with right catamenial pneumothorax that recurred 5 times, and who was found, at surgery, to have many diaphragmatic holes without signs of diaphragmatic or thoracic endometriosis. After the diaphragmatic holes had been closed with sutures, the patient no longer suffered recurrent right-side pneumothorax. Thus, a consideration of catamenial pneumothorax in women of reproductive age with recurrent spontaneous pneumothorax is warranted. Evaluation of the diaphragm is necessary, and if holes are seen, they should be sutured closed to prevent recurrence. ***(Thorac Med 2006; 21: 551-555)***

Key words: catamenial pneumothorax, porous diaphragm

Division of Pulmonary and Critical Care Medicine, Division of Thoracic Surgery*, China Medical University Hospital, Taichung, Taiwan, R.O.C.
Address reprint requests to: Dr. Chih-Yen Tu, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Bei Chiu, Taichung, Taiwan 404, R.O.C.

月經性氣胸—橫隔膜破洞之病例報告

劉奕亨　涂智彥　陳家弘　陳鴻仁　施純明　陳志毅 *

月經性（catamenial）氣胸臨床上是一個很少見的疾病。它通常發在三十到四十歲的女性病人，並且在月經第一天的前後七十二小時內發生。另外，大部分發生在右邊（95%）。它的致病機轉雖然不明，但有很多論點在討論之中。因此我們報告了這則病例。

本篇文章我們介紹一個病例為 36 歲女性每次月經來時常合併右側氣胸，經由 pig-tail 引流、甚至開刀和肋膜沾黏術後右側氣胸仍然反覆發作。在第二次開刀時發現右側橫膈有很多個約 0.5 至 0.8 公分破洞，並且壁側肋膜有數個棕色色素斑點。病理切片為慢性發炎，並無發現子宮內膜異位。經縫合橫膈破洞之治療後，至今未再復發。同時希望藉由本篇文章之討論能引起更多臨床醫師注意，因為我們在女性病患併有氣胸作病史時常常忽略月經與氣胸之間的關係。橫膈膜破洞可能在月經性氣胸扮演重要的角色。*(胸腔醫學 **2006; 21: 551-555**)*

關鍵詞：月經性氣胸，橫隔膜破洞

中國醫藥大學附設醫院　內科部胸腔暨重症系　胸腔外科 *
索取抽印本請聯絡：涂智彥醫師，中國醫藥大學附設醫院　內科部胸腔暨重症系，台中市育德路 2 號

Isolated Pleural Cryptococcosis in an Immunocompetent Patient — A Case Report

Po-Tsung Feng, Wen-Chia Chuang, Chia-Mo Lin, Diana Yu-Wung Yeh, Shang Jyh Kao, Jiunn-Song Jiang

Pleural effusion is an unusual manifestation of cryptococcal infection, and when it does occur, it is almost always accompanied by pulmonary parenchymal disease, usually in the form of infiltrates or nodules. A subpleural nodule is often found immediately subjacent to the effusion, suggesting that the pathogenesis of such an effusion involves direct spread from the subpleural focus. Pleural effusion occasionally occurs in immunocompromised patients with cryptococcosis and suggested disseminated disease. In hosts with a normal immune status and cryptococcosis, pleural effusion is rarely seen.

We report a case of isolated pleural involvement by cryptococcus in an immuncompetent patient. A 53-year-old male suffered from chest pain and dyspnea for 1 week. Chest X-ray on presentation showed left-side pleural effusion, and chest CT revealed a small amount of fluid in the left pleural space. There were no pulmonary parenchymal lesions. The pleural biopsy revealed cryptococcosis and chronic granulomatous inflammation. ***(Thorac Med 2006; 21: 556-561)***

Key words: *Cryptococcus neoformans*, pleural effusion, empyema, immunocompetent

The Division of Chest Medicine, 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 Rd, Shihlin District, Taipei City, Taiwan

新型隱球菌在一免疫力正常病人的肋膜感染—病例報告

馮柏綜　莊文嘉　林嘉謨　葉育雯　高尚志　江俊松

新型隱球菌單純只有在肋膜感染是很少見的，通常在合併有胸水發生的新型隱球菌感染的情況下，常是有肺實質的感染，常可見以肺結節、肺浸潤或肋膜下的結節來表現，間接說明胸水的致病機轉，可能是由肋膜下的病灶直接散佈而來。在免疫力低下的病人，若有胸水發生的新型隱球菌感染，同常表示有散播性的全身感染，而在正常免疫力的病人發生新型隱球菌的感染，很少發生胸水。我們在此提出單純肋膜感染合併胸水，而無肺實質感染新型隱球菌的病歷報告。一個 53 歲的男性，因為胸痛、喘而到胸腔內科求診，胸部 X 光片檢查顯示左肋膜腔積水，胸部電腦斷層顯示無肺實質病灶，經肋膜切片證實為新型隱球菌感染。*(胸腔醫學 2006; 21: 556-561)*

關鍵詞：新型隱球菌，肋膜腔積水，免疫力正常，膿胸

新光吳火獅紀念醫院　內科部　胸腔內科
索取抽印本請聯絡：江俊松醫師，新光吳火獅紀念醫院　內科部　胸腔內科，台北市士林區文昌路 95 號