Comparison of Tuberculous Empyema and Tuberculous Pleurisy in Terms of Risk Factors, Radiographic Findings and Biochemical Characteristics

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Background: Tuberculous empyema and tuberculous pleurisy are caused by different pathogenic mechanisms, and are 2 distinct types of tuberculous pleural effusion that require different treatments. No previous study has analyzed the risk factors, biochemical characteristics and radiological features of the 2 entities.

Methods: We studied the medical records of 84 patients with a diagnosis of tuberculous pleural effusion, who were treated between January 2002 and January 2005 in a tertiary-care hospital. There were 56 (66.7%) men and 28 (33.3%) women, with a mean age of 61.29 years. We further divided all patients into 2 groups: tuberculous empyema (n=23) and tuberculous pleurisy (n=61). We compared the risk factors, biochemical characteristics, and radiological features between these 2 groups.

Results: Among the 84 patients, the most common risk factors were diabetes mellitus (n=11), neoplasia (n=6), and alcoholism (n=4). There were no statistically significant differences in risk factors and radiographic findings between the 2 groups. The similar biomedical characteristics of tuberculous pleurisy and tuberculous empyema were the high LDH level (322.80 ± 190.42, 530.88 ± 71.79 U/L, respectively, p=0.14), high adenosine deaminase (ADA) activity (53.50 ± 21.6, 54.6 ± 11.6 U/L, respectively, p=0.942) and high percentage of lymphocyte counts (82.71 ± 21.62, 76.34 ± 18.22 %, respectively, p=0.538). The only statistically different biomedical characteristic between the 2 groups was the red blood cell (RBC) count in the pleural fluids, which was significantly higher in tuberculous empyema than in tuberculous pleurisy (41.28 ± 123.52 vs. 9.68 ± 27.36 10^3/UL, respectively, p<0.05).

Conclusion: When a patient presents with tuberculous pleural effusion that is lymphocyte-predominant, and has a high ADA activity and bloody appearance, tuberculous empyema should be highly suspected. ***(Thorac Med 2006; 21: 1-8)***

Key words: tuberculous pleural effusion; tuberculous empyema; tuberculous pleurisy

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結核性膿胸與結核性肋膜炎在危險因子、影像學發現與生化檢查的比較

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前言：結核性膿胸與結核性肋膜炎為兩個臨床表現的結核性肋膜積液，分別由不同的致病機轉所造成，也需要不同的處理方式。目前沒有相關的研究來分析這兩種不同型式的積液在危險因子，影像學發現與生化檢查的差異性。

方法：我們從 2002 年 1 月到 2005 年 1 月間，收集了 84 位診斷為結核性肋膜積液的病人。我們進一步將這些病人分為結核性膿胸(n=23)與結核性肋膜炎(n=61)兩組，並比較這兩組在危險因子，影像學發現與生化檢查的差異性。

結果：在 84 個病人中，最常見的危險因子分別為糖尿病(n=12)，腫瘤(n=6)，和酒精依賴(n=4)。危險因子和影像學發現在這兩組病人間並無明顯的差異。結核性膿胸與結核性肋膜炎皆有相同之高數值的乳酸脫氫酶(LDH)(322.80 ± 190.42, 530.88 ± 71.79 U/L, p=0.14）高數值的腺甘脫胺酶活性(ADA)(53.50 ± 21.6, 54.6 ± 11.6 U/L, p=0.942）與高比率的淋巴球（82.71 ± 21.62, 76.34 ± 18.22 %, p=0.538)。唯一在生化檢查上的不同點是結核性膿胸在紅血球數目(RBC count)明顯高於結核性肋膜炎(41.28 ± 123.52 vs. 9.68 ± 27.36 10^3/UL, p<0.05)。

結論：不管在在危險因子，影像學發現與生化檢查方面，結核性膿胸和結核性肋膜炎大部分沒有明顯的差異。唯一的差異性是結核性膿胸比結核性肋膜炎在肋膜積液中有明顯較高的紅血球數。因此當一個肋膜積液為淋巴球佔多數，具有高數值的 ADA ，和血樣的外觀時，結核性膿胸必須被高度懷疑。*(胸腔醫學* ***2006; 21: 1-8)***

關鍵詞：結核，結核性胸腔積液，結核性膿胸，結核性肋膜炎

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Surgical Treatment of Metastatic Pulmonary Tumors

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Background: Metastasectomy has been proved to be an opportunity for long-term survival for patients with various neoplasms with pulmonary metastases. A retrospective study was performed to analyze the results and identify the prognostic factors of surgical treatment for pulmonary metastases.

Methods: From 1991 to 2003, a total of 73 patients who underwent surgical treatment for pulmonary metastases at the Kaohsiung Veterans General Hospital were enrolled for analysis.

Results: The overall 5-year survival rate was 25.1%. The operation-related mortality rate was 2.74%. Gender, origins of the primary cancers, number of pulmonary metastases, and surgical procedures had no significant effect for those patients who underwent pulmonary metastasectomies. However, patients who had a disease-free interval longer than 36 months had a better 5-year survival rate than those who had a shorter disease-free interval (29.6% vs. 10.5%).

Conclusion: Pulmonary metastasectomy is a safe and potentially curative procedure. The disease-free interval is an important prognostic factor for patients with pulmonary metastases.
(Thorac Med 2006; 21: 9-15)

Key words: secondary tumors of the lung, metastasectomy

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轉移性肺部腫瘤之外科治療

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轉移腫瘤切除術已證實是對於肺部轉移腫瘤的治療方式之一。為了研究其結果及其預後因子，作回溯性研究分析。於 1991 年至 2003 年在高雄榮民總醫院，共七十三位患者因肺部轉移腫瘤接受外科性治療。五年存活率為 25.1%，手術死亡率為 2.74%。在預後因子統計分析中發現，就病患性別、原發腫瘤種類、手術方式、肺部轉移腫瘤數目、腫瘤大小，對手術後生存並無影響。而原發腫瘤切除治療後至出現肺臟轉移時間小於或大於 36 個月之五年存活率分別為 10.5% 及 29.6%。原發腫瘤切除治療後至出現肺臟轉移時間為一個重要預後因子。同時轉移腫瘤切除術是安全且有治癒可能的方法。*(胸腔醫學* ***2006; 21: 9-15)***

關鍵詞：次發性肺部腫瘤、轉移腫瘤切除

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Outcomes of Patients after Discharge from the Respiratory Care Center

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Background: Since little attention has been given to the long-term outcomes of patients in hospital-based ventilator weaning units, we sought to evaluate the outcomes of patients discharged from the Respiratory Care Center (RCC) in a university medical center in southern Taiwan.

