

Impact of Feeding Status on Biochemical and Respiratory Parameters in Ventilator-Dependent Patients

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Meeting the adequate nutritional requirements of ventilator-dependent patients is still a challenge, because of the variety and severity of the diseases of these patients and the lack of reliable nutritional support guidelines. The objective of this study was to compare the energy requirement, biochemical data, and respiratory parameters in ventilator-dependent patients fed with different amounts of calories. Twenty-eight patients who had been on mechanical ventilation more than 14 days, with various primary diagnoses, and on continuous nasogastric tube feeding, were recruited. Resting energy expenditure (REE) was measured by indirect calorimetry (IC). Total energy expenditure (TEE) was defined as 1.2-fold of REE. Degree of feeding (DF) was defined as the ratio of actual calories provided to TEE. Our results showed that there were 5 patients (group A) with under- (DF < 0.9) or appropriate feeding ($0.9 \leq DF \leq 1.1$), and 23 patients (group B) with overfeeding (DF > 1.1) in this study. There were no significant differences in the serum levels of glucose, albumin, blood urea nitrogen, creatinine, prealbumin, transferrin, C-reactive protein, and nitrogen balance between group A and group B. The results of the complete blood count, blood gas, nutrient intake, tidal volume, respiratory rate, and minute ventilation were not significantly different between two groups. However, the proportional contribution of the energy substrate from carbohydrates was significantly greater in patients with overfeeding. In addition, patients with overfeeding had significantly lower carbon dioxide production, oxygen consumption, and REE, and had significantly higher levels of respiratory quotient (RQ) and non-protein RQ than the other patients. These results suggest that most of the ventilator-dependent patients in this study were overfed and had decreased fat oxidation. The use of IC may reduce the incidence of inappropriate feeding. Even though we found there were no significant effects of overfeeding in the biochemical data and respiratory parameters, the risks of overfeeding and the waste of medical resources are still worthy of consideration. (*Thorac Med* 2002; 17:10-18)

Key words: ventilator-dependent, resting energy expenditure, indirect calorimetry, respiratory parameter

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餵食狀況對呼吸器依賴患者血液生化值及呼吸參數之影響

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背景：呼吸器依賴患者由於疾病的多樣性和不同的嚴重度，且目前尚無對此類患者營養支持的標準，故如何提供此類患者適當的熱量，對醫療人員而言仍是一大挑戰。本研究旨在了解呼吸器依賴患者的熱量需求，以及在不同的熱量給予下血液生化值及呼吸參數之變化。

方法：本研究包括 28 位使用呼吸器超過 14 天、具不同臨床診斷且以鼻胃管連續灌食的患者。我們以間接熱量測定儀測量患者的休息狀態熱能消耗(REE)。患者的總熱量需求(TEE)定義為 1.2 倍 REE。餵食狀況(degree of feeding, DF)定義為實際餵食熱量與 TEE 之比率。

結果：結果顯示有 5 位患者屬於過低熱量餵食(<0.9 倍 DF, A 組)或適當熱量餵食(0.9 至 1.1 倍 DF, A 組)，而有 23 位屬於過度熱量餵食(>1.1 倍 DF, B 組)。血清中血糖、白蛋白、尿素氮、肌酸酐、前白蛋白、運鐵蛋白和 C 反應蛋白質濃度及氮素平衡在 A 組及 B 組間並無顯著差異。兩組的全血球計數、動脈血液氣體分析、潮氣容積、呼吸速率、每分鐘通氣量與患者實際餵食熱量也沒有顯著差異。然而過度熱量餵食者醣類利用百分率顯著增加，而脂肪利用百分率顯著下降。此外，過度熱量餵食者其二氧化碳產生量、氧氣消耗量及 REE 顯著低於過低或適當熱量餵食者，但是他們的呼吸商及非蛋白質呼吸商卻顯著較高。

