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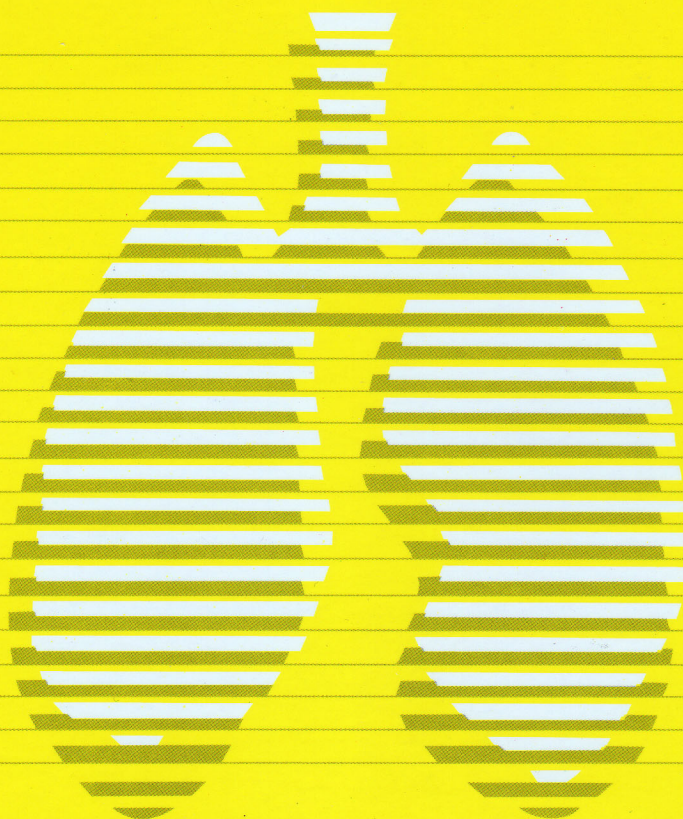
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Robot-assisted Thoracic Surgery – Initial Experience at National Taiwan University Hospital

Shuenn-Wen Kuo, Pei-Ming Huang, Hsao-Hsun Hsu,
Jin-Shing Chen, Jang-Ming Lee

Purpose: We set up a prospective study to evaluate the efficacy of thoracic surgery using the da Vinci system in a single institution.

Methods: We prospectively enrolled patients who underwent robot-assisted thoracic surgery at National Taiwan University Hospital during the period February 2012 to July 2012. The procedures performed and patient numbers were thymectomy [1], lobectomy [10], esophagectomy [1] and excision of esophageal tumor [1].

Results: The median docking time of all procedures was 10.5 minutes (range, 4-21 minutes) and the median console time was 183 minutes (range, 72-327 minutes). No patient was converted to traditional laparoscopy or thoracoscopy, but 1 patient was converted to open surgery due to major bleeding. The postoperative morbidities included 1 prolonged air leak, 1 atrial fibrillation, and 1 worsening of myasthenia gravis. There was no mortality. The median drain tube duration was 3 days (range, 2-11 days), and the median hospital stay was 6 days (range, 4-19 days).

Conclusion: Robot-assisted thoracic surgery proved to be feasible and safe in our initial series in a learning curve setting. A longer follow-up period and randomized controlled trials are necessary to evaluate a potential benefit over open and conventional VATS approaches. (*Thorac Med* 2014; 29: 63-69)

Key words: thoracic surgery, robot-assisted surgery

機器手臂輔助之胸腔手術－臺大醫院的初步經驗

郭順文 黃培銘 徐紹勛 陳晉興 李章銘

前言：在單一醫學機構進行前瞻性研究，以評估達文西機器手臂輔助之胸腔手術的有效可行性。

方法：在臺大醫院胸腔外科，從 2012 年 2 月至 2012 年 7 月的半年期間，利用達文西機器手臂輔助進行胸腔手術，並記錄相關資料進行分析研究。一共完成了一例胸腺瘤切除、10 例肺葉切除、一例食道切除重建、一例食道良性腫瘤切除。