Methods: A prospective data collection was performed with the patients who were admitted to the RCC during a 3-year period, from December 2001 to December 2004. These data included age, gender, underlying disease, total ventilator days, ICU and RCC stay days, ICU and RCC ventilator days, hospital discharge status, and disposition. Long-term outcomes after discharge from the RCC were ascertained using a review of hospital medical records and/or direct inquiry of patients and/or family members through telephone interviews.

Results: Totally, 240 prolonged mechanical ventilator-dependent (≥21 days) patients were admitted to the RCC during the study period. Sixty-eight patients (28.3%) were unsuccessfully weaned, and transferred to the RCW, and 133 patients (55.4%) were successfully weaned from the ventilator and left the RCC; the overall hospital mortality rate was 16.3% (39 patients). The weaning rates for the 3 periods of RCC stay were: early weaning (within 14 days) at a rate of 26. 7%, mid-term weaning (15-28 days) at a rate of 33.3%, and late weaning (>28 days) at a rate of 16.7%. Those patients who stayed in the RCC for more than 28 days had a statistically significantly lower rate of successful weaning. The Kaplan-Meier (KM) survival curve estimates of 240 patients after discharge from the RCC were as follows: 1 month, 70% (95% confidence interval [CI], 65% to 75%); 3 months, 58% (52% to 66%), 6 months, 54% (46% to 62%); 1 year, 43% (36% to 50%); 2 years, 35% (28% to 43%). The KM survival estimates of the unsuccessfully weaned patients after discharge were performed, and there were significant differences in the outcomes of these 2 groups. Within the group of 133 successfully weaned patients, those who underwent early, mid-term, and late successful weaning did not differ in their outcomes, including survival rate and the ventilator-independent rate, after discharge from the RCC.

Conclusion: About half of the patients were successfully weaned at our RCC. Patients discharged from the RCC had poorer outcomes if they were ventilator-dependent. And, early or late ventilator weaning in the RCC did not have an impact on the long-term survival or ventilator-independence of the patients. ***(Thorac Med 2006; 21: 16-24)***

Key words: outcomes; survival; weaning; prolonged mechanical ventilator-dependent

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呼吸照護中心出院後患者之預後

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背景：因為在醫院的呼吸器脫離訓練單位中, 比較少注意到有關於病患的長期預後，我們試著評估在南台灣的一個大學醫學中心從呼吸照護中心出院的病患預後。

方法：前瞻性的數據收集從西元 2001 年 12 月到 2004 年 12 月，在 3 年的時間追蹤的那些呼吸照護中心出院的病患。這些數據包括年齡，性別，潛在疾病，呼吸器總使用天數，加護病房以及呼吸照護中心的停留天數和呼吸器使用天數，離院狀況及後續照顧單位 。以醫院的病歷記錄和直接詢問病患和 / 或家庭成員的電話訪談追蹤調查。

結果：全部總共 240 位長期呼吸器依靠(≥ 21 天)的病患進入呼吸照護中心，總住院死亡率是 16.3% (39 位病患)， 68 位病患(28.3%)由於呼吸器脫離不成功，因此轉移到慢性呼吸照護中心， 133 位病患(55.4%)成功脫離呼吸器而離開呼吸照護中心。早期呼吸器脫離(RCC 停留 14 天內)的呼吸器脫離成功率 26.7% ，中期呼吸器脫離(RCC 停留 15-28 天) 33.3% ，和晚期呼吸器脫離(RCC 停留>28 天) 16.7% ，據統計晚期呼吸器脫離者其成功呼吸器脫離的比率較低。 The Kaplan-Meier (KM) 存活曲線估計如下： 1 個月， 70% (95% 的信賴區間 [CI]， 65% 到 75%)； 3 個月， 58% (52% 到 66%)， 6 個月， 54% (46% 到 62%)；1 年， 43% (36% 到 50%)；2 年， 35% (28% 到 43%)。比較呼吸器脫離失敗者 KM 存活曲線估計，它們在這兩組之間的結果方面相當不同。

結論：大約一半的病患可以在我們的呼吸照護中心成功的呼吸器脫離。呼吸器無法脫離而離開呼吸照護中心之患者比起呼吸器脫離而離開呼吸照護中心之患者有明顯較低之存活率。在成功呼吸器脫離者，早期脫離和晚期脫離並無影響長期存活率及呼吸器不使用率，所以我們仍應積極嘗試讓患者脫離呼吸器。*(胸腔醫學* ***2006; 21: 16-24****)*

關鍵詞：預後；存活；呼吸器脫離；長期呼吸器依靠

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Diagnosis of *Strongyloides* Hyperinfection Syndrome in a COPD Patient with Routine Sputum Smear Study — A Case Report and Literature Review

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Strongyloidiasis is an infection caused by *Strongyloides* stercoralis. In contrast to other helminthic parasites, *S. stercoralis* can complete its life cycle entirely within the human host. It can cause a wide spectrum of diseases in humans, ranging from chronic asymptomatic infections to a hyperinfective and often fatal syndrome, particularly in immunocompromised patients. *Strongyloides* hyperinfection syndrome is 1 of several clinical manifestations of strongyloidiasis and has a mortality rate exceeding 80%. A diagnosis of strongyloidiasis is usually made by detecting larvae in concentrated stool or duodenal fluid specimens, and sometimes by duodenal biopsy or sputum smears. We present a case of *Strongyloides* hyperinfection syndrome with lung involvement in a patient with chronic obstructive pulmonary disease (COPD) and liver cirrhosis, who suffered from severe shortness of breath, productive cough and herpes zoster neuralgia of the cervical nerve, diagnosed by a routine sputum smear study. The simultaneous daily concentrated stool smears and endoscopic duodenal biopsy were negative for rhabditiform larvae, while the consecutive daily sputum smears were rich in larvae. The clinical symptoms greatly improved after antihelminthic therapy with 2 courses of 12 mg oral ivermectin daily for 2 days. The larval count significantly decreased after the introduction of ivermectin, with a negative conversion of larvae on the sputum smears from the 15th hospital day. He was discharged from our hospital on the 35th day after admission in a stable clinical condition. Through this case experience, we concluded that the sputum smear study cannot be overlooked in the diagnosis of Strongyloides hyperinfection, particularly for COPD patients. The relevant literature is reviewed, including the risk factors, clinical symptoms, diagnosis, and prognosis of strongyloidiasis. ***(Thorac Med 2006; 21: 25-32)***