結論：本中心的患者大部分有過度熱量供給的現象，且這些患者的脂肪氧化作用顯著降低。因此使用間接熱量測定儀可減低不當餵食的機率。本研究未發現過度熱量餵食對血液生化值及呼吸參數的顯著影響，但是經由腸道過度熱量餵食的潛在危險及造成的醫療資源浪費仍不可忽視。(胸腔醫學 2002; 17: 10-18)

關鍵詞：呼吸器依賴，休息熱量消耗，間接熱量測定，呼吸參數

A Comparison of the Efficacy and Safety of Salmeterol Accuhaler and Ipratropium in Patients with Chronic Obstructive Pulmonary Disease

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Background: At the present time, bronchodilator medications, including anticholinergics and long-acting β_2 -agonists, are central to symptom management in chronic obstructive pulmonary disease, but few studies have compared the Salmeterol accuhaler with the Ipratropium metered-dose inhaler alone.

Objectives: To compare their efficacy and safety, 50mcg bid with the Salmeterol accuhaler, and 40mcg qid with the Ipratropium metered-dose inhaler, were administered over two three-month treatment periods to patients with chronic obstructive pulmonary disease.

Methods: Thirty-five patients with well-controlled chronic obstructive pulmonary disease were randomized to undergo three months of a crossover and comparative study with two episodes of the treatment modalities. Either the Salmeterol accuhaler 50mcg bid or the Ipratropium metered-dose inhaler 40mcg qid were administered daily. Then, the forced expiratory volume in one second (FEV1), systolic blood pressure, diastolic blood pressure, heart rate, and device usage, were compared.

Results: Both the Salmeterol accuhaler 50 mcg bid, and the Ipratropium metered-dose inhaler 40 mcg qid, demonstrated clinical efficacy in increasing FEV1 and forced vital capacity (FVC). The Salmeterol group showed the same improvement in net change of FEV1 and FVC as the Ipratropium group after 3 months' use, with no statistical difference. No significant changes in pulse rate, or systolic and diastolic pressure were found between the two groups.

Conclusion: The Salmeterol accuhaler was equal to the Ipratropium metered-dose inhaler in improving lung function at the recommended doses over the 3-month period, but the accuhaler was easier to use than the metered-dose inhaler.. (*Thorac Med 2002; 17: 19-25*)

Key words: Salmeterol, Ipratropium, chronic obstructive pulmonary disease

比較 Salmeterol accuhaler 和 Ipratropium 在慢性阻塞性 呼吸道疾病使用之效能及安全性

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背景：支氣管擴張劑是目前處置慢性阻塞性呼吸道疾病症狀的主軸，這包括了副交感神經拮抗劑及長效乙二型交感神經刺激劑，但僅有少數文獻比較這兩者單獨使用之療效及安全性。

目的：本研究的目的是比較交叉使用 Salmeterol accuhaler 50 毫克一天兩次和 Ipratropium MDI 40 毫克一天四次三個月後兩者之療效及安全性。

方法：我們一共搜集了 35 位中度至重度的慢性阻塞性呼吸道疾病的病人，隨機地分成兩組然後分別接受 Salmeterol accuhaler 50 毫克一天兩次或 Ipratropium MDI 40 毫克一天四次，三個月後兩組交換藥物再使用三個月。完成後比較兩組之肺功能、收縮壓、舒張壓、心跳速率及器具使用等之差異。

結果：兩組病人使用了 Salmeterol accuhaler 50 毫克一天兩次或 Ipratropium MDI 40 毫克一天四次三個月後，FEV1 及 FVC 升高之值變化不大。在各使用這兩種藥物三個月後，Salmeterol accuhaler 的這一組病人與 Ipratropium MDI 這一組病人其 FEV1 和 FVC 上昇之值相當，且沒有統計學上的意義。兩者藥物使用後對心跳速率、收縮壓、舒張壓均沒有明顯改變。

結論：比較使用三個月後肺功能的改善，Salmeterol accuhaler 與 Ipratropium MDI 兩者效果相當；但是器具之使用方面，accuhaler 則比 MDI 來得容易。 (*胸腔醫學* 2002; 17: 19-25)

