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Orginial Articles

Case Reports

Amoxicillin Modulates Leukosequestration and Proinflammatory Cytokine Release in Airway of Patients with Bronchiectasis

Fu-Tsai Chung, Horng-Chyuan Lin

Background: Bronchiectasis is a chronic airway disease of diverse etiology, characterised by persistent bacterial colonization, bronchial inflammation, and progressive tissue damage. Neutrophil influx with oxidants and pro-inflammatory cytokines production not only provides phagocytic protection from microbes, but is also implicated in further airway inflammation. This study was designed to investigate whether amoxicillin affects neutrophil-mediated airway inflammation in bronchiectasis.

Methods: A 2-week course of therapy with amoxicillin (250 mg, 4 times per day) or duracef (250 mg, twice per day) was administered for bronchiectasis patients. Twenty-one bronchiectasis patients in stable condition after adequate chest care and hydration were enrolled in a randomized fashion. The neutrophil cellularity in 3 ml induced sputum was counted before and after treatment. The sputum IL-8 and TNF-α levels were measured using the ELISA method. Leukocyte adhesion molecules CD11b/CD18 and DCFH in induced sputum were determined by flow cytometric assay.

Results: The total cell count of neutrophils in 3 ml induced sputum was significantly reduced in patients receiving amoxicillin from 14.4 ± 5.1 to 9.3 ± 5.2 ($x10^6$ cells) ($p < 0.05$). There was no change in total cell counts in the duracef group ($p = 0.13$). Amoxicillin significantly decreased the TNF-α and IL-8 levels in a supernatant of sputum, from 168.7 ± 65.6 pg/ml to 50.3 ± 26.8 pg/ml ($p < 0.01$), and from 9538.4 ± 1650.1 pg/ml to 5664.4 ± 1384.4 pg/ml ($p < 0.01$), respectively, whereas the TNF-α and IL-8 levels in the duracef group did not significantly change after treatment.

In the amoxicillin group, the change in the sputum IL-8 level was significantly related to the change in the total cell count of leukocytes ($r = 0.67$, $n = 11$, $p < 0.05$). There was also a significant correlation between the percentage of change in the sputum IL-8 level and total cell counts of leukocytes after antibiotic therapy in the amoxicillin group ($r = 0.76$, $n = 11$, $p < 0.01$). The expression of CD11b, CD18 and DCFH did not significantly change after treatment in both groups.

Conclusion: Different antibiotics have different effects on patients with bronchiectasis. Amoxicillin downregulates the TNF-α and IL-8 levels in sputum, thus leading to a decrease of airway neutrophil sequestration and preventing further airway damage. ***(Thorac Med 2006; 21: 392-405)***

Key words: bronchiectasis, amoxicillin, neutrophil, tumor necrosis factor-α, interleukin-8

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Amoxicillin 調節支氣管擴張病人之呼吸道內白血球及前發炎細胞素之表現

鍾福財　林鴻銓

目的：探討 Amoxicillin 調節支氣管擴張病人之呼吸道內中性球及前發炎細胞素之表現。

方法：21 位穩定支氣管擴張病人隨機分為兩組，分別接受為期兩週之 Amoxicillin (250 毫克每天四次)或 duracef (250 毫克每天兩次)治療；比較治療前後，痰液內中性球數量，及 TNF-α 與 IL-8 濃度；並分析中性球附著分子表現及氧化代謝能力。

結果：接受 Amoxicillin 治療組，治療前後痰液內中性球數量(14.4 ± 5.1 降到 9.3 ± 5.2)(× 10^6 細胞) ($p < 0.05$)及 TNF-α (168.7 ± 65.6 pg/ml 降到 50.3 ± 26.8 pg/ml) ($p < 0.01$)與 IL-8 (9538.4 ± 1650.1 pg/ml 降到 5664.4 ± 1384.4 pg/ml) ($p < 0.01$)濃度皆呈現顯著減少。同時痰液內 IL-8 降低量與中性球減少數之絕對值($r = 0.67$, $n = 11$, $p < 0.05$)與相對值($r = 0.76$, $n = 11$, $p < 0.01$)皆呈現正相關。接受 duracef 治療組，治療前後則無顯著變化。而痰液內中性球附著分子表現及氧化代謝能力，兩組皆無顯著變化。