Key words: strongyloidiasis; *Strongyloides* hyperinfection syndrome; autoinfection

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經由痰液常規抹片檢查診斷慢性阻塞性肺疾合併糞小桿線蟲過度感染—一病例報告和文獻回顧

蕭建隆　徐志育　吳錦桐

糞小桿線蟲感染症是由 *Strongyloides stercoralis* 所引起的一種全身性的寄生蟲感染症。和其他寄生蟲不同的是，它可以在體內完成自體感染的整個過程。而它寄生在人體身上可以沒有症狀長達 50 年以上。但是在細胞免疫功能異常的人身上，它可能會造成致命性高達 80% 以上的 *Strongyloides* hyperinfection syndrome。診斷上通常是藉由濃縮的大便抹片及十二指腸的抽取液來直接觀察糞小桿線蟲的幼蟲蟲體。我們報告一位慢性阻塞性肺病及肝硬化的 78 歲老先生因氣促、喘鳴、咳痰和帶狀泡疹引發的左側頸神經痛而送來醫院治療。來院之前已在外院診所接受長達 1 個月以上的類固醇治療。在住院的當天，我們在常規的痰液抹片檢查意外發現了糞小桿線蟲幼蟲的存在。然而在此同時，反覆的糞便檢查卻一無所獲，甚至連消化道內視鏡小腸切片也無法找到此蟲體。我們開始使用每天一次 12 毫克 ivermectin 兩天，來治療糞小桿線蟲的過度感染症候群 (*Strongyloides* hyperinfection syndrome)。病人的症狀逐漸改善，蟲體的數目和活動力顯著的減少，並且在入院的第 15 天之後再也找不到蟲體了。病人因病情穩定而在住院的第 35 天出院繼續在門診追蹤治療。由此個案的經驗，我們發現不可忽略痰液的常規抹片檢查在診斷慢性阻塞性肺疾合併糞小桿線蟲過度感染的重要性。同時我們回顧一些文獻報告，並且討論糞小桿線蟲過度感染症候群之危險因子及臨床表現之症狀，此外也討論其診斷方法以及治療。*(胸腔醫學 **2006; 21: 25-32**)*

關鍵詞：糞小桿線蟲感染症，糞小桿線蟲過度感染症，自體感染

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Cryptococcal Laryngitis: A Case Report

Yu-Hsuan Chen, Chi-Wei Tao*, Pen-Fong Yeh, Ming-Teng Chung**

Infections caused by *Cryptococcus neoformans* range from those in an asymptomatic state to systemic disease, especially in immunocompromised hosts. Laryngeal cryptococcal infections are extremely rare - only 7 cases have been reported in the literature. We present a case of cryptococcal laryngitis in an 83-year-old male with chronic obstructive pulmonary disease (COPD) and long-term corticosteroid use. The patient was admitted with a 14-day history of dysphagia, hoarseness, respiratory distress, and upper airway obstruction that necessitated tracheostomy. After intensive respiratory care and fluconazole treatment, his symptoms improved. ***(Thorac Med 2006; 21: 33-39)***

Key words: cryptococcal laryngitis, cryptococcosis, laryngitis

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新型隱球菌性咽喉炎：一病例報告及文獻回顧

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新型隱球菌性咽喉炎，相當的罕見—目前僅有七例病例報告。新型隱球菌的感染程度，由沒有症狀至全身性感染皆可見，特別在免疫不全的病人身上。我們將報告一位 83 歲男性，長期使用類固醇控制慢性阻塞性肺疾病，他因為喉嚨痛及吞嚥困難約 14 天，至門診求助，住院後因呼吸窘迫及上呼吸道阻塞，需接受氣切來維持呼吸道暢通，在接受積極照護及 Fluconazole 治療後，症狀有明顯改善。*(胸腔醫學 **2006; 21: 33-39**)*

關鍵詞：新型隱球菌性咽喉炎，新型隱球菌症，咽喉炎

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Multiple Pulmonary Tumors as the Initial Manifestation of Cervix Uteri Malignant Melanoma — A Case Report

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We report a case of malignant melanoma of the cervix uteri with multiple lung metastasis diagnosed in a 39-year-old female patient. The patient presented persistent cough with scanty sputum as the first symptom, and no pigmented lesion of the anus, vulva, or skin. The chest film showed multiple varied nodules and masses at both lungs. Pathology of the bronchoscopic biopsy via LB6 showed malignant melanoma. Cytology of the uterine cervix smear revealed malignant melanoma. Colposcopy showed a 0.5x0.8x0.5-cm sized, pigmented lesion on the anterior lip of the cervix. Pathology of the biopsy showed malignant melanoma. Brain computed tomography showed multiple metastasis of the brain. We review the literature and discuss the clinical manifestation, radiographic evaluation, and adjuvant therapy of metastatic melanoma. ***(Thorac Med 2006; 21: 40-45)***

Key words: melanoma, cervix, lung metastasis

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肺部多發性腫瘤爲初始表現之原發子宮頸黑色素細胞癌—一病例報告

吳政哲　李毓芹*　彭瑞鵬*

原發於子宮頸的黑色素細胞癌相當罕見。合併肺部轉移的子宮頸黑色素細胞癌更是少見。子宮頸黑色素細胞癌在臨床上診斷不易而且被診斷出來時已通常相當晚期，預後也不好。常見於肺部轉移的原發腫瘤有乳癌、頭頸部腫瘤、大腸癌或胃癌。黑色素細胞癌常轉移侵犯至肺部。常見的影像學表現為多發性結節或腫塊。肺部多發性腫瘤若診斷為黑色素細胞癌轉移時，應仔細檢查病患的皮膚或黏膜是否有原發黑色素細胞癌。黑色素細胞癌主要治療方式為手術切除。病人的預後好壞通常決定於病人的術前診斷分期。*(胸腔醫學 2006; 21: 40-45)*

關鍵詞：黑色素細胞癌、子宮頸、肺部轉移

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Hughes-Stovin Syndrome in a Patient with Behçet's Disease — A Case Report