關鍵詞：Salmeterol, Ipratropium, 慢性阻塞性呼吸道疾病

Esophageal Schwannoma—Case Report and Review of the Literature

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This is a rare case report of a 34-year-old woman with a schwannoma of the esophagus. The patient was referred to our hospital with a 6-month history of dysphagia. The evaluation revealed a submucosal tumor of the esophagus, which was successfully resected through a right thoracotomy. During the pathologic examination, the tumor was disclosed in the muscular layers of the esophagus; there was no anatomic relationship between the tumor and the vagus nerve. Negative immunohistochemical staining for CD34 and CD117 proved the tumor had not originated in the smooth muscle cells. From the histological characteristics and positive immunohistochemical staining for S-100 protein, the diagnosis of esophageal schwannoma was made. (*Thorac Med* 2002; 17:26-30)

Key words: esophageal schwannoma

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食道神經鞘瘤——病例報告併文獻回顧

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食道神經鞘瘤為一相當罕見之食道良性腫瘤。此種好發於女性之食道腫瘤在術前檢查中很難與其它發生於食道黏膜下之良性腫瘤區別。正確之診斷建立於術後病理標本玻片檢驗與特殊之螢光免疫染色。在施以完全切除手術後，其癒後相當良好。在此我們報告一個以外科手術成功切除食道神經鞘瘤之病例並回顧歷年來有關此種病例的文獻。(胸腔醫學 2002; 17: 26-30)

關鍵詞：食道神經鞘瘤

Rapidly-Growth Giant Solitary Benign Fibrous Tumor of the Pleura in an Adult

Hsin-Yuan Fang, Alan Ronald Talbot*, Torng-Sen Lin, Kun-Chou Hsieh

A 61-year-old male presented with progressive shortness of breath lasting for three months. Chest radiographs and a computerized tomography scan showed a giant extra-pulmonary solid mass in the right thoracic cavity, with minimal pleural effusion, and the mass compressing the right lung. A lateral video-assisted mini-thoracotomy was performed, and a clearly-demarcated giant reddish solid mass measuring 17.0x14.5x7.2 cm, and weighing 1.02 kg was removed. The pathological diagnosis was benign solitary fibrous tumor. The histological examination showed a solitary fibrous tumor composed of bland-looking spindle cells that were haphazardly arranged and embedded in a densely collagenous matrix. After the operation, the patient recovered well, and is being followed up at the outpatient department. (*Thorac Med* 2002; 17: 31-34)

Key words: benign solitary fibrous tumor, pleural tumor

巨大良性的胸膜纖維腫瘤—病例報告

方信元 陶阿倫* 林同森 謝坤洲

61 歲男性病人因為漸進性呼吸喘已有三個多月。胸部 X 光照片和電腦斷層攝影掃描顯示右邊的胸腔內有巨大的肺外病兆合併胸水，病人三年以前因外傷而照的胸部 X 光則無病兆發現。病人接受影像輔助迷你開胸將腫瘤完全取出，腫瘤與胸壁有 5x5 公分的沾黏，與肺部則沒有相連。腫瘤大小 17.0x14.5x7.2 公分且重 1.02 公斤，腫瘤表面平滑成粉紅色，切開時呈現黃色與少數點狀出血。病理的診斷是良性的胸膜纖維腫瘤。病人手術後順利出院，目前在門診追蹤。(胸腔醫學 2002; 17: 31-34)

關鍵詞：良性胸膜纖維腫瘤，肋膜腫瘤

Relapsing Polychondritis with Acute Respiratory Failure —A Case Report

Chih-Ming Lin, Ying-Huang Tsai, Chung-Chi Huang, Kuo-Chin Kao, Chin-Kuo Lin,
Thomas C-Y Tsao

Relapsing polychondritis (RP) is a rare disease characterized by recurrent inflammation and the destruction of the cartilaginous structures. Airway manifestations are ultimately present in about 50% of patients with RP. Airway involvement, especially the large airway, is a dreaded complication of RP. We report a case of acute respiratory failure due to tracheobronchomalacia secondary to RP, which was treated with steroids, a tracheostomy, and continuous positive airway pressure (CPAP). (*Thorac Med* 2002; 17: 35-39)

