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# 胸腔醫學

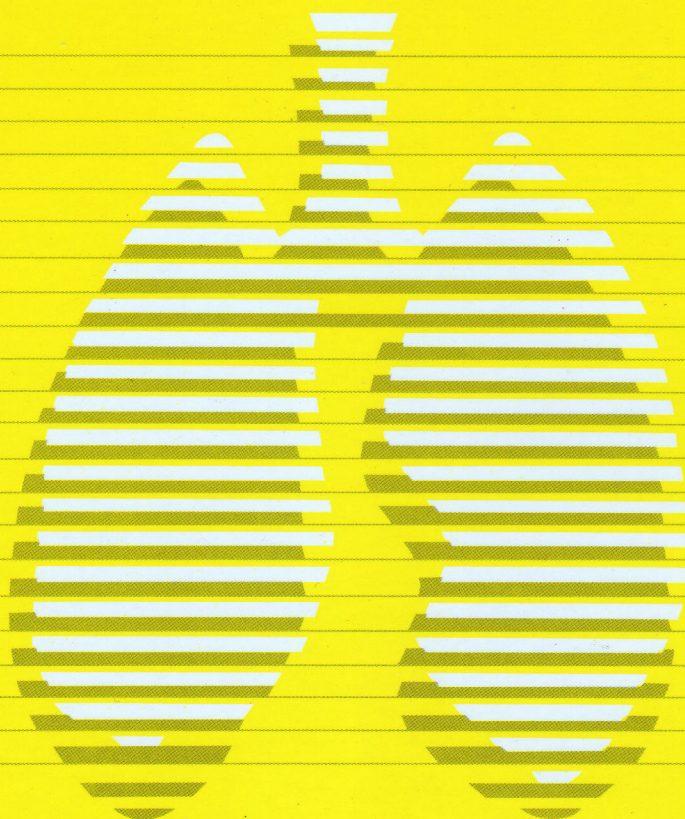
## Thoracic Medicine

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## Thoracic Medicine

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## Comparison of Conventional and Hot Biopsy Forceps in the Diagnosis of Endobronchial Lesions

Wei-Ke Kuo\*, Chung-Ching Hua\*, Yu-Chih Liu\*,\*\*, Chun-Yao Lin\*, Chih-Yu Huang\*,  
Chung-Chieh Yu\*, Hung-Jie Chen\*, Huang-Pin Wu\*,\*\*, Teng-Jen Yu\*,  
Chien-Min Chu\*

**Background and objectives:** Use of electrocoagulation (hot biopsy forceps) when performing endobronchial biopsy is designed to reduce procedure-related bleeding. At this time, evidence regarding the effective application of hot biopsy in the diagnosis of endobronchial lesions and the bleeding rate is unclear. This study analyzed the number of specimens obtained, number of terminated procedures and histopathological diagnosis between conventional biopsy and hot biopsy groups.

**Methods:** This retrospective chart review study was conducted from January 2006 to February 2012 in a single teaching hospital. The medical records of 232 patients that underwent endobronchial biopsy were reviewed: 116 underwent endobronchial biopsy with conventional biopsy forceps and 116 with hot biopsy forceps.

**Results:** The number of biopsy specimens and the malignancy diagnosis rate were significantly higher in the hot biopsy forceps group (biopsy specimens: 3.86 vs. 3.46,  $p=0.036$ ; malignancy diagnosis rate: 63.8% vs. 47.4%,  $p=0.0012$ ), and the non-specific pathological diagnosis rate was significantly lower (34.5% vs. 49.1%,  $p=0.0024$ ). The 2 groups did not differ with regard to the number of terminated procedures (hot vs. conventional: 1 vs 3,  $p=0.622$ ).