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Hughes-Stovin syndrome (HSS) is a very rare disorder with a combination of multiple pulmonary artery aneurysms and deep venous thrombosis or thrombophlebitis. Hughes-Stovin syndrome and Behçet's disease (BD) are the 2 known non-congenital, noninfectious diseases that produce pulmonary aneurysms. The relationship between them is still controversial. We report a very rare case of Hughes-Stovin syndrome in a patient with Behçet's disease. The patient initially presented with chest pain, hemoptysis, fever, chills, and engorged superficial veins on the trunk. Multiple pulmonary artery aneurysms and deep venous thrombosis were ascertained by thoracic magnetic resonance angiography (MRA), angiography, and chest and abdominal computed tomography (CT). BD was diagnosed with recurrent oral ulcers, genital ulcers, and skin lesions. The patient was treated with combinations of corticosteroid, colchicine, and cyclophosphamide. ***(Thorac Med 2006; 21: 46-52)***

Key words: Hughes-Stovin syndrome, Behçet's disease, pulmonary artery aneurysms

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貝賽特氏病病人合併 Hughes-Stovin 症候群—病例報告

葉靖宇　施崇鴻　王鋒杰

Hughes-Stovin 症候群為一非常罕見的疾病合併有多發性肺動脈瘤及深部靜脈栓塞或血栓靜脈炎。Hughes-Stovin 症候群和貝賽特氏病是兩種已知會發生肺動脈瘤的非先天性、非感染性疾病。兩者之間的關聯性仍有爭議。我們報告一個非常罕見的病例為貝賽特氏病合併 Hughes-Stovin 症候群。病人一開始的表現為胸痛、咳血、發燒、寒顫及軀幹出現表面靜脈充血。胸腔核磁共振血管攝影、血管攝影、胸腔及腹部電腦斷層診斷出多發性肺動脈瘤及深部靜脈栓塞。反覆性口腔潰瘍、生殖器潰瘍及皮膚病灶診斷出貝賽特氏病。病人接受合併使用皮質類固醇、秋水仙素及環磷醯胺的治療。*(胸腔醫學* ***2006; 21: 46-52)***

關鍵詞：Hughes-Stovin 症候群，貝賽特氏病，肺動脈瘤

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Precursor T-Lymphoblastic Leukemia/Lymphoma Presenting with a Huge Left Lung Mass — A Case Report

Ming-Hsien Huang, Wen-Chung Chen, Wei-Cheih Lin, Chang-Wen Chen, Han-Yu Chang, Tzuen-Ren Hsiue

Leukemia with a lung mass presentation has been rarely reported. We describe a 65-year-old man who developed a huge lung mass on the left side with compression of the mediastinum and respiratory failure. Precursor T-lymphoblastic leukemia/lymphoma was diagnosed after bone marrow biopsy and left lung mass biopsy. He received leukophoresis for a blastic crisis and chemotherapy for leukemia. Unfortunately, neutropenic fever developed later, and the patient died of septic shock. ***(Thorac Med 2006; 21: 53-58)***

Key words: leukemia; lymphoma; lung mass; precursor T-lymphoblastic leukemia/lymphoma

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以巨型左肺腫瘤表現的先驅 T 細胞淋巴母細胞性白血病 / 淋巴瘤—病例報告

黃明憲　陳文宗　林偉傑　陳昌文　張漢煜　薛尊仁

白血病合併肺部腫瘤的病例是罕見的，文獻上很少被報告。在此我們報告一位 65 歲男性病例長出一個左側肺部巨大腫瘤並且壓迫到縱膈腔合併呼吸衰竭，經過骨髓切片和左肺腫瘤病理切片之後，被診斷為先驅 T 細胞淋巴母細胞性白血病 / 淋巴瘤(Precursor T- lymphoblastic leukemia/lymphoma)。因為 blastic crisis 所以他接受 leukophoresis 和化學療法。由於 neutropenic fever ，該病患死於隨後的敗血性休克。本例病人為 65 歲男性少見，而且無 CNS 侵犯，也無肋膜積液更是少見。報告此病例是當 CXR 影像出現肺部巨大腫瘤並且壓迫到縱膈腔合併呼吸衰竭時，也需要將 Precursor T- lymphoblastic leukemia/lymphoma 列為鑑別診斷之一，因為此疾病是少見的，尤其是在年老的患者其預後不佳。*(胸腔醫學* ***2006; 21: 53-58)***

關鍵詞：白血病、淋巴瘤、肺腫瘤、先驅 T 細胞淋巴母細胞性白血病 / 淋巴瘤

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Adenocarcinoma of the Lung with Ovarian Metastasis: A Case Report

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Ovarian adenocarcinoma can be either a primary ovarian neoplasm or metastasis from another primary site. Approximately 6% of ovarian cancers are metastatic, usually from the stomach, breast, pancreas, kidney, or colon. Reports of ovarian metastasis from lung cancer are relatively uncommon, even in autopsy series. Only approximately 5% of females with lung cancer have ovarian metastasis at autopsy. We report a 23-year-old woman who was diagnosed with adenocarcinoma of the lung, left upper lobe, with multiple brain metastasis, in December, 2001. She received cranial irradiation for brain metastasis and systemic chemotherapy, beginning in January, 2002. About 1 year later, she complained of lower abdominal tenderness, and a huge pelvic mass, about 20 centimeters in diameter, was disclosed by abdominal CT scan. Left salpingo-oophorectomy and pelvic lymph node dissection were performed in January, 2003. Pathology showed that the tumor cells were in a tubulopapillary pattern; their cytoplasm was clear and the nuclei were pleomorphic. Immunohistochemical staining with thyroid transcription factor-1 (TTF-1) showed nuclear staining in the tumor cells, compatible with lung cancer metastasis to the ovary. Even though ovarian metastasis is a rare presentation of lung cancer, the possibility should always be kept in mind when an ovarian tumor is found after lung cancer has been diagnosed. ***(Thorac Med 2006; 21: 59-64)***

Key words: ovarian metastasis, thyroid transcription factor-1

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肺腺癌合併卵巢轉移—病例報告

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卵巢腺癌可以是原發性病灶亦可以是轉移性病灶。大約百分之六的卵巢腫瘤是轉移性病灶，特別是由胃、乳房、胰臟、腎臟以及大腸轉移而來。在病理解剖報告中由肺癌轉移至卵巢的情況並不常見。大約百分之五的女性肺癌患者在接受病理解剖時會發現卵巢轉移病灶。我們提出一位二十三歲女性病患在二〇〇一年十二月診斷為左上肺葉肺腺癌合併腦轉移。病患在接受腦部放射線治療及全身性化學治療一年後出現腹部疼痛的情況。腹部電腦斷層檢查發現有一個二十公分大小的腫瘤。病患於二〇〇三年一月接受左側輸卵管及卵巢切除，病理報告顯示卵巢病灶為腺癌同時對甲狀腺轉錄因子-1(TTF-1)之免疫化學染色呈現陽性反應與原先推測之肺腺癌合併卵巢轉移之診斷吻合。儘管癌合併卵巢轉移的情形相當少見，在原先診斷為肺癌的病患之後出現卵巢腫瘤時仍應將卵巢轉移的可能性考慮在內。*(胸腔醫學* ***2006; 21: 59-64)***