Key words: Relapsing polychondritis, tracheobronchomalacia, tracheostomy, continuous positive airway pressure

復發性多軟骨合併急性呼吸衰竭—病例報告

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復發性多軟骨炎是一種少見的疾病，它常會反覆地軟骨發炎並致使軟骨破壞。大約有百分之五十的病人會有呼吸道表徵，一旦影響到大型呼吸道常會有危及生命的併發症。我們報導一位女性病患因復發性多軟骨炎導致氣管支氣管軟化，而使用類固醇、氣管切開術和持續呼吸道正壓治療。(胸腔醫學 2002; 17: 35-39)

關鍵詞：復發性多軟骨炎，氣管支氣管軟化，氣管造口術，持續呼吸道正壓

Bronchobiliary Fistula and Bile Pneumonitis after Transcatheter Arterial Chemoembolization and Hepatic Surgery for Hepatocellular Carcinoma—Report of A Case

Jann-Yuan Wang, Li-Na Lee*, Yih-Leong Chang**

Biloma and bronchobiliary fistula (BBF) are rare complications of transcatheter arterial chemoembolization (TACE) or hepatic surgery. A 77-year-old man, who had undergone TACE and hepatic surgery for hepatocellular carcinoma twice, was admitted due to biliptysis and dyspnea. A BBF was suspected and then resected. The patient died of respiratory failure two months later, because of recurrent biliptysis and bile pneumonitis. We herein show the radiologic findings of bile pneumonitis at the initial and late stages, and review the causes and clinical manifestations of BBF and bile pneumonitis. (*Thorac Med* 2002; 17: 40-44)

Key words: bronchobiliary fistula, biloma, bile pneumonitis, transcatheter arterial chemoembolization, hepatic surgery

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肝癌患者經肝切除手術及動脈導管化學栓塞後併發膽道支氣管 瘻管及膽汁性肺炎—病例報告

王振源 李麗娜* 張逸良**

局部膽汁鬱積和膽道支氣管瘻管是肝切除手術及動脈導管化學栓塞後罕見之併發症。一位因肝癌而曾經接受過兩次局部肝切除手術和動脈導管化學栓塞的七十七歲男性病人，因為氣促以及咳嗽中帶有膽汁而住院接受治療。檢查結果高度懷疑有膽道支氣管瘻管，隨即安排手術切除。但兩個月後，病人仍因為上述症狀復發及膽汁性肺炎導致呼吸衰竭而死亡。文章中將討論膽汁性肺炎初期和末期之影像學檢查之變化，並且探討膽道支氣管瘻管及膽汁性肺炎發生之原因以及臨床表現。 (*胸腔醫學* 2002; 17: 40-44)

關鍵詞：膽道支氣管瘻管，局部膽汁鬱積，膽汁性肺炎，動脈導管化學栓塞，肝切除手術

Late Management of Spontaneous Esophageal Perforation Associated with Mediastinal Abscess —A Survival Case Report

Shi-Chi Lin, Chih-Yu Hsu

The early diagnosis and prompt aggressive management of Boerhaave's syndrome (spontaneous esophageal perforation) is a continuing challenge. The longer the diagnosis and treatment are delayed, the greater the mortality. We herein report the case of a 51-year-old man who was successfully treated with surgical intervention for a delayed esophageal perforation with mediastinal abscess.. (*Thorac Med* 2002; 17: 45-49)