結論：Amoxicillin 可藉由調節支氣管擴張病人痰液內 TNF-α 與 IL-8 濃度，以減少呼吸道內中性球數量，及可能對呼吸道的損傷。*(胸腔醫學* ***2006; 21: 392-405****)*

關鍵詞：支氣管擴張， Amoxicillin ，中性球，腫瘤壞死因子 -α ，細胞間素 -8

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Levels of sTREM (Soluble Triggering Receptor Expressed on Myeloid Cells)-1 in Pleural Effusion as an Indicator of Pulmonary Bacterial Infection

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Background: The presence of soluble triggering receptor expressed on myeloid cells-1 (sTREM-1) in bronchoalveolar fluid in patients receiving mechanical ventilation can be an indicator of pneumonia. The diagnostic role of sTREM-1 in pleural effusion for patients with pulmonary bacterial infection is still uncertain.

Methods: We performed a prospective observational study. A total of 25 patients were enrolled and divided into 2 groups: 13 with bacterial parapneumonic effusion and 12 with transudative effusion. The sTREM-1 concentration in pleural effusion was measured by a sandwich enzyme-linked immunosorbent assay. Unpaired Student's t tests were used to compare the differences between the groups. Receiver operator characteristic analysis was performed to determine the optimal cut-off value.

Results: Levels of sTREM-1 in pleural effusion were significantly higher in parapneumonic effusion than in transudative effusion (p = 0.023). The optimal diagnostic value of sTREM-1 in discriminating parapneumonic from transudative pleural effusion was set at 29.69 pg/mL, with a sensitivity and specificity of 75% and 100%, respectively.

Conclusions: A higher concentration of sTREM-1 in pleural effusion is a useful indicator for the detection of bacterial parapneumonic effusion. Further studies are warranted to clarify its role in discriminating different pathogens and predicting patient outcomes. ***(Thorac Med 2006; 21: 406-412)***

Key words: soluble triggering receptor expressed on myeloid cells, pleural effusion

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肋膜積液中骨髓細胞表達的可溶解觸發受體（sTREM-1）值可做爲肺部細菌感染的指標

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背景：在支氣管肺泡灌洗液中，骨髓細胞表達的可溶解觸發受體（sTREM-1）的有無，可作為接受呼吸器患者是否有肺部感染的指標。但是在肋膜積液中，sTREM-1 值所扮演的的角色尚未明朗。

方法：這是一個前瞻性的觀察研究，總共有 25 位患者分為兩組為研究對象。13 位為細菌性肺炎相關肋膜積液及 12 位為滲出性肋膜積液的患者。我們利用酵素連結免疫吸附分析的方法測出肋膜積液中 sTREM-1 的濃度。統計上則是利用 *t*-test 來比較兩組的差異，並利用 ROC 曲線分析來決定兩組的臨界值，

結果：在肺炎相關的肋膜積液中 sTREM-1 濃度值比滲出性的肋膜積液為高 ($p = 0.023$)。在肋膜積液中，sTREM-1 的最佳診斷臨界值為 29.69 pg/ml ，以用來區分細菌性肺炎相關或滲出性的肋膜積液，其靈敏度及特異度分別為 75% 及 100% 。

結論：在細菌性肺炎相關的肋膜積液中 sTREM-1 有較高的濃度，並可作為其指標。對於 sTREM-1 值在其他菌種的感染及病患預後的影響則需進一步的研究來釐清。*(胸腔醫學* ***2006; 21: 406-412)***

關鍵詞：骨髓細胞表達的可溶解觸發受體（sTREM-1），肋膜積液

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Clinical Characteristics and Outcome in Adult Patients with Pneumococcal Empyema

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Background: Pneumococcus is the leading cause of pneumonia. However, little data exists concerning the clinical characteristics and risk factors associated with pneumococcal empyema, a common complication of pneumococcal pneumonia.