**Conclusions:** More specimens can be obtained during endobronchial biopsy with hot biopsy forceps, and can result in a higher malignancy diagnosis rate. (*Thorac Med* 2016; 31: 135-141)

Key words: bronchoscopy, electrocautery, electrocoagulation, endobronchial biopsy, hot biopsy forceps

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## 比較傳統及電燒式切片夾於氣管內病灶之診斷

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游騰仁\* 朱建民\*

**前言：**電燒式切片夾 (hot biopsy forceps) 是被設計來減少氣管內切片相關之出血。目前為止，對於電燒式切片夾對於氣管內病灶之診斷及相關出血的效用仍未非常清楚。本篇文章分析傳統及電燒式切片夾於可獲得切片樣本數，切片過程暫停數及組織病理診斷率之不同。

**方法：**本篇文章回溯性的從 2006 年 1 月到 2012 年 2 月期間，針對本教學醫院接受氣管內病灶切片的案例作病歷資料回顧。一共收集了 232 個病例，其中 116 個接受傳統切片夾切片，另外 116 個接受電燒式切片夾切片。

**結果：**取得切片樣本數和惡性腫瘤診斷率在電燒式切片這組皆較高 (biopsy specimen: 3.86 vs. 3.46,  $p=0.036$  malignancy diagnosis rate: 63.8% vs. 47.4%,  $p=0.0012$ )。此外，電燒式切片夾這組的非特異性病理診斷率 (non-specific pathological diagnosis rate) 較低 (34.5% vs. 49.1%,  $p=0.0024$ )。兩組在切片過程暫停數並無差異 (hot vs. conventional: 1 vs 3,  $p=0.622$ )。

**結論：**使用電燒式切片夾進行氣管內病灶之切片取樣可以得到更多的樣本以及達到更高的惡性腫瘤診斷率。( *胸腔醫學* 2016; 31: 135-141)

**關鍵詞：**支氣管鏡，電燒術，電燒凝固術，氣管內切片，熱能夾切片

## Analysis of Use of Humidifiers with Continuous Positive Airway Pressure Therapy for Obstructive Sleep Apnea-Hypopnea Syndrome

Hsin-Ping Kuo, Yu-Chih Liu, Chih-Yu Huang, Chung-Chieh Yu

**Background:** Obstructive sleep apnea-hypopnea syndrome (OSAHS) is a commonly occurring disease characterized by repetitive obstructive breathing pauses during sleep. Continuous positive airway pressure (CPAP) is still regarded as a first-line treatment and the humidifier is a widely used device to alleviate the adverse effects of CPAP.

**Method:** This was a retrospective observational study that covered the period September 2011 to July 2014. Patients were eligible to participate if they had a confirmed diagnosis of OSAHS and had been under stable use of CPAP for more than 6 months. Humidifier levels and adjustments were recorded. The results underwent correlation analysis with age, gender, BMI, AHI, CPAP median pressure, and CPAP median leaks.

**Results:** A total of 219 patients were enrolled in our observational study. All of the subjects but 4 used a humidifier, and the most commonly used humidifier levels were 2 (46.1%) and 3 (26%). There was a significant correlation between humidifier level and median CPAP pressure ( $r=0.156$ ;  $p=0.021$ ), and a weak correlation between humidifier level and age ( $r=0.116$ ;  $p=0.087$ ) and median CPAP leaks ( $r=0.113$ ;  $p=0.096$ ).

**Conclusion:** Most of the OSAHS patients who received CPAP treatment used a humidifier, and most of the humidifiers were used at levels 2-3. More than half of the patients would adjust the humidifier level. Median CPAP pressure had a significant correlation with humidifier level. (*Thorac Med* 2016; 31: 142-148)

Key words: obstructive sleep apnea-hypopnea syndrome, continuous positive airway pressure, humidifier

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## 睡眠呼吸中止症之病人使用陽壓呼吸器併用潮溼器之 狀況分析

郭欣平 劉育志 黃志宇 于鍾傑

**前言：**睡眠呼吸中止症為臨床常見之疾病，若不治療會引起其他包括心血管方面重大之疾病。現今治療睡眠呼吸中止症首選，仍是讓病人於睡眠時佩戴陽壓呼吸器。而使用陽壓呼吸器外須搭配潮溼器以減輕配戴陽壓呼吸器時所造成之不適。故進行分析睡眠呼吸中止症之病人使用正壓呼吸器併用潮溼器之狀況。

**方法：**從 2011 年 9 月至 2014 年 7 月，依病例回顧，收集基隆長庚醫院診斷睡眠呼吸中止症並穩定使用陽壓呼吸器超過且超過六個月之病人進行統計分析。

**結果：**共收集 219 (n=219) 個病患。結果分析後顯示，所有的病患中只有 4 個未使用潮溼器，而大部份使用潮溼器的等級落在 2 和 3。潮溼器的使用等級和陽壓呼吸器的平均壓力有顯著的相關性，而年齡及陽壓呼吸器的平均漏氣量則有較弱的相關性。