Key words: Boerhaave's syndrome, esophageal perforation, mediastinal abscess

自發性食道破裂併縱膈腔膿瘍

林思齊 徐志育

自發性食道破裂是一種較少見的疾病，不易早期診斷，常發生在嘔吐後併有胸痛或腹痛，臨床症狀包括發燒，氣胸，縱膈腔氣腫，皮下氣腫，膿胸，或縱膈腔膿瘍。自發性食道破裂若是無法在 24 小時內診斷併外科治療，死亡率會驟增。大部分的病患可由病史加上 X 光攝影檢查而作出診斷，若不及時治療將導致局部化學性傷害併感染最後導致敗血症，診斷與治療時間久，年紀大，或是自發性的食道破裂預後較差。這裏將提出一個 51 歲的中年男性因發燒及呼吸困難而住進當地的醫院使用抗生素治療，住院後出現膿胸並置放胸管作引流，轉到本院後胸部 X 光發現有一個巨大的中膈腔膿瘍，仔細詢問病史發現病患在住院的前一天吃麵後曾發生劇烈嘔吐，在經過 26 天後才診斷是自發性食道破裂併縱膈腔膿瘍，病患接受開胸手術併十二指腸灌食，經過二個月後病癒出院。 (*胸腔醫學* 2002; 17: 45-49)

關鍵詞：Boerhavve's syndrome，自發性食道破裂，縱膈腔膿瘍

Bilateral Hydropneumothorax Secondary to Multiple Rapidly-Growing Cystic Metastases in Angiosarcoma of the Scalp

Chau-Ming Tsai, Tung-Ying Chao, Yung-Fa Lai

Angiosarcoma of the scalp is a rare tumor of vascular origin, with a poor prognosis. We report a 72-year-old male patient with bilateral hydropneumothorax secondary to multiple rapidly-growing cystic metastases in angiosarcoma of the scalp. The chest X-ray and computerized tomography (CT) showed multiple rapid onset and growing cystic metastasis during a one-month period, with some central breakdown of nodule lesions. These findings suggest tumor central necrosis rapidly forming large thin-walled cysts that induce a bronchopleural fistula and are complicated with hydropneumothorax. (*Thorac Med* 2002; 17: 50-55)

Key words: angiosarcoma of the scalp, cystic metastases, bilateral hydropneumothorax

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頭皮之血管肉瘤快速多發囊性肺轉移導致雙側性水氣胸病例報告

蔡昭民 趙東瀛 賴永發

頭皮之血管肉瘤是一種很少見的血管性肉瘤,其預後非常的差。我們報告一位 72 歲男性病人,因頭皮之血管肉瘤快速多發囊性肺轉移,導致雙側性水氣胸。在胸部之影像檢查上,可以發現許多的囊狀肺轉移。同時合併存在許多中心已腐化之小腫瘤結節。這個發現支持腫瘤快速中心腐化形成許多的囊狀薄壁結構,這些結構導致氣管肋膜相交通,以至於雙側的水氣胸。(*胸腔醫學* 2002; 17: 50-55)

關鍵詞：頭皮之血管肉瘤，囊性肺轉移，雙側性水氣胸

Single Lung Cyst Caused by Metastatic Bladder Cancer —A Case Report

Jin-Duo Wang, Chih-Bin Lin, Min-Shin Kuo*, Jen-Jyh Lee

The lungs are one of the most common sites of metastases from transitional cell carcinoma of the urinary bladder, with the typical radiological manifestations of multiple nodules and variable sizes. It is unusual for the metastatic nodules to be cavitory. Lung cysts caused by metastatic tumors are far more rare. We present a 50-year-old male who had undergone a radical cystectomy due to bladder cancer 7 years previous. He had suffered from productive cough and lower right chest pain for 10 days prior to admission. The chest radiography showed a solitary thin wall cyst in the right middle lobe. A lobectomy was done, and the pathology showed lung metastasis from transitional cell carcinoma of the urinary bladder. Although a single lung cyst caused by metastatic cancer is extremely rare, we emphasize that in the long list of differential diagnoses of single lung cyst, the clinician should consider the possibility of a secondary neoplasm with lung metastasis. (*Thorac Med* 2002; 17: 56-60)