關鍵詞：卵巢轉移，甲狀腺轉錄因子-1

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Non-small Cell Lung Cancer with Small Intestinal Metastasis — A Case Report and Review of the Literature

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A 47-year-old male was admitted to our hospital, and underwent an exploratory laparotomy with small intestinal resection due to suspected small intestine intussusception. The pathology of the intestine showed metastatic poorly differentiated carcinoma. CXR showed a mass in the left lower lobe of the lung, and adenocarcinoma was proved by bronchoscopic biopsy. After consulting with the pathologist, adenocarcinoma of the lung with small intestinal metastasis was diagnosed. Intestinal metastasis was found in 11% of lung cancers at autopsy, but it rarely produced symptoms. However, intestinal metastasis may produce gastrointestinal perforation, obstruction, bleeding and intussusception. Surgery may palliate the symptoms of some patients, however, the prognosis is poor. ***(Thorac Med 2006; 21: 65-69)***

Key words: intestinal metastasis, intussusception, adenocarcinoma

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非小細胞肺癌合併小腸轉移—病例報告與文獻回顧

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一位四十七歲男性因腹痛至本院求診，KUB檢查及腹部電腦斷層檢查發現有腸套疊合併腸阻塞現象。經緊急小腸截除手術，其病理報告為轉移性分化不良型癌細胞。而術前胸部 X 光也意外發現左下肺葉有一腫塊，後經細胞學證實為肺腺癌。經會診病理科醫師後，確定為肺腺癌合併小腸轉移。在肺癌病患的死後解剖中，我們可發現 11% 的病人有小腸轉移，但他們極少造成症狀。小腸轉移的症狀包括腸穿孔、腸阻塞、腸出血和腸套疊。手術可改善部分人的症狀但長期預後是不好的。*(胸腔醫學 **2006; 21: 65-69**)*

關鍵詞：小腸轉移，肺腺癌，腸套疊

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Traumatic Lacerations of the Right Middle Lobar Bronchus — A Case Report

Chun-An Lu, Yung-Heng Liu*, Chih-Hung Chen

Tracheobronchial injury is a rare, but serious complication of blunt thoracic trauma. The injury is always near the carina and the main bronchus, but is seldom in the right middle lobar bronchus. Surgical intervention of a deficiency is still the major treatment.

Herein, we described the case of a healthy 20-year-old woman with 2 traumatic lacerations of the right middle lobar bronchus (RMLB). She suffered blunt thoracic trauma in a traffic accident and clinically presented as chest pain and respiratory distress. The chest radiograph disclosed cervical and thoracic subcutaneous emphysema, pneumopericardium, rib fractures and left lung contusions and thoracic drainage in the right lung. The fiberoptic bronchoscopy found 2 longitudinal lacerations, 2 cm and 1 cm, respectively, on the posterior wall of the RMLB. The patient did not undergo surgical repair because the lesions were minor, and the clinical symptoms did not deteriorate. The lacerations healed well after 7 days of conservative treatment. She was discharged the next day. ***(Thorac Med 2006; 21: 70-74)***

Key words: blunt thoracic trauma, right middle lobar bronchus, laceration

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外傷導致的右中葉支氣管撕裂傷—病例報告

盧俊安　劉永恆*　陳志弘

在胸部鈍挫傷中，氣管支氣管撕裂傷是罕見但是是非常嚴重的併發症。它大部分發生氣管隆凸和主支氣管的位置。發生在右中葉支氣管更是罕見。開刀修復是對於氣管支氣管撕裂傷的主要治療方法。

本篇報告提出一位 20 歲健康女性因為外傷導致右中葉支氣管撕裂傷的病例報告。她在車禍中受到胸部的直接鈍挫傷，臨床的表現主要以胸痛及呼吸窘迫為主。在胸部 X 光發現頸部及胸部的皮下氣腫、心包膜氣胸、肋骨骨折 、左邊肺葉挫傷和右胸放置了一根胸管。在軟式的支氣管鏡的檢查下發現在右中葉支氣管的後壁分別各有一個 2cm 及 1cm 長的撕裂傷。由於撕裂傷口不大及臨床症候並未持續惡化，她並未接受開刀的治療。在 7 天後的支氣管檢查發現這些撕裂傷已經癒合相當的良好，她並在隔天出院。*(胸腔醫學* ***2006; 21: 70-74)***

關鍵詞：胸部鈍挫傷，右中葉支氣管，撕裂傷

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Spontaneous Closure of Tracheal Fistula caused by Descending Necrotizing Mediastinitis in a Diabetic Patient — A Case Report and Review of the Literature

Min-Li Chang, Horng-Chyuan Lin

We report our experience of the treatment of a 68-year-old female with a tracheal fistula which was associated with deep neck infection and descending necrotizing mediastintis.She received long-term care with endotracheal intubation and mechanical ventilator support after cervicomyotomy and transcervical mediastinal drainage. The fistula was healed. Thus, long-term controlled ventilation and mediastinal drainage were beneficial for the treatment of central airway injury. ***(Thorac Med 2006; 21: 75-81)***

Key word: tracheal fistula, descending necrotizing mediastinitis

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下行性壞死縱膈腔炎引發氣管瘻管之自發性癒合

張敏麗　林鴻銓

氣管瘻管是下行性壞死縱膈腔炎的一個少見且嚴重的併發症，外科修補是氣管瘻管的主要處理方式。我們報告的病例是一個 68 歲女性因慢性氣喘及反覆呼吸衰竭而接受氣管內插管和呼吸器支持後出現深部頸部感染及下行性壞死縱膈腔炎，在抗生素及外科清瘡治療深部頸部感染及縱膈腔炎療程中，大量濃液出現在氣管插管，緊急軟式支氣管鏡檢查發現在氣管中段後方一個氣管瘻管，由於高度手術風險及家屬不同意手術， 因此嘗試保守治療，在 29 天後，氣管鏡追蹤發現氣管瘻管已自然癒合。病人因慢性氣喘、心臟衰竭及肌肉無力。因深部頸部感染併發縱膈腔炎而出現氣管瘻管自然癒合在文獻回顧上是罕見的。我們報告這個治療成功的案例，並且回顧的相關文獻。*(胸腔醫學* ***2006; 21: 75-81)***