**結論：**大部份睡眠呼吸中止症病人使用陽壓呼吸器治療，多數須使用潮溼器，潮溼器的使用等級和陽壓呼吸器的平均壓力有顯著之正相關性。(胸腔醫學 2016; 31: 142-148)

**關鍵詞：**睡眠呼吸中止症，陽壓呼吸器，潮溼器

## Cisplatin-Induced Renal Salt Wasting Syndrome in a Patient with Small Cell Lung Cancer

Tai-Huang Lee\*, Yi-Hung Pan\*, Inn-Wen Chong\*,\*\*, Ming-Shyan Huang\*,\*\*,  
Chih-Jen Yang\*, \*\*, \*\*\*

Platinum-based chemotherapy has been the standard regimen for lung cancer treatment, and cisplatin is the most common platinum compound worldwide. However, its most adverse effect has been nephrotoxicity. Cisplatin-induced renal salt wasting syndrome is a rare type of nephrotoxicity and may result in a rapid decline in serum sodium in only a few days, with or without neurological symptoms and signs. We present the case of a 58-year-old female who was admitted for standard chemotherapy with a cisplatin plus etoposide regimen for her newly diagnosed small cell lung cancer. Prominent weakness, poor appetite and dizziness developed, and an unexpected low serum sodium level (from an initial serum level of 121 mmol/L to 107 mmol/L) was noted on day 3. Her serum sodium level returned to a normal range after saline fluid was administered, and her symptoms recovered shortly afterwards. However, similar episodes developed following the 2<sup>nd</sup> and 3<sup>rd</sup> chemotherapy treatments with concurrent cisplatin and etoposide. At that time, we noticed not only a rapid decline of serum sodium but also decreased serum osmolality, increased urine sodium, urine osmolality, and an elevated fractional excretion of sodium (FENa). The clinical course and laboratory data indicated that cisplatin may induce renal salt wasting syndrome. We then replaced the concurrent etoposide and cisplatin regimen with etoposide alone in the 4<sup>th</sup> and 5<sup>th</sup> chemotherapy sessions, and no further serum sodium level decrease was noted. We share this report of a rare case and our literature review. (*Thorac Med* 2016; 31: 149-155)

Key words: cisplatin, hyponatremia, renal salt wasting syndrome

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## Cisplatin 用於小細胞肺癌病人治療引起腎性耗鹽症候群

李岱晃\* 潘奕宏\* 鍾飲文\*,\*\* 黃明賢\*,\*\* 楊志仁\*,\*\*,\*\*\*

鉑金類為主之化學治療計畫已成為肺癌標準治療。其中 Cisplatin（順鉑）為目前全球最常使用之鉑金類藥物。腎性耗鹽症候群為極罕見 Cisplatin 引起之不良反應，會造成血清鈉離子濃度快速下降，引起神經學症狀。個案為 58 歲患有肺小細胞癌婦女接受 cisplatin 及 etoposide 治療。個案接受化學治療後有無力，食欲不振，頭暈及低血鈉的情形（121 降至 107 mmol/L）。低血鈉及相關症狀在鈉離子溶液補充後快速恢復。個案之後接受化學治療時仍有類似情形。且除了低血鈉外也發現血漿滲透壓下降；而尿鈉濃度、尿滲透壓、及尿鈉排出率均有上升。臨床懷疑為 cisplatin 所引起。之後於第四、五次化學治療僅使用 etoposide 後無低血鈉的情形產生。基於臨床證據我們認為是 cisplatin 造成罕見的腎性耗鹽症候群。在此分享此個案並進行文獻資料回顧。（*胸腔醫學* 2016; 31: 149-155）

關鍵詞：順鉑，低血鈉，腎性耗鹽症候群

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# Hyperpigmentation, Severe Hypokalemia and Metabolic Alkalosis in a 41-year-old Man with Small Cell Lung Cancer and Ectopic ACTH Syndrome: A Case Report

