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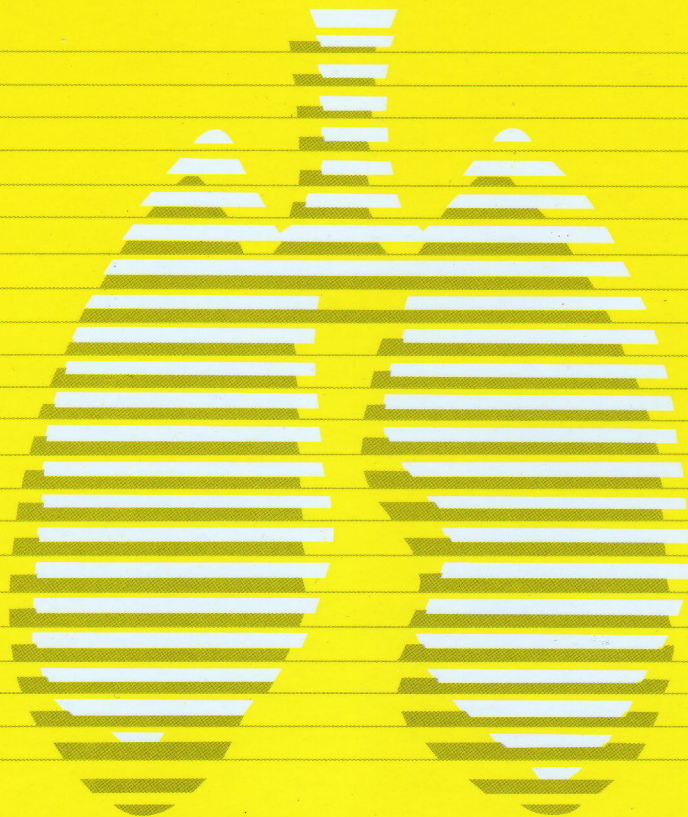
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Outcome and Predictors of Prolonged Mechanical Ventilation in Patients with Heart Failure

Hung-Yu Huang*, Li-Fu Li*,**, Chung-Shu Lee***, Chee-Jen Chang****,
Ning-Hung Chen*,**

Introduction: Cardiac dysfunction is 1 of several common factors related to prolonged mechanical ventilation (PMV). We investigated the weaning success rate of patients with heart failure (HF), who received PMV and the factors associated with weaning success in these patients.

Methods: This was a retrospective observational study on patients with HF who received PMV in a 24-bed respiratory care center (RCC) between January 2011 and December 2013. The main outcome was weaning success, which was defined as more than 7 days entirely free from mechanical ventilator support.

Results: In total, 117 patients with HF and 634 patients without HF treated in the RCC during the study period were included. The HF group had a significantly lower rate of weaning success (40.2% vs. 51.7%, $P<0.05$) and a higher rate of in-hospital mortality (46.2% vs. 37.5%, $P=0.11$). In the HF group, the left ventricular ejection fraction and B-type natriuretic peptide were similar in patients with successful weaning and in those with unsuccessful weaning. The successfully-weaned patients with HF had a higher Glasgow coma scale (GCS) score, required less hemodialysis support, exhibited a high serum albumin level, and fewer of them having received a coronary artery bypass graft (CABG). Multivariable analysis revealed the most crucial predictor for weaning success was a high GCS score ($P<0.001$). Other clinically important predictors were higher albumin level ($P=0.047$) and decreased hemodialysis support ($P=0.047$). The successfully-weaned patients in the HF group had a significantly lower in-hospital mortality rate (23.4% vs. 61.4%, $P<0.001$).

Conclusions: Patients with HF who received PMV had lower weaning and higher mortality rates than did patients without HF. Patients with HF who had an enhanced consciousness level, reduced hemodialysis use, and no history of receiving a CABG were more likely to be weaned from mechanical ventilation. (*Thorac Med* 2016; 31: 311-322)

Key words: prolonged mechanical ventilation, heart failure, weaning outcome

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長期使用呼吸器的心臟衰竭患者預後及預測因子分析

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前言：心臟衰竭是長期使用呼吸器的常見因素之一。我們針對心臟衰竭患者進行研究，統計脫離呼吸器的成功率以及分析脫離成功的相關因子。