Patients and Methods: This study retrospectively reviewed the data of 20 adult patients with culture-proven pneumococcal empyema who were hospitalized at Chang Gung Memorial Hospital, Taipei, from November 1998 to May 2005. Baseline characteristics, underlying diseases, outcome parameter and antibiotic insusceptibility rates were analyzed. Additionally, outcome parameters for 2 groups— the community-acquired empyema (CAE) group (n=12) and the hospital-acquired empyema (HAE) group (n=8)—were compared.

Results: Patients with HAE had a higher pulse rate, higher pH value and lower PaO2 of arterial blood gas than the CAE patients (p=0.073, 0.024 and 0.055, respectively). Malignancy, which was the most common underlying disease for both groups, was more common in the HAE group (87.5%, n=8) than in the CAE group (33%, n=12) (p=0.017). The most common malignant diseases were lung, head, and neck cancer. Duration of parenteral antibiotics therapy, duration of fever, and duration of hospital stay were longer in the HAE group than in the CAE group (all p <0.05, respectively). The antibiotic insusceptibility rates of penicillin, cefuroxime, ceftriaxone and vancomycin were not significantly different between the CAE and HAE group (all p>0.2).

Conclusion: Patients with HAE had poorer outcomes than those with CAE. Underlying malignancies were a major risk factor for HAE. ***(Thorac Med 2006; 21: 413-421)***

Key words: pneumococcal empyema, pleural effusion, malignancy, antibiotics, susceptibility

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肺炎球菌導致之膿胸在成年病患的臨床特徵及預後

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背景：肺炎球菌是肺炎最重要的致病菌。雖然膿胸是肺炎的常見併發症，目前針對肺炎球菌造成的膿胸的臨床表現及危險因子的討論並不多。

方法：回溯研究在 1998 年 11 月至 2005 年 5 月間，在台北長庚醫院住院 時，肋膜腔積液檢體中培養出肺炎球菌的 20 位成年病患，其基本資料，潛在疾病及對抗生素不敏感的比例。病患被分成社區感染膿胸（n=12）及院內感染膿胸（n=8）兩組，其治療結果亦經比較。

結果：院內感染膿胸的病患，相較於社區感染膿胸的病患，在患病初始，有較快的心搏速率，動脈血有較高的 pH 值及氧氣分壓（分別為 p=0.073 ， 0.024 及 0.055）。惡性腫瘤在兩組都是最重要的危險因子，而在院內感染膿胸的病患更為常見（社區感染 33％，院內感染 87.5％， p=0.017）。惡性腫瘤原發部位以肺及頭頸部為主。院內感染膿胸需使用抗生素的時間較長，發燒及住院時間也較（p<0.05）長。兩組菌株對 penicillin ， cefuroxime ， ceftriaxone 及 vancomycin 的不敏感比例無顯著差別（p>0.2）。

結論：肺炎球菌導致的膿胸病患中，院內感染者有較差的預後。惡性腫瘤是主要的危險因子，在院內感染膿胸者盛行率更高。*(胸腔醫學* ***2006; 21: 413-421)***

關鍵詞：肺炎球菌，膿胸，肋膜，惡性腫瘤，抗生素，敏感性

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Prognosis of Patients with DM/PM Requiring Intensive Care due to Acute Respiratory Failure

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Background: The prognosis of patients with dermatomyositis/polymyositis (DM/PM) requiring intensive care for acute respiratory failure has not been reported. A retrospective study was conducted to analyze the clinical course and outcome of these patients.

Methods: Medical records were reviewed for patients admitted to the intensive care unit from January 1985 to December 2004. The diagnosis of DM/PM was based upon Bohan and Peter's criteria, and those patients with respiratory failure as the indication for ICU admission were enrolled.

Results: Nineteen patients with DM/PM were admitted to the ICU because of respiratory failure during the study period. Eight patients were diagnosed with interstitial lung disease. Respiratory failure developed within a mean of 14 months after the diagnosis of DM/PM. The causes of respiratory failure were: pneumonia (n=14), interstitial lung disease (ILD) (n=5), ventilatory failure (n=2), and acute lung edema (n=1). The most common complications were septic shock (n=16), followed by ARDS (n=13), and acute renal failure (n=9). Twelve patients died, with a mortality rate of 63%. The causes of death were: pneumonia (n=6), septic shock (n=3), ILD with respiratory failure (n=2), and hepatic failure (n=1). Ninety-two percent of the expired patients and all of those with ILD developed ARDS. ILD patients were often refractory to immunosuppressive treatment while patients with ventilatory failure had a good response to therapy.