關鍵詞：氣管瘻管，下行性壞死縱膈腔炎

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Dramatic Improvement of Severe Bronchorrhea after Gefitnib Treatment in a Patient with Possible Bronchioloalveolar Carcinoma

Shih-Chang Lin, Chao-Chi Ho*, Chong-Jen Yu, Pan-Chyr Yang

Bronchorrhea is not uncommon in patients with bronchioloalveolar carcinoma (BAC). Confirmation of the diagnosis of BAC often requires thoracotomy, because the diagnostic sensitivity of fiberoptic bronchoscopy and needle aspiration varies very widely (14% to 80%). Elevation of carcinoembryonic antigen (CEA) and cancer-associated antigen 19-9 (CA19-9) in the sputum is another way to suggest the possibility of BAC. Herein, we report an unusual case with profuse watery sputum and multilobar consolidation on the chest radiography. Severe hypoxic respiratory failure, which was refractory to conventional treatment for acute respiratory distress syndrome (ARDS), developed after admission. The sputum contained very high levels of CEA and CA19-9 (146.1 ng/ml and 77,873.0 U/ml, respectively), in spite of a nearly normal serum level. After treatment with gefitinib, the daily volume of sputum dramatically decreased, from 640 ml to 200 ml. The reduction in the sputum volume was associated with alleviation of the hypoxia and partial resolution of the consolidation. This case suggests the value of gefitinib in the treatment of severe bronchorrhea caused by malignancy. ***(Thorac Med 2006; 21: 82-88)***

Key words: bronchioloalveolar carcinoma; bronchorrhea; gefitinib; carcinoembryonic antigen (CEA), cancer-associated antigen 19-9 (CA19-9)

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Gefitinib 顯著改善大量支氣管漏於疑似肺泡細胞癌病人

林世章　何肇基*　余忠仁　楊泮池

支氣管漏 (bronchorrhea) 的表現在肺泡細胞癌 (bronchioalveolar carcinoma) 病患身上並不算少見，然而肺泡細胞癌的確定診斷常常需要開胸手術。因為不論是經支氣管鏡或經皮超音波指引切片其敏感度依不同研究差異甚大 (14% 到 80%)。事實上，藉由痰液中上升之腫瘤指標，如胚胎癌抗原 (carcinoembryonic antigen, CEA) 及癌抗原 19-9 (cancer-associated antigen 19-9, CA19-9) 也可以提供診斷之參考。我們在這個報告中提出一個罕見的病例是以大量水狀的支氣管漏及胸部 X 光多肺葉實質病變來表現並快速進展成嚴重的缺氧性呼吸衰竭。對病人投以急性呼吸窘迫症 (acute respiratory distress syndrome, ARDS) 的標準治療對於改善低血氧並無明顯幫助。我們稍後在痰液中偵測到非常高濃度的胚胎癌抗原及癌抗原。而在給予口服抗癌藥物 gefitinib 之後，每日的痰量迅速降低 (由六百四十降至兩百毫升)。除此之外，病人的血氧濃度和 X 光的實質病變也都得到明顯的改善。因此我們認為在治療肺泡細胞癌造成的嚴重支氣管漏時，可以考慮使用 gefitinib 。*(胸腔醫學* ***2006; 21: 82-88****)*

關鍵詞：支氣管漏，肺泡細胞癌， gefitinib ，胚胎癌抗原，癌抗原 19-9

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Pulmonary Sequestration with Rib Notching — A Case Report

Chen-Yu Wang, Gwan-Han Shen, Guan Chou*

Bronchopulmonary sequestration is a rare congenital pulmonary malformation. It is usually manifested as hemoptysis or recurrent pneumonia. On chest radiography, sequestration typically appears as a solid mass, a cystic lesion, or an air-fluid level, depending on the communication to the airway or the infection condition. However, pulmonary sequestration with rib notching on the chest radiograph has never been reported in the literature. Herein, we report a case of pulmonary sequestration with unilateral rib notching. ***(Thorac Med 2006; 21: 89-93)***

Key words: pulmonary sequestration, rib notching

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游離肺合併肋骨下緣缺口—一病例報告

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游離肺是一個罕見的先天性肺部畸型，臨床上常以咳血及反覆性肺炎來表現。在胸部 X 光片上，常表現出實體病灶或囊狀病變。視與呼吸道交通的情況和感染程度，有時還會表現出空氣液體邊界。然而游離肺合併肋骨下緣缺口的影像學特徵尚未在文獻上被報告過。在此，我們報告一個游離肺合併肋骨下緣缺口的病例。*(胸腔醫學* ***2006; 21: 89-93)***

關鍵詞：游離肺，肋骨缺口

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Diffuse Panbronchiolitis Associated with Adult T-cell Leukemia — A Case Report

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Diffuse panbronchiolitis (DPB) is a disease characterized by chronic inflammation exclusively located in the respiratory bronchioles. It has been previously reported to occur exclusively in East Asians, primarily in Japanese, Korean, and Chinese populations. The definite causative agent remains unclear; neither environmental factors nor infectious agents have been demonstrated. A significantly high frequency of anti-HTLV-I antibody in patients with DPB, higher than in those with other diseases and healthy controls, has been reported. Adult T-cell leukemia/ lymphoma (ATL) is a category of lymphoid malignancy characterized histologically by malignant lymphocytes with flower-shaped nuclei, and HTLV-1 has been recognized as a causative agent of ATL. We present a case of DPB complicated by ATL and review the relationship between them. ***(Thorac Med 2006; 21: 94-100)***

Key words: diffuse panbronchiolitis (DPB), adult T-cell leukemia (ATL), human T-cell lymphotropic virus type I (HTLV-I)