Key words: lung cyst, transitional cell carcinoma, lung metastasis

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膀胱癌併發單一肺囊泡轉移——病例報告

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膀胱癌易併發肺及骨骼轉移，癌症併發肺轉移多形成大小不一之腫塊為主，而以空洞表現者已經少見，而以囊泡表現者更是少見。本病例為一 50 歲男性患者因咳痰及右下胸痛至本院胸腔科檢查，病人 7 年前被診斷為膀胱癌，接受膀胱切除手術，胸部 X 光攝影顯示右中葉單一囊泡病變，經開刀證實為膀胱癌肺轉移，雖然癌症併發肺單一囊泡病變極為少見，但臨床 X 光判讀對單一囊泡病變仍應將癌症併發肺轉移，列入鑒別診斷之一。(《胸腔醫學》2002; 17: 56-60)

關鍵詞：肺囊泡，膀胱癌，肺轉移

Pulmonary Lymphangiomyomatosis —A Case Report

Kwo-Huei Shin, Ming-Chienh Lin*, Shinn-Liang Lai, Guang-Ming Shiao

Pulmonary lymphangiomyomatosis (LAM) is a rare disease of unknown cause that occurs mainly in women of reproductive age. It has seldom been reported among the Chinese population. Herein, we report a young female presenting with a left ovarian cyst, chylous ascites, a left iliac lymphadenopathy, right chylothorax, and diffuse reticular interstitial pulmonary lesions. A high resolution computerized tomography (HRCT) and left iliac lymph node biopsy confirmed the diagnosis of LAM. She then was treated with total parenteral hyperalimentation, diet therapy with medium chain triglycerides (MCT), chest tube drainage with chemical pleurodesis, and hormone therapy with Tamoxifen 20mg and Medroxyprogesterone 15mg daily. Her lung condition gradually improved. The chest tube was successfully removed, and both the radiographic findings and pulmonary function had improved, too. It is therefore concluded that for Chinese women of child-bearing age, LAM should be included in the differential diagnosis of pneumochylothorax. (*Thorac Med* 2002; 17: 61-67)

Key words: pulmonary lymphangiomyomatosis, chylothorax.

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肺部淋巴管肌肉增生症一病例報告

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淋巴管肌肉增生症(LAM)是一個罕見的疾病，原因不明，幾乎全發生於生殖年齡的婦女。此病一向鮮少有中國人的報導，在此我們報告一位年輕女性，呈現左側卵巢囊腫、乳糜腹水、左側腸骨淋巴結腫大、右側乳糜胸及瀰漫性細網狀間質性肺病變。高解析度電腦斷層攝影及左腸骨淋巴切片檢查，確認淋巴管肌肉增生症的診斷。以全靜脈營養治療、中鏈三酸甘油脂飲食治療、胸管引流術及肋膜黏連術治療，再加上每日賀爾蒙治療(Tamoxifen 20mg & Medroxyprogesterone 15mg)，其肺部情況逐漸改善，胸管終於成功移除，胸部影像及肺功能也獲改善。因此，生殖年齡之國人婦女若合併有氣胸及乳糜胸時，LAM也應列入鑑別診斷。(胸腔醫學 2002; 17: 61-67)

關鍵詞：淋巴管肌肉增生症，乳糜胸

Lung Cancer with Complicating Chylothorax —A Case Report

Ai-Hsi Hsu, Jen-Jyh Lee, Gee-Gwo Yang

Lung cancer with complicating chylothorax is a rare clinical condition. In recent years, there have been only two published articles reporting the successful treatment of this condition. In the first one, which was published in Japan, the physicians announced a successful treatment using OK-432. The other case of lung cancer with complicating chylothorax was published in Poland, and reported that the leakage of chyle into the pleural cavity could be stopped after chemo- and radiotherapy. In this article, we present a case of pulmonary adenocarcinoma with complicating chylothorax. The patient died in spite of multiple modalities of treatment, including a low-fat and high-protein diet, chemotherapy with a regimen of gemcitabine plus cisplatin, and chemical pleurodesis. (*Thorac Med* 2002; 17: 68-72)