結果：機器手臂接合時間 (docking time) 之中位數為 10.5 分鐘 (範圍 4-21 分鐘)，機器手臂操作時間 (console time) 之中位數為 183 分鐘 (範圍 72-327 分鐘)。沒有病患需要轉換成傳統之胸腔鏡或腹腔鏡進行手術，但有一位病患需要轉換成開胸手術來完成出血的控制。術後併發症包括一例延長之肺部漏氣、一例心律不整、一例肌無力症的暫時性惡化；但沒有任何死亡病例發生。胸管留置天數之中位數為 3 天 (範圍 2-11 天)，住院天數之中位數為 6 天 (範圍 4-19 天)。

結論：在我們的初步經驗中，證實機器手臂輔助之胸腔手術是安全可行的。至於它是否有優於傳統開胸或胸腔鏡手術，仍需更長時間追蹤之前瞻性研究來證實。(*胸腔醫學* 2014; 29: 63-69)

關鍵詞：胸腔手術，機器手臂輔助之手術

Laryngeal Small Cell Carcinoma – A Case Presentation and Review of the Literature

Chao-Neng Yang*, Shinn-Liang Lai*, Fang-Chi Lin*,**, Shi-Chuan Chang*,***

Extrapulmonary small cell carcinoma is a rare disease entity that can be found anywhere in the body, especially in the gastrointestinal tract, genitourinary tract, and head and neck areas. Laryngeal small cell carcinoma has a poor prognosis with 2- and 5-year survival rates of only 16% and 5%, respectively. It often presents with local invasiveness to cervical lymph nodes and early distant metastasis. Surgery alone is not enough for tumor eradication, and platinum-based chemotherapy with or without radiotherapy should be considered first. The patient's quality of life should be emphasized because of the poor prognosis. Herein, we report a case of laryngeal small cell carcinoma diagnosed after emergent tracheostomy with the initial presentation of progressive dyspnea followed by desaturation and stridor for 6 months. (*Thorac Med* 2014; 29: 70-76)

Key words: extrapulmonary small cell carcinoma, laryngeal small cell carcinoma

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咽喉小細胞癌：個案報告與文獻探討

楊朝能* 賴信良* 林芳綺*,** 張西川*,***

肺外小細胞癌症是一個相當罕見的疾病，身體任何地方都可能產生。根據文獻報告記載，其最常出現於腸胃道、生殖泌尿道以及頭頸部。頭頸部小細胞癌中以咽喉小細胞癌最為常見，但其預後相當差，兩年以及五年的存活率分別約為 16% 以及 5%。預後較差的主要原因是因其常有頸部淋巴結侵犯以及早期遠處轉移。目前，單以手術治療咽喉小細胞癌是不夠的，首選治療應以白金為基礎的化學治療輔以或不輔以放射線治療。即便如此，咽喉小細胞癌的預後仍相當差，所以在考慮治療方式時應該以患者的生活品質為優先考量。在此我們提出一位經緊急氣切手術後才診斷的咽喉小細胞癌案例，其臨床則是以六個月內漸進式呼吸困難、喘鳴以及血氧低下來表現。(*胸腔醫學* 2014; 29: 70-76)

關鍵詞：肺外小細胞癌症，咽喉小細胞癌

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Sarcoidosis Presenting with Concurrent Pericardial and Pleural Effusion – A Case Report