Li-Yang Chen, Chao-Chi Ho

Ectopic ACTH syndrome accounts for 10% of cases of Cushing's syndrome and is associated mostly with small cell lung cancer or carcinoid tumors. Compared with other forms of Cushing's syndrome, ectopic ACTH syndrome usually exhibits more mineralocorticoid activity and hyperpigmentation. We reported a 41-year-old man who presented with hyperpigmentation, severe hypokalemia and metabolic alkalosis, and was diagnosed as having small cell lung carcinoma with ectopic ACTH syndrome. After months of treatment for lung cancer, both the pigmented skin and the biochemical profiles had recovered. In patients with lung tumors, a history of recently developed skin pigmentation and biochemical study results showing hypokalemia and metabolic alkalosis imply an ectopic ACTH syndrome. (*Thorac Med* 2016; 31: 156-163)

Key words: ectopic ACTH syndrome, Cushing's syndrome, small cell lung cancer, hyperpigmentation

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## 小細胞肺癌併發異位性 ACTH 症候群引發色素沉積、重度低血鉀及代謝性鹼血症：病例報告

陳禮揚 何肇基

異位性 ACTH 症候群佔所有庫欣氏症候群之百分之十，最容易在小細胞肺癌或各種類癌瘤之患者中發生。與其他原因造成之庫欣氏症候群患者相比，異位性 ACTH 症候群較容易表現出色素沉積及礦物性皮質素過量之症狀。本篇文章探討一位四十一歲，新診斷為小細胞肺癌並合併異位性 ACTH 症候群的病人，最開始以顯著色素沉積、重度低血鉀及代謝性鹼血症來表現。這些現象皆在開始治療後消失。因此，當病人被發現有肺腫瘤，同時合併有近期內發生之色素沉積，以及這些代謝異常時，可能是因為異位性 ACTH 症候群所導致。( *胸腔醫學* 2016; 31: 156-163)

關鍵詞：異位性 ACTH 症候群，庫欣氏症候群，小細胞肺癌，色素沉積

## Melioidosis Presenting as Mediastinal Lymphadenopathy and Abscess: A Case Report

Chien-Ming Lo, Shau-Hsuan Li\*, Hung-I Lu, Jen-Ping Chang

A 59-year-old man was admitted with a fever of unknown origin. Chest CT showed mediastinal lymphadenopathy. His symptoms improved after VATS biopsy and antibiotic treatment, and he was then discharged. The fever flared up again, however, and he was subsequently readmitted; a second CT scan showed a mediastinal abscess. Final drainage culture and biopsy culture showed *Burkholderia pseudomallei*. He was discharged after three weeks of antibiotic treatment with ceftazidime. (*Thorac Med* 2016; 31: 164-168)

Key words: melioidosis, mediastinal lymphadenopathy, mediastinal abscess

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## 以縱膈腔淋巴結腫大及縱膈腔膿瘍表現之類鼻疽一個案報告

羅乾鳴 李劭軒\* 呂宏益 張仁平

59 歲男性因原因不明的發燒入院檢查，電腦斷層顯示縱膈腔淋巴結腫大，以胸腔鏡切片手術及抗生素治療後症狀改善出院。出院後再度因高燒入院治療，電腦斷層顯示縱膈腔膿瘍，經電腦斷層引流的細菌培養報告為類鼻疽伯克氏菌，和切片的細菌培養結果一樣。在接受 3 周 Ceftazidime 抗生素治療後出院。( *胸腔醫學* 2016; 31: 164-168)

關鍵詞：類鼻疽，縱膈腔淋巴結腫大，縱膈腔膿瘍

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高雄長庚紀念醫院及長庚醫學大學 胸腔及心臟血管外科，\* 血液腫瘤科

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## Disseminated *Mycobacterium kansasii* Infection in a Non-Human Immunosuppressive Virus-Infected Patient without Immunosuppressive Therapy

Chung-Jen Wang, Ping-Huai Wang

Disseminated *Mycobacterium kansasii* (*M. kansasii*) infection has a high mortality rate in immunocompromised patients, but is rarely seen in non-human immunosuppressive virus (HIV)-infected patients. We report a patient with a history of oral cancer and pulmonary tuberculosis who was diagnosed as having disseminated *M. kansasii* infection with pulmonary and bone involvement, proven by pathology and culture. The clinical manifestations of *Mycobacterium tuberculosis* (MTB) and *M. kansasii* diseases have some overlap, making it difficult to make a correct diagnosis of *M. kansasii* in an MTB-endemic country. The patient recovered completely after antibiotic treatment, with no relapse up to the most recent follow-up. Early diagnosis requires a high index of clinical suspicion. Microbiologic studies and aggressive tissue proof are cornerstones of the diagnosis of disseminated *M. kansasii* infection. (***Thorac Med* 2016; 31: 169-175**)