方法：在此回顧觀察性研究，收入 2011 至 2013 年在呼吸照護中心長期用呼吸器的心臟衰竭患者。主要指標是呼吸器脫離成功率。

結果：研究期間共 117 例心臟衰竭患者與 634 例其他患者入住呼吸照護中心。心衰組有較低的呼吸器脫離成功率和較高的住院死亡率。在心衰組中，左心室收縮分率和 B 型鈉尿肽類在呼吸器脫離成功與失敗的人中數值相近，成功脫離呼吸器的心衰患者表現出較高的昏迷指數（GCS）評分、較少接受血液透析，具有較高的血清白蛋白值，以及較少接受冠狀動脈繞道手術。多變數分析顯示預測呼吸器脫離成功最關鍵的因子是較高的昏迷指數。其他臨床上重要的預測因子包括白蛋白值、減少血液透析。在心臟衰竭組中，成功脫離呼吸器的患者有較低的死亡率。

結論：心臟衰竭患者與其他長期使用呼吸器的患者比較起來表現出較低的呼吸器脫離成功率和較高的死亡率。在心臟衰竭患者中，意識分數較高、沒有血液透析，和沒有接受過冠狀動脈繞道手術史者更容易脫離機械通氣。（*胸腔醫學 2016; 31: 311-322*）

關鍵詞：心臟衰竭，長期呼吸器使用，呼吸器脫離成果

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Impact of Initial Appropriate Antibiotics on the Outcomes of Patients with Community-Acquired and Non-Community-Acquired Sepsis in Intensive Care Units

Wen-Lin Su*, Yao-Kuang Wu*, Hsueh-Wen Chung**, Mei-Chen Yang*, Kuo-Liang Huang*, Xin-Yi Chen*, Chou-Chin Lan*, Chun-Yao Huang*, Yi-Chih Huang*, Chiu-Ping Su***, Horng-Chin Yan*

Introduction: This retrospective study was conducted to investigate the impact of initial antimicrobial therapy on the survival of patients with culture-positive community-acquired and non-community-acquired (healthcare-associated and hospital-acquired) sepsis.

Methods: All patients admitted to the intensive care unit (ICU) of Taipei Tzu Chi Hospital throughout 2014 who had culture-positive sepsis were retrospectively identified. The administration of antibiotics to which the recovered pathogens were susceptible was considered appropriate. The impact of initial appropriate antimicrobial therapy and other risk factors on the survival of patients with sepsis was assessed in univariate and multivariate Cox regression analyses.

Results: Patients with non-community-acquired sepsis had more comorbidities, significantly longer length of stay in the ICU, and greater 28-day ICU mortality and 90-day mortality ($p \leq 0.002$). While a greater proportion of subjects with community-acquired sepsis received initial appropriate antibiotics before admission to the ICU ($p \leq 0.015$), initial appropriate antibiotic administration was significantly associated with improved survival only in patients with non-community-acquired sepsis ($p = 0.010$), and not in those with community-acquired sepsis. Multivariate analysis showed that the risk of death increased with increasing Acute Physiology and Chronic Health Evaluation II (APACHE II) scores in both patients with community-acquired sepsis (HR=1.14, $p = 0.008$) and those with non-community-acquired sepsis, (HR=1.18, $p = 0.014$).

Conclusions: Thus, appropriate empirical antimicrobial therapy is particularly important for lowering the risk of mortality of patients with non-community-acquired sepsis. (*Thorac Med* 2016; 31: 323-334)

Key words: community-acquired, healthcare-associated, hospital-acquired, sepsis, survival

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內科加護病房敗血症患者依臨床分類對適當抗生素的衝擊及病情預後的影響

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黃俊耀* 黃奕智* 蘇秋萍*** 顏鴻欽*

前言：回顧性研究調查來源不同的敗血症病人（社區型、非社區型），對初始抗生素治療適當性的衝擊以及對患者存活率的影響。

方法：回顧性世代研究 2014 年台北慈濟醫院的內科加護病房（ICU）敗血症病人，符合細菌培養陽性。細菌的藥物敏感性試驗結果作為初始抗生素適當性的判斷依據。適當的初始抗生素治療與其他風險因子共同分析對敗血症患者的生存影響，由單因素和多因素 Cox 回歸分析進行評估。

結果：非社區型敗血症患者有較多合併症，更長的 ICU 住院天數以及較高的 28 天 ICU 死亡率和 90 天住院死亡率 ($p \leq 0.002$)。雖然社區型敗血症患者入住 ICU 前接受適當抗生素給藥比率較高但不影響存活率 ($p \leq 0.015$)，然而在非社區型敗血症在入住 ICU 前接受適當抗生素給藥存活率顯著較高 (p 值 = 0.010)。多因素分析顯示，死亡的危險性與急性生理和慢性健康評估 II (APACHE II) 嚴重度有關，社區型敗血症 (HR=1.14, $p=0.008$)，非社區型敗血症 (HR=1.18, $p=0.014$)。