Jung-Te Chiu*, Jeng-Yuan Hsu*,**, Kun-Chieh Chen*

Sarcoidosis is a granulomatous disorder with multisystem involvement, including the lungs (90%), skin, eyes, lymph nodes, spleen, liver, heart, central nervous system, and kidneys, and with a predilection for adults younger than 40 years. Sarcoidosis affects females more than males. Diagnosis of sarcoidosis is made by clinico-radiologic and histopathologic findings of non-caseating granuloma, as well as exclusion of other granulomatous diseases, such as tuberculosis, fungus, and malignancy. However, the incidence of sarcoidosis with concurrent pericardial and pleural effusion is extremely low. Herein, we present the case of a 57-year-old female patient with concomitant pericardial and pleural effusion with a good response to prednisolone for 4 months. (*Thorac Med* 2014; 29: 77-84)

Key words: sarcoidosis, pleural effusion, pericardial effusion

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類肉瘤同時合併心包膜及肋膜積水－病歷報告

邱榮德* 許正園*,** 陳焜結*

類肉瘤為影響多重系統的結節性疾病，包含肺部（90%）、皮膚、眼睛、淋巴結、脾臟、肝臟、心臟、中樞神經系統、腎臟…等。類肉瘤好發於40歲以下成人，且好犯女性。類肉瘤的診斷建立於臨床症狀與影像學，配合病理切片診斷，最重要的是要排除其他疾病，如結核、黴菌、惡性腫瘤…等。然而，類肉瘤合併心包膜及肋膜積水的案例非常少見。我們報告一位57歲女性病人，診斷為類肉瘤合併心包膜及肋膜積水，且經有四個月的類固醇治療後有顯著的反應。（*胸腔醫學* 2014; 29: 77-84）

關鍵詞：類肉瘤，心包膜積水，肋膜積水

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Human Pulmonary Dirofilariasis Coexisting with Lung Cancer

Yi-Han Hsiao, Jia-Yih Feng, Yu-Chung Wu*, Yi-Chen Yeh**,
Yu-Chin Lee, Chao-Hua Chiu

Dirofilariasis is a common parasite infection in stray dogs caused by *Dirofilaria immitis* (dog heartworm). Under very rare circumstances, it can cause human pulmonary lesion via a vector/intermediate host, the mosquito. It typically presents as a well-circumscribed, peripheral, solitary pulmonary nodule on radiograph, and is easily confused with lung malignancy. Diagnosis rests on histopathologic identification of the excised worm. We reported a 48-year-old female with a rare coexistence of pulmonary dirofilariasis and lung cancer. Clinical suspicion of a mixed etiology should be maintained in a lung cancer patient with a separate lung nodule. An undetermined pulmonary nodule should not preclude the possibility of surgical intervention for lung cancer patients with resectable disease. (***Thorac Med* 2014; 29: 85-91**)

Key words: pulmonary dirofilariasis, lung cancer, solitary pulmonary nodule

肺癌病患合併人體肺部犬心絲蟲症－病例報告

蕭逸函 馮嘉毅 吳玉琮* 葉奕成** 李毓芹 邱昭華

犬心絲蟲症乃流浪狗之中常見之寄生蟲感染。在極罕見之情況下，蟲體可藉由中間宿主－蚊子，在人體肺部形成病灶。影像學上，典型的病灶為邊緣完整，位於周邊之孤立性結節，常與肺部癌症造成混淆。必須依賴手術切除後，顯微鏡下看見部分蟲體的病理發現才能診斷。在本文中，我們報告一位 48 歲女性在診斷肺癌的同時，意外發現肺部犬心絲蟲病灶。臨床上若在肺癌病患見到腫瘤以外之肺部結節，應考慮腫瘤肺部轉移以外之診斷。若病患可接受手術切除，術前無法診斷之肺部結節應考慮切除以達成適當之診斷。(胸腔醫學 2014; 29: 85-91)

關鍵詞：肺部犬心絲蟲症，肺癌，孤立性肺結節

Interstitial Pneumonitis Suspected as a Consequence of Interferon Therapy for Hepatitis C: Case Report