Conclusion: Patients with DM/PM and respiratory failure requiring ICU admission had an extremely high mortality rate, and most died of pneumonia. ***(Thorac Med 2006; 21: 422-432)***

Key words: dermatomyositis, polymyositis, respiratory failure

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皮肌炎及多發性肌炎病人因急性呼吸衰竭需要加護醫療之預後

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背景：目前為止，尚沒有關於皮肌炎 (dermatomyositis) 及多發性肌炎 (polymyositis) 病人因急性呼吸衰竭需要加護醫療之預後之報告。本文以回溯性分析此類病人的臨床病程及預後。

方法：我們回顧自 1985 年 1 月至 2004 年 12 月間，曾住進加護病房病人的醫療紀錄，將診斷符合皮肌炎 / 多發性肌炎，並且發生呼吸衰竭而住到加護病房的病人納入研究。皮肌炎 / 多發性肌炎之診斷，是根據 Bohan 及 Peter 二人所訂定的診斷條件。

結果：在研究期間，共有 19 位診斷為皮肌炎 / 多發性肌炎病人，因呼吸衰竭住到加護病房。其中有 8 位病人被診斷有皮肌炎 / 多發性肌炎相關之間質性肺病。呼吸衰竭的發生，平均在皮肌炎 / 多發性肌炎診斷後的 14 個月發生。導致呼吸衰竭的原因有：肺炎 (n=14)，間質性肺病 (n=5)，通氣衰竭 (ventilatory failure) (n=2)，及急性肺水腫 (n=1)。最常發生的併發症為敗血性休克 (n=16)，其次為急性呼吸窘迫症候群 (n=13) 及急性腎衰竭 (n=9)。共有 12 位病患死亡，死亡率 63%。其死因包括：肺炎 (n=7)、敗血性休克 (n=3)、間質性肺病併發呼吸衰竭 (n=2)、肝衰竭 (n=1)。死亡病人中，92% 發生急性呼吸窘迫症候群；而所有間質性肺病之患者，均發生急性呼吸窘迫症候群。後者常對免疫抑制治療無效；反之那些因通氣衰竭的病患，對治療則有不錯的反應。

結論：皮肌炎 / 多發性肌炎病人，併發呼吸衰竭而需要加護醫療照顧者，死亡率極高，最常見的死因為肺炎。*(胸腔醫學* ***2006; 21: 422-432)***

關鍵詞：皮肌炎，多發性肌炎，呼吸衰竭

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Pulmonary Leptospirosis after Mountain Climbing in Southern Taiwan: A Case Report

Ying-Ming Shih, Shi-Chuan Chang**, Ruay-Wang Duh*

Leptospirosis is a worldwide zoonotic disease, more prevent in tropical and subtropical regions. It usually occurs in subjects with occupational exposure, such as those involved in rice farming, and occasionally in those who participate in recreational activities in wilderness areas. The clinical features of leptospirosis vary widely, ranging from self-limited anicteric illness to severe pulmonary hemorrhage, jaundice, acute renal failure, and even death. A diagnosis of leptospirosis may be difficult, particularly in those without occupational exposure, because of a lack of specific clinical features and radiographic findings. We report a 61-year-old male who was transferred to our hospital due to fever, hemoptysis, and abnormal CXR findings. The patient was treated for community-acquired pneumonia, but with a poor response. Due to his history of recent wilderness recreation, leptospirosis was highly suspected, and subsequently confirmed by serological testing. The patient responded well to penicillin treatment. ***(Thorac Med 2006; 21: 433-438)***