Key words: *Mycobacterium kansasii*, human immunodeficiency virus, vertebral osteomyelitis

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## 非愛滋病且無免疫抑制劑使用引起之瀰漫性堪薩斯分枝桿菌感染

王崇任 王秉槐

在免疫功能低下患者，瀰漫性堪薩斯分枝桿菌有較高的死亡率，並且在非愛滋病患中是相當罕見的。我們在此報告一位非愛滋病且無免疫抑制劑使用之男性，過去曾有口腔癌及肺結核完治病史，經病理和細菌培養的證明，被診斷為瀰漫性堪薩斯分枝桿菌感染且影響致肺部及脊椎。結核分枝桿菌和堪薩斯分枝桿菌疾病的臨床表現有一些重疊，這在肺結核疾病流行國家中很難被診斷。該患者經完整抗生素治療完全恢復且追蹤至今仍然健康。早期診斷治療這類疾病除了需要臨床醫師高度的臨床經驗與微生物培養，積極切片檢查也是非常重要的。(胸腔醫學 2016; 31: 169-175)

關鍵詞：堪薩斯分枝桿菌，人類免疫缺陷病毒，脊椎骨髓炎

## Primary Pulmonary Malignant Melanoma – A Case Report

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Malignant melanoma originates in melanocytes and is the leading cause of death among patients with skin cancer. Metastasis to other sites is common, but primary pulmonary malignant melanoma is extremely rare. Extra-pulmonary origin should be excluded by detailed examination to establish the diagnosis.

Our patient, a 78-year-old male with a long-term history of asthma, presented with hemoptysis and weight loss of 5 kg in 2 months. Chest radiograph showed a round opacity, 4 cm in size, at the right hilum. Computed tomography of the chest revealed a lobulated mass, 3.8x2.6 cm, at the anterior segment of the right upper lobe. Bronchoscopy showed a brown, jelly-like mass obstructing the RB3 bronchus. Using VATS, right upper lobe lobectomy and radical lymph node dissection were performed. Histopathology confirmed malignant melanoma, and immunohistochemistry staining was positive for HMB45 and negative for CK and TTF-1. The pathological staging was pT2aN2M0, stage IIIA. There was no local recurrence or distant metastasis 18 months after surgery. (*Thorac Med* 2016; 31: 176-181)

Key words: primary pulmonary malignant melanoma

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## 原發性肺部惡性黑色素瘤－病例報告

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惡性黑色素瘤為皮膚惡性腫瘤中，惡性度高且最容易造成死亡的癌症之一，惡性黑色素瘤經常轉移至身體其他器官，肺部亦為常見轉移處。然而原發性肺部黑色素瘤病例極為罕見，診斷時需審慎排除肺部以外之可能原發部位。

本個案為一 78 歲男性，初始症狀為咳血與體重減輕，症狀持續約莫 2 個月，胸部 X 光顯示右側肺門腫塊，電腦斷層於右上肺葉前分支有一顯影良好腫瘤。最大徑為 3.8 公分，氣管鏡檢查於 RB3 發現咖啡色腫瘤，病患後續接受胸腔鏡右上肺葉切除暨淋巴結廓清術手術，病理染色確認為黑色素瘤，期別為 pT2aN2M0，stage IIIA，病患至今術後追蹤 1 年 6 個月，未有復發及遠處轉移現象。( *胸腔醫學* **2016; 31: 176-181**)

關鍵詞：原發性肺部惡性黑色素瘤

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## Primary Sjögren's Syndrome with Organizing Pneumonia and Acute Kidney Injury – A Case Report and Literature Review