Ching-Shan Luo, Guang-Ming Shiao

Since the year 2004, the combination of pegylated interferon (IFN) with ribavirin has been the treatment of choice for chronic hepatitis C virus (HCV) infection. Though potentially effective, pegylated IFN and ribavirin are known to have various side effects in HCV patients. Interstitial pneumonitis (IP) occurs only rarely as a side effect of this kind of therapy. However, with the increasing use of the therapy, more and more IP cases will present in the future. We report a 71-year-old man who developed IP during IFN alfa treatment. Fever and chills were noted beginning in the last month (the 11th month) of IFN treatment. Productive cough with whitish sputum, dyspnea on exertion and poor appetite were also noted. A diagnosis of suspected IFN-induced IP was made based on the negative results of the pathogen survey, chest radiography, high resolution computed tomography and bronchoalveolar lavage fluid analysis. He was treated with oral prednisolone and the clinical symptoms and pulmonary infiltrates resolved markedly. Physicians should be aware of this rare but possibly severe pulmonary complication of IFN treatment in order to prevent further pulmonary damage and mortality. HCV infection follow-up is also needed in cases of HCV infection reactivation or progression if immunosuppressive agents are used for IP treatment. (*Thorac Med* 2014; 29: 92-99)

Key words: hepatitis C virus, interferon, ribavirin, interstitial pneumonitis

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疑似以干擾素治療 C 型肝炎後造成的間質性肺炎： 病例報告

羅青山 蕭光明

自 2004 年左右，長效型干擾素合併 ribavirin 已經成為治療慢性 C 型肝炎的最佳選擇藥物。雖然成效不錯，但是干擾素及 ribavirin 都各自有不同已知的副作用。間質性肺炎是此合併治療一種罕見的副作用。但是隨著此種治療方法的普遍採用，在未來將會有越來越多的間質性肺炎案例發生。我們提出一個 71 歲男性接受長效型干擾素合併 ribavirin 治療後發現間質性肺炎的案例。病人在治療的最後一個月（第 11 個月）開始產生發燒及發冷的症狀，伴隨症狀有白色有痰性咳嗽、活動性呼吸困難及食慾減弱。根據陰性病原菌檢查結果、胸部 X 光、胸部高解析電腦斷層及支氣管肺泡灌洗液分析結果，病人被診斷為疑似干擾素引發之間質性肺炎。經給予口服類固醇治療後，臨床症狀及影像上肺部浸潤皆有顯著改善。臨床醫師必須對干擾素治療後此種罕見但嚴重的肺部副作用有所警覺，以期及早介入並避免進一步的肺損傷和致死性。若使用免疫抑制劑治療此種間質性肺炎，必須定期追蹤 C 型肝炎病毒量以早期發現 C 型肝炎復發或惡化。（*胸腔醫學* 2014; 29: 92-99）

關鍵詞：C 型肝炎，干擾素，ribavirin，間質性肺炎

Missed Tumor with Chest Pain: Subtle Pleural Metastasis in Primary Adenocarcinoma of the Lung

Chia-Hsin Liu, Chih-Feng Chian, Wann-Cherng Perng, Chen-Liang Tsai

Subtle pleural metastasis without pleural effusion in patients with primary lung cancer may be misdiagnosed as operable, resulting in an inaccurate clinical staging. We report a case of a 48-year-old woman presenting with a 1-month history of right lower chest pain with an initial negative chest radiography finding. Chest CT showed a 2.2-cm nodule in the medial right lower lobe adherent to the adjacent pleura, with slight pleural thickness and irregularity but without pleural effusion. Transthoracic needle biopsy showed moderately differentiated primary pulmonary adenocarcinoma. Nevertheless, video-assisted thoracic surgery showed multiple nodules in the ipsilateral, parietal, and visceral pleura. Histopathology revealed the nodules were metastatic, poorly differentiated adenocarcinomas from the lung. (*Thorac Med* 2014; 29: 100-104)

Key words: missed cancer, chest pain, pleural metastasis, adenocarcinoma

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胸部 X 光遺漏的病灶合併胸痛： 原發性肺腺癌合併細微肋膜轉移