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瀰漫性泛細支氣管炎併發成人 T 細胞白血病—病例報告

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瀰漫性泛細支氣管炎(Diffuse panbronchiolitis)是一呼吸性小支氣管慢性發炎之疾病。之前的報告病例多集中在東亞地區，主要在日本、韓國、中國。此病的致病因仍然不清楚，並未有確定的環境或感染因素被證實。曾有報告提出瀰漫性泛細支氣管炎的病人比一般健康人或有其他疾病的人有較高的機會發現人類嗜 T 淋巴球第一型病毒之抗體。成人 T 細胞白血病 / 淋巴瘤(Adult T-cell leukemia/lymphoma)是一個淋巴性惡性腫瘤，其組織特徵為具有花瓣狀細胞核的惡性淋巴球。而人類嗜 T 淋巴球第一型病毒被認為是成人 T 細胞白血病 / 淋巴瘤的致病因素。我們在此提出一個瀰漫性泛細支氣管炎合併成人 T 細胞白血病之病例報告，並且回顧此兩者之間相關的文獻。一位 53 歲的女性因活動性喘?及咳嗽有痰到胸腔科門診求診，經過檢查後她被診斷有瀰漫性泛細支氣管炎。然而 6 個月之後這個病人因發燒，白血球增多及身上多處淋巴結腫大入院，最後診斷患有成人 T 細胞白血病。 Ono *et al.*在 1989 年最先報告成人 T 細胞白血病的病人比一般人有更高的瀰漫性泛細支氣管炎盛行率。瀰漫性泛細支氣管炎會使成人 T 細胞白血病的病人更容易併發肺部感染，影響成人 T 細胞白血病的治療使愈後更差。在台灣，人類嗜 T 淋巴球第一型病毒的帶原者比非流行區高，因此也需留意瀰漫性泛細支氣管炎合併成人 T 細胞白血病的可能性。*(胸腔醫學* ***2006; 21: 94-100)***

關鍵詞：瀰漫性泛細支氣管炎，成人 T 細胞白血病，人類嗜 T 淋巴球第一型病毒

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Lymphangioleiomyomatosis with Chylothorax — A Case Report

Yu-Chung Kung, Pei-Jan Chen, Be-Fong Chen*, Hung-Chang Liu**

Pulmonary lymphangioleiomyomatosis (LAM) is an uncommon disorder of unknown etiology affecting women of childbearing age. It is characterized by the nonneoplastic proliferation of atypical smooth muscle cells within the lung parenchyma and elsewhere, leading to progressive loss of lung function. Clinical features include exertional dyspnea, cough, chest pain, recurrent pneumothorax, chylous pleural effusion, hemoptysis, eventual respiratory failure and, ultimately, death. We report a case of pulmonary LAM with chylothorax that developed in a 46-year-old woman. This patient suffered from cough and exertional dyspnea, and the chest X-ray showed left pleural effusion. Thoracocentesis demonstrated chylous effusion. The chest computed tomography (CT) scan revealed multiple cystic lesions. The clinical diagnosis, based on histological examinations with biopsy specimens, was pulmonary LAM. The chylothorax resolved after pleurodesis. ***(Thorac Med 2006; 21: 101-107)***

Key word: lymphangioleiomyomatosis, chylothorax, pleurodesis

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淋巴血管平滑肌瘤併發乳糜胸之病例報告及文獻回顧

龔昱中　陳培然　陳碧芳*　劉洪彰**

肺淋巴血管平滑肌瘤是一個原因不明且罕見的疾病，侵犯對象以生育年齡女性為主。以肺實質及其他部位的異常平滑肌細胞增生為其特徵，並導致肺功能逐漸喪失。臨床表現有呼吸困難、胸痛、咳嗽、咳血、反覆性氣胸、乳糜胸，甚至呼吸衰竭，進而死亡。我們報告一位 46 歲女性罹患淋巴血管平滑肌瘤合併乳糜胸，出現咳嗽、呼吸困難，胸部 x 光片呈現左側肋膜腔積液，經胸腔穿刺術檢查確定是乳糜胸。而電腦斷層上則見到許多囊狀空泡的病變。經胸腔鏡手術與病理組織檢查後確定診斷為淋巴血管平滑肌瘤。乳糜胸則在肋膜沾黏術治療後，獲得改善並消失。*(胸腔醫學* ***2006; 21: 101-107****)*

關鍵詞：淋巴血管平滑肌瘤，乳糜胸，肋膜沾黏術

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Pulmonary Function and Exercise Capacity of A Physician Who Recovered From Severe Acute Respiratory Syndrome

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Severe acute respiratory syndrome (SARS) is a new infectious disease with its initial worldwide outbreak in 2003. At that time (29 April to 26 May), there were 44 identified SARS patients, including 16 healthy hospital workers, in a nosocomial outbreak in a 2,500-bed medical center (Kaohsiung Chang Gung Memorial Hospital) in southern Taiwan Two medical workers developed acute respiratory distress syndrome (ARDS) and required intubation. Only 1 survived and later recovered. We followed up this patient with pulmonary function tests (PFTs), including spirometry and diffusing capacity, and high resolution computed tomography (HRCT) at 1 and 14 months after hospital discharge. A cardiopulmonary exercise test was performed at 14 months. Diffusing lung capacity for carbon monoxide (DLCO) was mildly impaired at the 1-month follow-up (77. 33%), but returned normal at the 12-month follow-up (82.60%). FEV1 and FEV1/FVC were within normal range, although minimal fibrosis was detected on the HRCT. Exercise capacity was normal, including the patient's recovery of physical fitness. ***(Thorac Med 2006; 21: 108-112)***

Key words: severe acute respiratory syndrome (SARS), pulmonary function, exercise capacity, cardiopulmonary exercise testing (CPET)

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一個感染嚴重急性呼吸道症候群但存活的醫師的心肺功能變化

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嚴重急性呼吸道症候群為一個在西元2003年發生的全球性新興傳染病。於4月29日至5月26日，總病床數達2500床的高雄長庚醫院爆發了群聚感染，總計有44位病患證實遭到感染，其中包含16位健康的醫護人員。有兩位醫師因急性呼吸窘迫症候群接受氣管內管插管及呼吸器治療，只有一位醫師存活並復原。我們在此病人出院後一個月及第十二個月進行肺功能以及高解析度電腦斷層檢查的追蹤，並於第十二個月進行了心肺運動功能的檢測。剛出院時，一氧化碳擴散能力 (DLCO) 顯示輕微受損 (77.33%)，在十二個月會回復到正常範圍 (82.60%)。HRCT顯示左上肺葉輕微纖維化，而肺功能維持在正常範圍 (FEV1及FEV1/FVC)。第十二個月時，運動心肺功能檢測報告正常。*(胸腔醫學* ***2006; 21: 108-112)***

關鍵詞：嚴重急性呼吸症候群，肺功能，心肺運動功能

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Multiple Nodular Pulmonary Lesions in a Human Immunodeficiency Virus-Infected Patient: an Unusual Manifestation of Invasive *Penicillium marneffei* Infection

Yu-Lin Tsai, Mao-Wang Ho*, Chih-Yen Tu, Hung-Jen Chen, Lai-Fong Kok**, Chuen-Ming Shih, Wu-Huei Hsu