Key words: leptospirosis, jaundice, acute renal failure

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南台灣爬山旅遊後所引起的肺部鉤端螺旋體病：病例報告

施穎銘　張西川 **　杜瑞煌 *

鉤端螺旋體病 (leptospirosis) 是一種全球性人畜共通疾病，在熱帶或亞熱帶地區較盛行，通常發生在戶外工作者如農夫，或是到野外從事休閒活動的人。被感染病人的臨床表現，可從無症狀、自限性無黃疸熱病到嚴重肺出血、黃疸、急性腎衰竭或甚至死亡。肺部侵犯的臨床表徵，包括：發燒、咳嗽、咳血和胸部 X 片出現以肺周邊分布為主的細小結節 (micronodule)、毛玻璃狀 (ground-glass)、實質化 (consolidation) 的病灶。若病人有上述表徵加上野外活動的接觸史，臨床上對治療社區性肺炎的經驗療法反應不佳，則要懷疑被鉤端螺旋體感染的可能，尤其在亞熱帶的台灣。

我們在此報告一位 61 歲男性病人，因發燒、咳血及胸部 X 光片異常被轉診到本院急診。初時，被當成社區性肺炎治療，病人持續發燒，在確認病人有野外活動的暴露史，經血清抗體檢查後確立診斷為鉤端螺旋體病。病人在接受盤尼西林 (penicillin) 治療後病況迅速好轉，痊癒出院。*(胸腔醫學* ***2006; 21: 433-438)***

關鍵詞：鉤端螺旋體，黃疸，急性腎衰竭

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Post-ictal Neurogenic Pulmonary Edema — A Case Report

Kuan-Ting Liu, Hsuan-Tsung Su, Chao-Hua Chiu, Reury-Perng Perng

Neurogenic pulmonary edema (NPE) is a rare or easily underdiagnosed pulmonary complication that occurs after central nervous system damage. The prognosis of survivors is good, and they usually recover rapidly if neurological insult is controlled. We report a case of NPE that developed after a seizure attack. The patient had no respiratory symptoms at presentation, but the NPE was found incidentally by radiographic study, and the patient recovered spontaneously within 96 hours. NPE should be on the list of differential diagnoses in patients with bilateral alveolar infiltration after a neurological event. Aggressive respiratory support is indicated for severe cases; however, general supportive care is adequate for most patients, and the radiographic infiltration usually resolves rapidly and spontaneously. ***(Thorac Med 2006; 21: 439-443)***

Key words: neurogenic pulmonary edema, seizure

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癲癇後的神經性肺水腫—病例報告

劉冠霆　蘇鉉宗　邱昭華　彭瑞鵬

神經性肺水腫是一種中樞神經傷害後少見且不易診斷的肺部併發症。存活者的預後很好；只要神經傷害獲得控制，肺水腫通常在 72 小時內復原。我們報告一個在癲癇發作後，無任何呼吸道症狀但影像學卻意外發現神經性肺水腫的病例。病人未經任何治療而在 96 小時內自行復原。因此，在中樞神經傷害後，若病人產生雙側肺浸潤變化，應將神經性肺水腫列為鑑別診斷之一。嚴重的神經性肺水腫病人要給予積極的呼吸支持；然而，大部分的病人只要給予支持性治療即可，肺部浸潤性變化通常會自行復原。*(胸腔醫學* ***2006; 21: 439-443)***

關鍵詞：神經性肺水腫，癲癇

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Serial Pulmonary Function Tests in a Patient with Cryptogenic Organizing Pneumonia — A Case Report

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Cryptogenic organizing pneumonia (COP) is a rare disorder involving the small airways. Polypoid granulation tissues that occupy the lumen of the small airways, alveolar ducts, and alveoli, and foamy macrophages are commonly present in the airspaces.

We report an 83-year-old male who had a nonproductive cough for 2 months, after which exertional dyspnea developed. A chest radiograph revealed an infiltration with an irregular reticular pattern with air bronchograms in both lower lungs. Empiric antibiotics failed to improve his dyspnea and hypoxia. Chest computed tomography (CT) revealed peribronchial infiltrates with ground glass opacities in both posterior basal lungs. Wedge lung biopsy resulted in a diagnosis of bronchiolitis obliterans organizing pneumonia. As no etiology could be found, the applicable diagnosis was COP. Oral prednisolone, 1 mg/kg/day resulted in dramatic clinical and radiographic improvement. Even after the prednisolone was tapered to 10 mg/day, the patient remained asymptomatic with normal daily activity. ***(Thorac Med 2006; 21: 444-451)***