劉佳鑫 簡志峯 彭萬誠 蔡鎮良

原發性肺癌患者合併難以辨識肋膜轉移而無肋膜積液，可能會造成不準確的臨床分期，而進行傳統開胸手術。我們的案例報告是一個 48 歲的女性右下胸痛持續約 1 個月，而且一開始的胸部 X 光檢查是正常的。胸部電腦斷層顯示右下肺葉內側一個約 2.2 厘米鄰近肋膜肺結節，腫瘤穿刺結果為原發性肺腺癌。於患側合併有非典型細微肋膜增厚及不規則，且無肋膜積液。胸腔內視鏡輔助手術（VATS）顯示右側壁層及臟層肋膜呈現多發性結節，組織病理學檢查結果為低度分化的轉移性肺腺癌。（*胸腔醫學* **2014; 29: 100-104**）

關鍵詞：遺漏肺癌，胸痛，肋膜轉移，肺腺癌

Coinfection with Pulmonary Tuberculosis and Cryptococcosis in an Immunocompetent Individual – A Case Report

Meng-Ju Tsai^{*,**}, Chang-Ke Chu^{**}

Coinfection with pulmonary tuberculosis and *Cryptococcus* species in an immunocompetent patient is uncommon, and sometimes the diagnosis is missed as the two infections share similar clinical manifestations. We encountered an 83-year-old male patient with the initial presentation of cough, sputum production and fever for 2 weeks. He denied any other remarkable history or systemic disease except chronic kidney disease, stage 2. Chest radiograph and computed tomography revealed a left upper lobe cavitary lesion with centrilobular nodules. Pulmonary tuberculosis and cryptococcal pneumonia were verified by positive sputum acid-fast stain and tuberculosis polymerase chain reaction, along with a positive serum cryptococcal antigen test. We also reviewed the literature and discussed the mechanism of coinfection with pulmonary tuberculosis and cryptococcosis. (*Thorac Med* 2014; 29: 105-111)

Key words: coinfection, tuberculosis, cryptococcosis

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免疫健全的狀態下同時感染肺結核與隱球菌－病例報告

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對一位免疫健全的病人而言，同時感染肺結核與隱球菌兩者是很罕見的，臨床上因兩者表現相似而更不易做出正確診斷。我們探討一位八十三歲男性病人初期表現為咳嗽、痰多與發燒兩週，除了慢性腎病第二期外，並沒有其他過去病史。胸部 X 光與電腦斷層檢查顯示左側上肺葉開洞與小葉中心結節病灶，痰液抗酸性染色與結合分枝桿菌聚合酶連鎖反應檢驗皆顯示陽性，血清隱球菌抗原測試亦為陽性，因而確診肺結核與肺部隱球菌感染。我們藉由回顧文獻，探討兩者對於肺部免疫機制的交互影響。(*胸腔醫學* 2014; 29: 105-111)

關鍵詞：肺結核，隱球菌，免疫健全

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Pulmonary Sequestration Complicated with *Mycobacterium abscessus* Infection: Report of a Case

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Pulmonary sequestration is a congenital abnormality of lung tissues and receives its blood supply from systemic arteries. Intralobar pulmonary sequestration has its own pleural covering. The typical presentation of pulmonary sequestration is recurrent infection; however, the organisms causing sequestered lung infections have seldom been reported. We report the case of a 27-year-old female patient who presented with chronic cough for months. Pulmonary sequestration with secondary infection was suspected based on the symptoms and typical radiographic manifestations. Chest computed tomography angiography confirmed the diagnosis. The patient underwent a right lower lobe lobectomy by video-assisted thoracoscopic surgery. A surgical infection developed after the operation, and subsequent cultures of wound pus and sequestered lung tissue grew *Mycobacterium abscessus*. The patient recovered from the inflammatory process after debridement and antibiotic therapy with clarithromycin and levofloxacin for 6 months. (***Thorac Med* 2014; 29: 112-117**)