Penicillium marneffei is endemic in southeastern Asian countries. In northern Thailand, it is the third most common opportunistic infection following tuberculosis and cryptococcosis in human immunodeficiency virus (HIV)-infected patients with acquired immunodeficiency syndrome (AIDS). The chest roentgenograms in such cases usually show mixed alveolar and interstitial infiltrates. We report a 60-year-old male HIV-infected patient with *P. marneffei* infection whose chest film initially presented with multiple nodular lesions. Generally, HIV patients with multiple pulmonary nodules should be considered as having pulmonary tuberculosis, *Pneumocystis carinii* pneumonia (PCP), cryptococcal pneumonia, Kaposi's sarcoma, or metastatic carcinoma. This case presented an unusual manifestation of invasive *P. marneffei* infection with multiple nodular pulmonary lesions. Thus, when HIV-infected patients present with multiple pulmonary nodules, *P. marneffei* infection should be considered. ***(Thorac Med 2006; 21: 113-118)***

Key words: *Penicillium marneffei*, acquired immunodeficiency syndrome, human immunodeficiency virus

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多發性肺結節在愛滋病患感染馬氏青黴菌（*Penicillium marneffei*）：少見的肺部X光片表現

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馬氏青黴菌具有二形性，即是於37℃時呈酵母細胞狀，在25℃時見則呈黴菌狀。馬氏青黴菌感染具有地域性，好發於東南亞、中國南及西南方、香港、台灣、泰國、越南、菲律賓等一帶。而在某些國家，馬氏青黴菌病更是愛滋病人中常見的感染。例如在泰國北部，馬氏青黴菌病僅次於結核病及隱球菌感染，成為第三種最常見的伺機性感染。大部份馬氏青黴菌感染在胸部X光片上的表現大多呈現混合肺泡和間質性浸潤。

我們提出這個病例：一位60歲男性愛滋病患，一開始胸部X光片以多發性結節表現，懷疑是結核菌感染、隱球菌感染、卡波西氏肉瘤、或轉移性癌症。後來血液培養、經電腦斷層指引抽取組織培養、以及病理報告均是馬氏青黴菌感染。我們提出這個病例就是讓臨床醫師在看到愛滋病患胸部X光片以多發性結節表現時，能把馬氏青黴菌感染列入其中之一鑑別診斷，亦能儘早給予治療。*(胸腔醫學* ***2006; 21: 113-118)***

關鍵詞：馬氏青黴菌，後天免疫缺乏症候群，愛滋病

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Pulmonary Alveolar Proteinosis Treated With Whole Lung Lavage: A Case Report and Literature Review

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Pulmonary alveolar proteinosis is a rare disease which was described first in 1958 as an "accumulation of periodic acid-Schiff (PAS)-positive material in the alveolar space". A 55-year-old male smoker was admitted due to slowly progressive exertional dyspnea with mild productive cough for 9 months. Chest radiography revealed bilateral diffuse lung infiltrates. Arterial blood gas showed hypoxemia with impaired diffusion capacity. Chest tomography showed patchy areas of ground glass opacities with a crazy-paving pattern. Alveolar proteinosis was proved by open-lung biopsy. Therapeutic whole lung lavage was performed 3 times monthly. His symptoms and arterial oxygen tension improved thereafter. ***(Thorac Med 2006; 21: 119-125)***

Key words: pulmonary alveolar proteinosis, crazy paving, whole lung lavage

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肺蛋白質沉積症—病例報告與文獻回顧

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肺蛋白質沉積症是少見之疾病。它於1958年被提出，特色是在肺泡中有periodic acid-Schiff特殊染色陽性物質的沉積。一個55歲男性於住院前九個月開始有呼吸困難以及輕微咳嗽。胸腔x光片顯示瀰漫性間質浸潤。動脈血氧分析顯示低血氧濃度以及擴散能力降低。胸部電腦斷層發現區域毛玻璃樣病變與碎石路模式（crazy-paving pattern）。肺部病理切片確認肺蛋白沉積症診斷。病人後續接受多次全肺灌洗術治療。其臨床症狀以及動脈血氧濃度逐漸改善。*(胸腔醫學* ***2006; 21: 119-125)***

關鍵詞：肺蛋白沉積症，碎石路模式，全肺灌洗術

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Congenital Pulmonary Venolobar Syndrome in Adults
— Two Case Reports

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The congenital pulmonary venolobar syndrome (CPVS) is a rare congenital abnormality of the thorax that may appear singly or in combination. The common components of CPVS include hypogenetic lung, partial anomalous pulmonary venous return, absence of a pulmonary artery, pulmonary sequestration, systemic arterialization of the lung, absence of the inferior vena cava, and an accessory diaphragm. The rare components of CPVS include tracheal trifurcation, eventration of the diaphragm, partial absence of the diaphragm, horseshoe lung, esophageal and gastric lung, anomalous superior vena cava, and absence of the left pericardium.

Herein, we present 2 young adult patients with CPVS. The first had a case of classic scimitar syndrome with right pulmonary venous drainage into the inferior vena cava. The other presented with partial anomalous drainage of the left pulmonary vein into the left branchiocephalic vein. A literature review is also included. ***(Thorac Med 2006; 21: 126-132)***

Key words: congenital pulmonary venolobar syndrome, scimitar syndrome, partial anomalous pulmonary venous return, PAPVR

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先天性肺靜脈葉症候群—兩個病例報告

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先天性肺靜脈葉症候群(congenital pulmonary venolobar syndrome, CPVS)是一種罕見的胸腔先天性的異常，可能單獨出現或合併其他異常疾病。先天性肺靜脈葉症候群中常見的要素包括肺部發育不全、部分肺靜脈回流異常、肺動脈缺乏、肺隔離、肺部的系統性動脈化、下腔大靜脈缺乏及副橫膈膜的發生；少數的要素包含氣管三分支化、橫膈膜膨出、部分橫膈膜缺乏、馬蹄形肺臟、食道和胃部的隔離肺、上腔大靜脈異常及左心包膜的缺乏。在此我們提出兩個先天性肺靜脈葉症候群的病例，一個是典型的scimitar症候群，表現出右側肺動脈灌流至下腔大靜脈；而另一位病例則是左側部分肺動脈灌流至左側臂頭靜脈。在此並回顧歷年來與此種病例相關的文獻報告。*(胸腔醫學* ***2006; 21: 126-132)***

關鍵詞：先天性肺靜脈葉症候群， scimitar 症候群，部分肺靜脈回流異常

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