Key words: cryptogenic organizing pneumonia, bronchiolitis obliterans organizing pneumonia, pulmonary function test

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原因不明器質化肺炎的病人的一系列肺功能變化
—病例報告

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原因不明器質化肺炎 (cryptogenic organizing pneumonia) 是一種影響小型氣道的罕見疾病。息肉狀的肉芽組織阻塞了小型氣道，肺泡管及肺泡的管徑，而且泡沫狀的巨噬細胞通常會存在於空腔中。原因不明器質化肺炎，顧名思義，無法找到發生原因或是與以下原因相關：感染，藥物，肺內吸入，放射線，骨髓移植，肺臟或心肺移植，膠原血管疾病或是發炎疾病。

我們報告一個病例：83 歲老先生咳嗽無痰已經有兩個月，之後發現活動性氣促。胸部 X 光顯示雙側下肺野不規則網狀變化及 air bronchogram 。經驗性抗生素治療並不能改善他的氣促及缺氧。胸部電腦斷層可看出兩邊後下側肺部支氣管旁肺浸潤及毛玻璃顯像。開胸活體肺部切片診斷為阻塞性細支氣管炎合併器質化肺炎。

經給予劑量為每公斤每天 1 毫克的口服 prednisolone ，病人的臨床症狀及影像有明顯進步。之後 prednisolone 減量至每日 10 毫克，而病人仍然維持正常活動量而沒有不適症狀。*(胸腔醫學* ***2006; 21: 444-451)***

關鍵詞：原因不明器質化肺炎 (cryptogenic organizing pneumonia)，阻塞性細支氣管炎合併器質化肺炎 (bronchiolitis obliterans organizing pneumonia)，肺功能

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Delayed Diagnosis of Endobronchial Foreign Body in Pregnant Women — A Case Report

Li-Pang Chuang, Chih-Hung Chen, Chih-Liang Wang, Yen-Li Chou, Meng-Jer Hsieh

Flexible fiberoptic bronchoscopy is a valuable procedure in pulmonology. Because of the risks to the mother and the fetus related to the procedure and sedation, procedures such as bronchoscopy are usually avoided during pregnancy, which might be the cause of delayed diagnosis of the underlying diseases. We report the case of a pregnant woman with repeated pneumonia, in whom an endobronchial foreign body was finally found and removed by fiberoptic bronchoscope. There have been only a few case reports that have mentioned the utility and safety of bronchoscopy during pregnancy. This patient reminds us to look out for the proper indications of flexible bronchoscopy in pregnancy, and to act with caution, with full consideration of the health and safety of both the mother and the fetus. ***(Thorac Med 2006; 21: 452-456)***

Key words: pregnancy, bronchoscopy, foreign bodies

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延遲診斷支氣管內病兆在一孕婦身上：病歷報告

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在胸腔科領域中，軟式支氣管鏡是一個很常見且廣被應用的一項檢查。雖然懷孕並不是軟式支氣管鏡檢的一項禁忌症，但是著眼在檢查本身和其相關藥物對母親和胎兒的影響，大多數侵入性的檢查包括軟式支氣管鏡，都會盡量避免。然而這卻會造成某些延遲診斷，尤其是在軟式支氣管鏡檢可能有必要實施的情況下。我們報告了一個懷孕的病人，因為重複性的肺炎而住院治療，最後經由軟式支氣管鏡診斷且取出支氣管內的異物。除了一些少數的病歷報告之外，目前還沒有比較大規模的研究報告去探討軟式支氣管鏡檢在懷孕病人身上的應用和其安全性。這個案例也許可以提供我們一個機會去仔細思考軟式支氣管鏡檢在懷孕病人身上的適應症，並且更小心謹慎的去執行。*(胸腔醫學* ***2006; 21: 452-456)***

關鍵詞：支氣管內異物，軟式支氣管鏡檢，懷孕

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Pulmonary Infection due to *M. Flavescen* — A Case Report and Review of the Literature