Key words: lung cancer, chylothorax

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肺癌合併乳糜胸水—病例報告

胥愛璽 李仁智 楊治國

肺癌合併乳糜胸水臨床上並不常見。文獻上近年只有兩例治療成功的報告。其中一例在日本用 OK-432 作肋膜沾粘術後，成功治療肺癌合併乳糜胸水。另外在波蘭亦報告一例經化學及放射療法後成功控制肺癌併乳糜胸水之病例。本篇報告一位六十八歲肺部腺癌合併右側大量乳糜胸水之男性病患，於今年四月中旬確立診斷後，經低脂高蛋白飲食控制，化學藥物治療及肋膜沾粘術等方法處理後，病患仍持續產生大量乳糜胸水，併全身營養狀況持續惡化，於診斷後兩個月內死亡。本篇並就乳糜胸之致病因素及目前之處理方式做討論。(胸腔醫學 2002; 17: 68-72)

關鍵詞：肺癌，乳糜胸

Necrotizing Fasciitis as a Complication of Ultrasound-Guided Fine Needle Aspiration of a Lung Abscess—A Case Report

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Necrotizing fasciitis (NF) is a serious, rapidly progressive infection of the subcutaneous tissue and fascia, most often related to trauma or surgery. We report a rare case of NF which occurred as a complication of ultrasound (US) - guided transthoracic fine needle aspiration (TFNA) for lung cancer associated with an abscess formation. A standard US-guided TFNA for the lung abscess was performed for the purpose of cytological and bacterial analysis. Three days later, necrotizing fasciitis developed from the puncture site, with rapid extension to the upper lateral abdominal wall. A bacterial culture of the lung abscess isolated group D streptococcus, which is compatible with the culture of NF. Despite aggressive treatment, including emergency fasciectomy, the patient expired due to uncontrolled sepsis from a secondary wound infection 2 months after admission. (*Thorac Med* 2002; 17: 73-77)

Key words: lung abscess, lung cancer, necrotizing fasciitis, transthoracic fine needle aspiration

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超音波指引之肺膿瘍抽吸術併發壞死性筋脈炎—病例報告

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壞死性筋脈炎 (necrotizing fasciitis) 是一種嚴重而且惡化快速的皮下組織和筋脈感染症，大多與創傷或者手術有關。我們報告一個罕見在超音波指引之肺膿瘍抽吸術導致壞死性筋脈炎的病例。一個 53 歲男性肺癌合併肺膿瘍患者由於持續發燒，施予標準的超音波指引之肺膿瘍細針抽吸術。三天之後，從這個小針孔迅速擴展成為壞死性筋脈炎。肺膿瘍及壞死性筋脈炎之細菌培養均為 D 群鏈球菌。儘管施與包括抗生素治療及筋脈切除術等的積極處理，病人仍在兩個月後因為傷口感染導致敗血症而死亡。(胸腔醫學 2002; 17: 73-77)

關鍵詞：壞死性筋脈炎，肺膿瘍，細針抽吸術，肺癌

Multicentric Desmoid Tumors—A Case Report and Literature Review

Pei-Ming Huang, Yih-Leong Chang*, Yung-Chie Lee

Aggressive fibromatosis (desmoid tumor) is a pathologic benign, uncommon, and often slowly growing fibrous tumor that is highly resistant to therapy. This type of tumor may arise in any musculoaponeurotic structure, and has a tendency to infiltrate adjacent tissues, become large in size, and cause functional limitation and/or pain, but does not metastasize.

We report a 48-year-old woman who underwent operation twelve times for recurrent and multicentric desmoid tumors, and briefly review the literature. The patient had an abdominal wall tumor 22 years ago, and has a hereditary desmoid disease which has affected a three generations in her family, but lacks the colonic features of familial adenomatous polyposis (FAP). In addition, a desmoid tumor at the mesentery involving the small intestine was also noted. The last operation, involving a wide excision of a right scapula tumor in the posterior area of the right chest wall, was performed in 1997. There is no local recurrence at present. Multiple episodes of recurrence (12 times), and multicentric occurrence, including an intra-abdominal presentation of the tumor, focal infiltration of the small bowel, and involvement of the chest wall, were unusual features for desmoid tumors. The clinical and histological features of desmoid tumors are presented here, with a discussion on management options. (*Thorac Med 2002; 17: 78-83*)