結論：敗血症重症病患入住內科加護病房除了評估 APACHE II 分數，並且快速分辨病人來源，以慎選適當的抗生素治療，以降低非社區型敗血症的死亡率。(胸腔醫學 2016; 31: 323-334)

關鍵詞：社區型，敗血症，存活率

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An Unusual Case of Endotracheal Neurofibromatosis – A Case Report and Review

Hung-Yu Huang, Chih-Hao Chang, Yun-Hen Liu, Chien-Ying Liu, Chung-Shu Lee*

Neurofibromatosis type 1 (NF-1) is an autosomal-dominant disorder with the major clinical features of cafe-au-lait spots, peripheral neurofibromas, and Lisch nodules. Tracheal involvement is an extremely rare manifestation in patients with NF-1. We present the case of a 26-year-old man with NF-1 who suffered from progressive dyspnea. He had a chronic cough for three months and thought it was related to his history of betel nut aspiration. After examination, chest CT revealed a foreign body located at the distal part of the trachea. Bronchoscopy confirmed a tumor-like lesion adherent to the right main bronchus wall with near-total occlusion of the airway. Due to impending respiratory failure, rigid bronchoscopy was arranged for excision and removal of the tumor. The final pathology was neurofibroma. The patient recovered well with smooth breathing after tumor removal. He was discharged 1 week after surgery. (*Thorac Med* 2016; 31: 335-340)

Key words: neurofibromatosis, tracheal tumor

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氣管內神經纖維瘤：病例報告

黃鴻育 張志豪 劉永恆 劉劍英 李忠恕*

神經纖維瘤是自體顯性遺傳疾病，主要的表現有咖啡牛奶斑、皮膚神經纖維瘤及虹膜色素缺陷瘤。此疾病極少以侵犯至氣管作為臨床表現，本篇報告的是一位 26 歲神經纖維瘤的男性，主訴為漸發性呼吸困難，並在最近三個月有慢性咳嗽，因病患自訴曾有吞入檳榔的病史，所以在外院時當作異物吞入進行檢查。電腦斷層報告顯示在氣管中有明顯的異物但不確定是吞入外物或是內生性的組織，經支氣管鏡檢查後證實在氣管遠端有一個疑似腫瘤的病灶，此病灶與右側氣管壁相連而且幾乎把氣管塞住，並非是外來的吞入物。因為病患瀕臨呼吸衰竭，因此外科醫師安排硬式支氣管鏡手術將病灶切除，術後病理報告顯示為良性的神經纖維瘤，病患術後恢復良好，在術後一星期順利出院。(*胸腔醫學* 2016; 31: 335-340)

關鍵詞：神經纖維瘤，氣管腫瘤

Reverse-Triggered Breaths in Mechanical Ventilation – A Case Report

Tien-Ching Lin, Chang-Wen Chen

Patient-ventilator asynchrony (PVA) is associated with prolonged mechanical ventilator use and related complications. “Reverse triggering” is a recently recognized pattern of PVA, in which the patient’s breathing is triggered by a mandatory breath from the ventilator. This denotes a neuro-mechanical coupling in a repetitive and consistent manner. In reverse triggering, the deferred activation of the patient’s inspiratory muscles may induce double triggering, impairment of expiration, and increasing alveolar pressure with lung injury. Reduction of the sedation level is recommended for this type of PVA. We report a case with this specific PVA with esophageal pressure recording. (*Thorac Med* 2016; 31: 341-345)

Key words: reverse triggering, asynchrony, ventilator

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呼吸器通氣中的反向驅動呼吸－病例報告

林典慶 陳昌文

病患 - 呼吸器不協調 (patient-ventilator asynchrony) 與呼吸器的延長使用及其併發症有關。「反向驅動 (reverse triggering)」是其中一種最近才被確認的「病患 - 呼吸器不協調」模式，在此模式中患者的呼吸運動會被呼吸器強制誘發。它展現出一種反覆且固定的神經 - 機械偶合 (neuro-mechanical coupling) 模式。在「反向驅動」產生時，患者吸氣肌的延遲活化可能導致雙重驅動 (double triggering)、吐氣期障礙、以及增加肺泡壓並伴隨肺損傷。在處理此種病患 - 呼吸器不協調上，建議減少鎮靜的深度。我們藉由食道球壓力監測，展示該模式下的一例個案。(*胸腔醫學* 2016; 31: 341-345)