Li-Kuo Kuo, Rong-Luh Lin, Chien-Liang Wu

M. flavescens is a member of Runyon group II, the scotochromogens. Although the isolation of *M. flavescens* from human specimens is not uncommon,only in extremely rare cases has this organism been considered to be responsible for disease.We report the case of a 74-year-old male presenting with persistent fever and dyspnea which were unresponsive to empiric antibiotics. Chest X-ray revealed fibrocystic change in the left lower lung field with bilateral apical pleural thickening and decreased left lung volume. Repeated growth of *M. flavescens* was found in the sputum culture. Fever subsided after the use of sensitive anti-mycobacteria agents. These findings suggest the pulmonary infection was caused by *M. flavescens.* ***(Thorac Med 2006; 21: 457-461)***

Key words: non-tuberculous mycobacteria, pulmonary infection, *M. flavescens*

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Mycobacterium flavescens 引起之肺部感染—病例報告和文獻回顧

郭立國　林榮祿　吳健樑

Mycobacterium flavescens 在人類常被視為非病原菌,至目前為止只有非常少數的病例報告。其中包括皮膚、眼角膜、關節腔和肺部感染。這些病人大多有癌症、糖尿病或免疫力不全。我們在此報告一位七十歲男性病人，有陳舊性肺結核和長期抽菸史，住院期間一直發燒不退，呼吸困難，經多種抗生素治療無效。痰液中反覆培養出 *mycobacterium flavescens* ，藥物敏感試驗顯示部分抗結核藥有效，經投藥後燒退，呼吸困難改善而出院。最後我們回顧了此一非結核分枝桿菌之特性及相關文獻報告。***(胸腔醫學 2006; 21: 457-461)***

關鍵詞：非結核分枝桿菌，肺部感染， *mycobacterium flavescens*

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Pulmonary Large Cell Neuroendocrine Carcinoma Presenting with Metastatic Brain Tumor of Unknown Origin

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Large cell neuroendocrine carcinoma (LCNEC) is a poorly differentiated high-grade neuroendocrine tumor with very aggressive behavior. Herein, we report a 74-year-old male smoker who initially presented with a symptomatic metastatic brain tumor of unknown origin (MBUO). Primary pulmonary LCNEC was not diagnosed until 3 years later. Both the metastatic brain tumor and the primary lung cancer were successfully treated by surgical intervention, and the patient had a very favorable outcome. Management of MBUO should be aggressive if patients have only isolated brain metastasis. Periodic re-evaluation after treatment of the brain tumor may help to detect an earlier stage of primary cancer and may result in a better outcome, even in highly aggressive malignancies like LCNEC. ***(Thorac Med 2006; 21: 462-467)***

Key words: large cell neuroendocrine carcinoma, metastatic brain tumor, malignancy of unknown origin

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以不明原因腦轉移癌爲起始表現的肺大細胞神經分泌性癌

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彭瑞鵬 **,*****

大細胞神經分泌性癌是一種分化不良、高度的神經內分泌癌且癌性相當惡性。我們報告一位 74 歲的抽煙男性以有症狀的不明原因腦轉移癌為起始表現，直到三年後才診斷原發的肺大細胞神經分泌性癌。腦轉移瘤以及肺腫瘤皆成功的以手術切除，病患因此有相當不錯的預後。如果只有單純的腦轉移，不明原因腦轉移癌的病患應該積極的治療，定期的術後追蹤有助於早期診斷原發癌，即使是像我們在此所報告的高惡性度肺大細胞神經分泌性癌，也可能因此有較佳的預後。*(胸腔醫學 **2006; 21: 462-467**)*

關鍵詞：大細胞神經分泌性癌，腦轉移癌，原發腫瘤未明癌

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Sildenafil Decreases Pulmonary Hypertension in a Mechanically Ventilated Patient with Idiopathic Pulmonary Fibrosis — A Case Report

Chi-Yen Liang, Chang-Wen Chen, Tzuen-Ren Hsiue

Sildenafil (Viagra), a phosphodiesterase-5 (PDE-5) inhibitor, has been shown to reduce pulmonary arterial pressure in patients with either primary or secondary pulmonary hypertension. However, to our knowledge, the use of sildenafil in mechanically ventilated patients with pulmonary hypertension has never been reported. Herein, we described the case of a patient with idiopathic pulmonary fibrosis and secondary pulmonary hypertension, who was intubated due to acute respiratory failure. Oral sildenafil was given for persistent hypoxemia and pulmonary hypertension. The patient's pulmonary artery pressure decreased after sildenafil (from 60/27 mmHg to 36/19 mmHg, half an hour post-sildenafil intake), but the aim of improving oxygenation was not reached during treatment. He ultimately died of refractory hypoxemia. ***(Thorac Med 2006; 21: 468-472)***