Key words: desmoid tumor, multicentric, familial adenomatous polyposis

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多發家族性纖維瘤病——病例報告及文獻回顧

黃培銘 張逸良* 李元麒

侵犯性纖維瘤病是一種良性、罕見、及時常緩慢生長的腫瘤，對於化學及放射線療法常有抵抗性。他們常發生在任何肌肉筋膜層，且有向鄰接的組織侵潤，變大的趨勢，和引起機能的限制或者疼痛，但不轉移。

我們報告一個四十八歲的女性病例，在 22 年來她因為纖維瘤病接受了十二次的手術。之前她有腹壁的纖維瘤病，並且這個遺傳性的纖維瘤疾病影響到三代的親屬，但是並無家族性大腸息肉症的大腸息肉的特色。除此之外，此腹壁的纖維瘤病成腹內的纖維瘤病，最後一次的手術則於 1997 年 10 月因為長在腹部外靠在右側肩胛骨的纖維瘤病而開刀。我們對於腫瘤區域進行廣泛的切除，截至目前為止並無腫瘤再復發的情形發生。這種多發性且多次復發的纖維瘤病，由腹壁小腸發生，最後胸壁也發生是相當罕見的。本文針對纖維瘤病的臨床、組織學，及處理方法上加以討論說明。 (*胸腔醫學* 2002; 17: 78-83)

關鍵詞：纖維瘤病，多發性，家族性大腸息肉症

Radiographic Manifestation of PCP in AIDS Patient

Ching-Ho Tsai, Shinn-Liang Lai

Pneumocystis carinii pneumonia (PCP) is the most common opportunistic infection in the immunocompromised host. However, early diagnosis is relatively difficult. The radiographic manifestations depend to a great extent, on the patient's state of immunosurveillance, and the duration of infection. There is no pathognomonic radiographic pattern for pneumocystis carinii pneumonia, though radiographic examination is still a reliable and useful diagnostic tool. Pneumocystis carinii pneumonia is manifested by a diffuse perihilar interstitial infiltration; other variable patterns have been observed in patients under prophylactic pentamidine treatment.

Herein, we present a case of PCP in an AIDS victim. He has had multiple sexual partners, and his girlfriend is also an AIDS patient. His major complaints included chronic cough, body weight loss, night sweating, and acute fever. Chest radiography showed a bilateral distribution of the diffuse interstitial infiltration. He was quickly diagnosed with a multiple infection, using a high index of suspicion, and received appropriate treatment. (*Thorac Med* 2002; 17: 84-88)

Key words: pneumocystis carinii pneumonia, adult immune deficiency syndrome, interstitial infiltration, candidiasis

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免疫不全病人卡氏肺囊蟲肺炎的胸部放射學表現

蔡清和 賴信良

卡氏肺囊蟲肺炎是免疫不全的人最常見的伺機性感染，但在診斷上常有困難；因在疾病不同時期或感染時間的長短，其胸部放射學表現會有差異。雖然胸部放射學的表現不能作確定的診斷，但其仍是最具有參考價值的。一般常見的胸部放射學表現為兩側瀰漫性間質型浸潤，但在接受預防性 Pentamidine 使用的病人，其胸部放射學的表現會有變化，增加診斷上的難度。

在此提出一個免疫不全病人卡氏肺囊蟲肺炎的病例，病患有多位性伴侶，且一位女友為後天免疫不全症候群患者。病患慢性咳嗽、體重減輕、盜汗和急性發燒，胸部放射學上的表現為兩側瀰漫性間質型浸潤。在高度的警覺下，很快的診斷，並予治療。在此討論其胸部放射學上的表現，期能提高警覺，及早診斷，及早治療。 (*胸腔醫學* 2002; 17: 84-88)

關鍵詞：卡氏肺囊蟲肺炎，成人免疫不全症候群，間質型浸潤