關鍵詞：反向驅動，不協調，呼吸器

Rapid Resolution of Acute Hypoxemic Respiratory Failure in a Perioperative Patient

Kwok-On Ng, Ming-Shan Chen

We reported the case of a 12-year-old girl who was scheduled for elective tonsillectomy under general anesthesia. An aspiration episode occurred during the induction of anesthesia prior to tracheal intubation. Respiratory distress with hypoxemia developed rapidly. Emergency interventions including respiratory tract suctioning, tracheal intubation and bronchoscopy were performed in the operating room. Three hours after presentation, the radiological abnormalities resolved, and the clinical features improved as well. She was weaned from the ventilator during the following 1 hour. Six days after the episode, she was discharged from the hospital without detectable sequelae. The brief course of her respiratory distress differed from that reported previously. We describe this uncommon event and discuss the role of bronchoscopy in a gastric acid aspiration episode such as this. (*Thorac Med* 2016; **31**: 346-350)

Key words: fiberoptic bronchoscopy, gastric acid aspiration

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手術期間急性缺氧的呼吸衰竭得到快速消除－病例報告

吳國安 陳明山

我們報告一位 12 歲的女孩在接受由全身麻醉進行的扁桃腺切除例行手術。這吸入事件發生在麻醉誘導時，氣管內管插入前。呼吸窘迫及低血氧濃度立即發生。緊急處理包括在手術室內進行抽吸呼吸道，氣管內管置入，及支氣管鏡檢查。事件發生三小時後，胸部 X 光片上不正常處消失，臨床情況也改善。再過一小時後，病人脫離呼吸器並拔氣管內管。事件發生六日後，病人出院，沒有任何可察覺到的後遺症。這與文獻論述及一般認知不同。我們在此報告這不尋常的情況，及支氣管鏡在治療胃酸吸入肺事件的角色。
(*胸腔醫學 2016; 31: 346-350*)

關鍵詞：纖光支氣管鏡檢法，胃酸吸入

Pulmonary Talcosis in an Intravenous Drug Abuser: A Case Report and Literature Review

Yen-Hsiang Huang*, Chin-I Wu**, Jeng-Sen Tseng*,***, Kun-Chieh Chen*,***,
Gee-Chen Chang*,***,****,*****

Talc is a mineral composed of hydrated magnesium silicate, and is used as a lubricant and excipient in some medications. Intravenous injection of heroin mixed with talc particles or crushed tablets is a major cause of pulmonary talcosis, which can lead to complications such as pulmonary artery hypertension, cor pulmonale, emphysema, and progressive massive fibrosis. A 42-year-old man, a former drug addict receiving methadone treatment, presented with progressive dyspnea on exertion and malaise for 3 months, and low-grade fever for 3 weeks. A chest radiograph and high resolution computed tomography revealed diffuse bilateral micronodular lesions. The initial differential diagnosis included miliary tuberculosis, silicosis, and rare pulmonary talcosis. The patient underwent video-assisted thoracoscopic wedge resection of the right middle lobe of the lung. The pathologic report revealed numerous foreign bodies (crystals) with granuloma formations along the lymphovascular bundles, as well as fibrosis and diffuse crystals deposited in the perivascular space and interstitium. These crystals exhibited birefringence under polarized light. Pulmonary talcosis was confirmed. At present, there is no established treatment for pulmonary talcosis. Lung transplantation is an option for advanced disease. (*Thorac Med* 2016; 31: 351-357)

Key words: talcosis, intravenous drug abuse, micronodule

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滑石肺症在靜脈注射藥物濫用者：病例報告及文獻回顧

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滑石是由水合矽酸鎂所組成的礦物，可作為潤滑和稀釋藥物的物質。靜脈注射含有滑石成分的海洛因或搗碎的藥錠可能引起滑石肺症，進而造成肺高壓、肺心症、肺氣腫和進行性大塊型纖維化等併發症。一位42歲男性為藥物濫用者，從一年前開始戒毒並接受美沙酮治療。病人從三個月前開始有活動性喘及倦怠的症狀，近三周也有輕微發燒的情形產生。他接受了一系列的檢查，胸部X光以及高解析度電腦斷層掃描可見廣泛性微小結節。根據病史及影像學檢查，可能的鑑別診斷有粟粒性結核、矽肺症及滑石肺症。為求診斷，病人接受胸腔鏡輔助右中肺葉楔狀切除手術。病理報告顯示在血管周圍及間質中有晶體廣泛性的沉積，並且有許多肉芽腫沿著淋巴血管束分布；而這些沉積的晶體在偏極光下呈現雙折射的變化。綜合以上結果，病人確診為滑石肺症。然而針對滑石肺症，至今仍無藥物被證實可有效治療此疾病。若是病情較嚴重的患者，可考慮採取肺移植的治療方式。(胸腔醫學 2016; 31: 351-357)