Key words: pulmonary sequestration, *Mycobacterium abscessus*

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肺隔離症併發膿腫分枝桿菌感染：病例報告

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肺隔離症是一種先天性異常的肺組織，其接收主動脈的血液供應。葉內型肺隔離症有其自己的肋膜覆蓋。肺隔離症的典型表現是反覆的肺感染。然而感染肺隔離症的菌種卻很少被報導。我們報告一位 27 歲的女性病人因為慢性咳嗽數月而來求診。我們根據其症狀與典型的 X 線表現而懷疑肺隔離症繼發感染。胸部電腦斷層造影證實診斷。該病人藉由電視胸腔鏡手術（VATS）接受右下肺葉切除術。此病人手術後發生傷口感染。傷口膿液和肺組織的培養報告皆顯示膿腫分枝桿菌。病人的傷口清創後合併抗生素治療（clarithromycin and levofloxacin）共六個月。之後，復原狀況良好，無復發現象。（*胸腔醫學* 2014; 29: 112-117）

關鍵詞：肺隔離症，膿腫分枝桿菌

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Successful Treatment of Lipoid Pneumonia with Steroid – A Case Report and Literature Review

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Lipoid pneumonia is an uncommon disease that results from pulmonary accumulation of a fat-like component. The diagnosis is based on clinical history, radiologic presentation and bronchoalveolar lavage (BAL) sample analysis. We report the case of a 46-year-old male who presented with cough, fever and pleuritic chest pain after diesel oil aspiration. Chest radiograph on admission revealed consolidation in the right lower lung field; an antibiotic was administered to treat aspiration pneumonia. Bronchoscopy revealed some oily, transparent, yellowish fluid in the right lower bronchus, but culture and cytology of BAL fluid showed negative results. The follow-up chest radiograph revealed no obvious improvement after antibiotic treatment. Chest computed tomography (CT) revealed consolidation in the right middle lobe with heterogeneous density, and CT-guided biopsy revealed necrotizing inflammation. A follow-up bronchoscopy showed mucosal inflammation. Steroid was administered to treat the lipoid pneumonia and inflammation, and obvious improvement of the clinical symptoms and radiologic manifestations was seen. No specific adverse effect or complication was noted during therapy. In patients with lipoid pneumonia, careful history-taking and diagnosis are important. Steroid is effective for these patients. (*Thorac Med* 2014; 29: 118-125)

Key words: lipoid pneumonia, pneumonia, bronchoscopy

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以類固醇成功治療類脂性肺炎一病例報告與文獻回顧

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類脂性肺炎是由於肺部油脂堆積而造成的少見疾病。診斷的方式主要是依據臨床病史、影像學表現及支氣管肺泡灌洗液分析等。我們在此報告一名四十六歲男性在誤吸柴油後引發咳嗽、發燒及肋膜痛等症狀，入院時的胸部 X 光顯示右中下肺野實質性變化，故初步診斷為吸入性肺炎並投予抗生素治療。支氣管鏡檢查發現右中下肺葉分支有殘留的黃色油滴，但細胞學檢查及微生物培養皆無任何發現。抗生素治療後胸部 X 光仍無明顯改善，胸部電腦斷層顯示右中肺葉異質性密度的實質化病灶，而電腦斷層導引切片顯示壞死性發炎，追蹤支氣管鏡檢查顯示局部黏膜的發炎反應仍相當明顯。投予類固醇（Prednisolone 30 mg/day）治療後，追蹤顯示臨床症狀及胸部 X 光皆有明顯的改善，且無明顯的副作用或併發症。因此，對於類脂性肺炎的治療必須有詳細的病史及診斷，類固醇的使用可能有不錯的幫助。（*胸腔醫學* 2014; 29: 118-125）

關鍵詞：類脂性肺炎，肺炎，支氣管鏡