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Primary Sjögren's syndrome (PSS) is a chronic, slowly progressive inflammatory autoimmune disorder, characterized by lymphocytic infiltration of the exocrine glands, leading to decreased glandular secretion. Extra-glandular disease develops in 40-60% of PSS patients. The association of organizing pneumonia with PSS is rare, and there are conditions of acute renal failure at the same time. We report the case of a patient without a previous autoimmune history who was admitted to our hospital due to fever and dyspnea. PSS was diagnosed via autoimmune serology and lower lip biopsy. Diffuse interstitial lung disease was suspected as a result of chest radiography, and was confirmed by computed tomography and lung function test. Lung pathology via video-assisted thoracoscopic surgery biopsy revealed a picture compatible with organizing pneumonia. Respiratory failure and acute kidney injury developed during admission, but both improved after steroids therapy. (*Thorac Med* 2016; 31: 182-187)

Key words: primary Sjögren's syndrome, organizing pneumonia, acute kidney injury

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## 原發性乾燥症併發機化性肺炎及急性腎損傷： 病例報告及文獻回顧

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原發性乾燥症（PSS）是一種慢性、緩慢漸進發炎的自體免疫疾病，其特徵為外分泌腺的淋巴細胞浸潤，從而導致減少分泌腺體分泌。在 40-60% 的 PSS 患者中，會有外分泌腺疾病的產生。機化性肺炎（OP）與 PSS 的關聯是相當罕見的。同時併發急性腎衰竭的機率更是稀少。我們報告一位先前沒有自體免疫疾病的男性患者，由於發燒和呼吸困難住進了我們醫院。住院過程中其 PSS 是藉由自體免疫血清學和下唇切片確診。從胸部 X 光片而懷疑有瀰漫間質性肺疾病，通過電腦斷層掃描和肺功能檢查確認有間質性肺炎。通過 VATS 肺組織病理切片確診機化性肺炎。呼吸衰竭和急性腎損傷於入院期間產生，但在類固醇治療後均獲得改善。（*胸腔醫學* 2016; 31: 182-187）

關鍵詞：原發性乾燥症，機化性肺炎，急性腎損傷

## Secondary Pulmonary Alveolar Proteinosis Following Acute Myeloid Leukemia that Progressed from Myelodysplastic Syndrome – A Case Report

Pei-Ku Chen, Wei-Chih Chen, Fang-Chi Lin

Pulmonary alveolar proteinosis (PAP) is a pulmonary disease characterized by alveolar accumulation of surfactants composed of proteins and lipids due to defective surfactant clearance by alveolar macrophages. Secondary PAP comprises approximately 10% of cases, and the most common underlying conditions are hematological disorders. These patients often have a poor prognosis. Treatment of secondary PAP is mainly focused on the underlying diseases. We encountered a patient with acute myeloid leukemia that developed from myelodysplastic syndrome - refractory anemia with excess blasts in transformation (MDS-RAEBT) who was diagnosed as having secondary PAP based on bronchoalveolar lavage fluid findings. The patient was considered initially as having atypical infection, and died of multiple organ failure in the end due to fungemia. We need to be more aware of the possibility of secondary PAP in cases of MDS presenting with lung complications, especially in patients in the leukemic phase, as secondary PAP indicates a poor outcome. (*Thorac Med* 2016; 31: 188-195)

Key words: pulmonary alveolar proteinosis, acute myeloid leukemia, myelodysplastic syndrome, hematological disorders, bronchoalveolar lavage

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## 由骨髓化生不良症候群轉化成白血病相關之次發性 肺泡蛋白沉積症－病例報告

陳沛谷 陳威志 林芳綺

肺泡蛋白沉積症是因肺泡中巨噬細胞清除蛋白質及脂質功能異常，導致肺泡內表面張力素（surfactant）不正常堆積的一種肺部疾病。次發性肺泡蛋白沉積症佔所有肺泡蛋白沉積症約 10%。最常見於血液科疾病的病人。通常這類病人的預後很差，治療部分首要著重於治療原發疾病本身。我們經由支氣管肺泡沖洗術診斷一位病人由骨髓化生不良症候群轉化成白血病相關之次發性肺泡蛋白沉積症。起初這位病人有非典型感染治療而最後死於真菌血症造成之多重器官衰竭。對於骨髓化生不良病人在白血病化生階段產生肺部的併發症時，我們須更注意次發性肺泡蛋白沉積症的可能性，因為這代表病患有不好的預後。  
(*胸腔醫學* 2016; 31: 188-195)

關鍵詞：肺泡蛋白沉積症，白血病，骨髓化生不良，血液疾病，支氣管肺泡沖洗術