Key words: sildenafil, pulmonary hypertension, idiopathic pulmonary fibrosis

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口服威而剛有效降低一位原發性肺纖維化併動脈高壓既使用呼吸器病人之肺動脈壓—病例報告

梁啟彥　陳昌文　薛尊仁

肺動脈高壓是一個預後不佳的疾病，若已合併有右心衰竭的情況，則預估存活期不超過一年。對於這類的病患，擴張肺動脈血管，抑制血管內皮增生以及預防血栓形成是主要的治療目標。吸入 NO 藉由增加細胞內的 cGMP 濃度，可選擇性使肺動脈血管的平滑肌放鬆，達到降低肺動脈阻力，降低肺動脈壓，提高運動耐受性 (exercise capacity)，甚至在某些病人可使血氧濃度上升的效果。然而 NO 氣體的攜帶與使用不易限制了其在臨床上的應用。 Sildenafil (威而剛) 可抑制體內分解 NO 的酶 (phosphodiesterase ， PDE)，且對此酶在肺內含量最高的 PDE-5 有選擇性的抑制作用，因此可在較不影響全身血壓的情況下達到降低肺動脈壓的效果。文獻已證實 sildenafil 對於原發性及次發性肺動脈高壓皆有療效。我們將其使用在一位因肺纖維化引起肺動脈高壓，敗血症併呼吸衰竭的病人，希望病人的血氧濃度能有所改善。病人的肺動脈壓與肺血管阻力在使用 sildenafil 後明顯降低，但血氧濃度並無明顯的改善，而病人終究病逝於呼吸衰竭。*(胸腔醫學* ***2006; 21: 468-472)***

關鍵詞：威而剛（Sildenafil），肺動脈高壓，原發性肺纖維化

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Organo-axial Rotation of the Stomach Caused by Rolling up of the Greater Omentum in a Patient with Morgagni Hernia, Sliding Hiatal Hernia and Umbilical Hernia — A Case Report

Ming-Ching Lee *, Chung-Ping Hsu *,**

Morgagni hernias are uncommon diaphragmatic hernias, which usually present late in adult life with minimal symptoms. They are always associated with a true hernia sac and are often contained within the omentum and stomach. Herein we report the case of a 71-year-old female with Morgagni hernia, sliding hiatal hernia and umbilical hernia, which revealed a rolling up of the greater omentum into the chest cavity through a right-side anterior diaphragmatic defect, causing an organo-axial rotation of the stomach, and presenting the symptoms of gastric inlet obstruction. She underwent transabdominal reduction of the greater omentum and repair of the hernia by primary closure, the patient had a rapid and uneventful recovery. ***(Thorac Med 2006; 21: 473-477)***

Key words: morgagni hernia, organo-axial rotation of stomach, diaphragmatic hernia

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Morgagni 橫膈疝氣合併滑動性裂孔疝及臍疝氣所引起之大網膜移位及胃部水平扭轉—病例報告

李明璟 *　徐中平 *,**

Morgagni 橫膈疝氣是一個少見的先天性橫膈疝氣。它通常好發在中年肥胖女性且很少伴隨著臨床的症狀。本篇報告所提出的是一位 71 歲女性因 Morgagni 橫膈疝氣引起之上消化道阻塞症狀的病例。經由上消化道鋇劑攝影檢查後發現這是因為大網膜經由 Morgagni 橫膈裂孔往上嵌入胸腔之後，牽扯胃部，而造成胃部向前之水平扭轉，並在臨床上進一步造成上消化道的入口阻塞症狀。經由開腹手術將大網膜及胃部復位並 修補橫膈缺損之後，症狀改善並順利出院。*(胸腔醫學 **2006; 21: 473-477**)*

關鍵詞：Morgagni 橫膈疝氣，胃部水平扭轉

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