關鍵詞：滑石症，靜脈注射藥物濫用，微小結節

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Primary Bronchial Leiomyoma Presenting as Lobar Atelectasis: A Case Report

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Bronchial leiomyoma is the rarest type of benign pulmonary neoplasm, comprising <2% of benign tumors of the lower respiratory tract. We report the case of a 50-year-old woman with an unremarkable medical history who presented at the emergency department due to right chest wall pain after trauma from a traffic accident. In addition to fracture of the right 5th to 7th ribs, chest radiograph revealed a collapsed left upper lobe. A tumor obstructing the left upper lobe bronchus, causing lobar atelectasis, was seen on chest computed tomography. Fiber-optic bronchoscopic biopsy of the tumor revealed benign leiomyoma. The patient recovered uneventfully after tumor resection via rigid bronchoscopy. This case highlights the possibility of complete tumor resection via rigid bronchoscopy to preserve the distal lung after thorough evaluation and confirmation of the exclusively endoluminal and benign nature of the tumor. (*Thorac Med* 2016; 31: 358-364)

Key words: leiomyoma, bronchial tumor, atelectasis

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原發性支氣管肌瘤以肺葉塌陷表現－病例報告

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支氣管平滑肌瘤是一種極為罕見的良性肺腫瘤，在下呼吸道的良性腫瘤中佔不到2%。在此，我們報告一位50歲無明顯過去病史的女性個案，因交通事故撞傷胸部導致右胸壁疼痛而來急診就診。胸部X光檢查除了顯示右邊第五、六、七肋骨骨折外，還發現左上肺葉塌陷。胸部電腦斷層顯示左上肺之氣管內有個腫瘤塞住管腔而導致左上肺葉塌陷。經支氣管鏡切片檢查顯示此腫瘤為平滑肌瘤。病人在接受經硬式支氣管鏡腫瘤切除術後，恢復狀況良好，且左上肺葉塌陷完全改善。此個案報告顯示在經過詳細評估明白該腫瘤是良性且侷限氣管內之後，可以使用經硬式支氣管鏡切除腫瘤，以保存遠端的肺部組織。(胸腔醫學 2016; 31: 358-364)

關鍵詞：平滑肌瘤，支氣管內腫瘤，肺塌陷

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Desquamative Interstitial Pneumonia Presenting with Consolidation and Hemoptysis

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Desquamative interstitial pneumonia (DIP) is a smoking-related interstitial lung disease. It usually develops in males, and presents with insidious exertional dyspnea and persistent nonproductive cough. Chest computed tomography usually shows diffuse ground-glass opacities in bilateral lungs. Here, we report a case of massive hemoptysis with right middle lobe (RML) consolidation and diffuse centrilobular ground glass opacities. The hemoptysis resolved after RML wedge resection, steroid therapy and smoking cessation. Hemoptysis and lung consolidation are rare presentations in patients with DIP. This case serves to remind us that tissue proof via surgical biopsy is of value in diagnosing interstitial lung disease, if less invasive examinations fail to obtain a definite diagnosis. (*Thorac Med* 2016; 31: 365-370)

Key words: desquamative interstitial pneumonia, hemoptysis, lung consolidation

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脫屑性間質性肺炎 (desquamative interstitial pneumonia) —以肺實質化及咳血表現

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脫屑性間質性肺炎是一種與吸菸高度相關的間質性肺病。常見的臨床表現是以運動性呼吸困難以及持續性乾咳為主。在胸部電腦斷層則主要呈現瀰漫性毛玻璃狀變化。我們提出討論的個案一開始以咳血表現，胸部電腦斷層顯示右中肺葉實質化加上瀰漫性毛玻璃狀的病變。藉由胸腔內視鏡輔助手術進行右中肺葉楔狀切除證實為脫屑性間質性肺炎，病人在接受類固醇治療以及戒菸之後咳血就改善了。咳血以及肺實質化都是脫屑性間質性肺炎罕見之表現，此個案提醒我們外科手術切片對於一些無法得到明確診斷的肺部間質疾病是非常有價值的。(*胸腔醫學* 2016; 31: 365-370)

關鍵詞：脫屑性間質性肺炎，咳血，肺實質化