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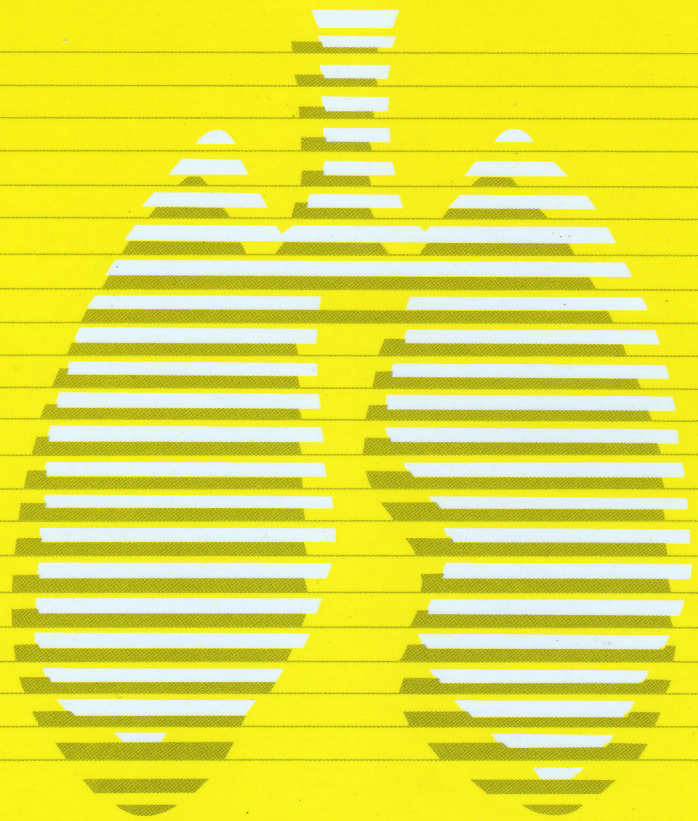

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

The Impact of Whole-body ^{18}F-Fluorodeoxy-D-Glucose Positron Emission Tomography - Computed Tomography (PET-CT) on the Staging and Outcome of Small Cell Lung Cancer Patients

Shih-Hong Li, Kuo-Chin Kao, Kung-Chu Ho*, Ping-Chih Hsu, Ning-Hung Chen, Cheng-Ta Yang, Chien-Ying Liu

Background: Determining the appropriate therapy for small cell lung cancer (SCLC) is highly dependent on accurate staging, which may have an impact on disease outcome. We evaluated whether the introduction of whole-body positron emission tomography with the glucose analog ^{18}F-fluoro-2-deoxy-D-glucose (FDG-PET) improved the accuracy of staging, adequacy of therapy and clinical outcome of SCLC patients.

Methods: The study design included prospective recording and retrospective analysis. From September 2007 to July 2012, a total 117 of newly diagnosed SCLC patients (mean age: 62 years, male/female: 107/10, Eastern Cooperative Oncology Group performance status (ECOG): 0-2, were enrolled for analysis. Sixty-nine patients received conventional computed tomography (CT) for staging, and 48 patients underwent both FDG-PET and conventional image studies for staging. All patients received protocol-oriented therapy on an intention-to-treat basis Chang Gung Memorial Hospital.

Results: The clinical stage was changed in 14 of the 48 (29%) patients after FDG-PET (10 from limited-stage disease (LD) to extensive-stage disease (ED), 4 from ED to LD), and 34 remained at the same stage. The patients with LD as determined by FDG-PET had a longer median survival than those with LD by conventional staging (15.9±14.2 months versus 9.5±6.0 months; HR: 2.672; log-rank test p=0.0247). The median survival of patients with ED identified by FDG-PET staging was 9.3±4.6 months, compared to 10.1±8.2 months by CT scan (HR: 0.968; log-rank test p=0.9080).

Conclusions: For limited-stage SCLC patients, the application of FDG-PET had a positive impact on staging, management and outcome; however, there was less impact on extensive-stage SCLC. ***(Thorac Med 2014; 29: 127-143)***

Key words: small cell lung cancer, positron emission tomography (PET), computed tomography (CT), bone scan, overall survival

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全身正子攝影對於肺小細胞癌診斷分期與存活的影響

李適鴻　高國晉　何恭之*　徐稟智　陳濘宏　楊政達　劉劍英

背景：肺小細胞癌具有快速生長及極易遠端轉移之特性，臨床將其分為 limited disease (LD) 及 extensive disease (ED)。治療差別在於 LD 需要同時放射線治療加化學治療，而 ED 單純化學治療。平均存活時間 LD 是 10~14 月，ED 是 5.6~7 月。因此診斷分期的正確與否影響存活。在肺非小細胞癌診斷分期，正子攝影準確性高於傳統影像，對於遠端轉移更有其優異之處。近年來在肺小細胞癌診斷，正子攝影已有越來越多的研究證實對遠端轉移更能有效診斷。希望透過本研究以了解正子攝影對於肺小細胞癌分期與存活有何影響。

方法：找出自 2007 年 1 月至 2012 年 7 月的新診斷肺小細胞癌病患並符合以下條件者共 117 名：年紀大於等於 18 歲，病理診斷未治療肺小細胞癌，Eastern Cooperative Oncology Group performance status (ECOG) 小於等於 2 分，並且完成至少 2 次標準化學治療。依接受正子攝影與否分為二組，再依最後診斷分期為 LD 及 ED。並記錄病患流行病學資料、身體狀況、生化血液檢查、伴隨疾病（糖尿病、高血壓、慢性阻塞性肺病、氣喘、癌症、心血管疾病、腦血管疾病、肺結核）、影像學檢查（胸部 X 光、胸腹電腦斷層、腦部電腦斷層或核磁造影、骨頭攝影、正子掃描、胸部超音波）、病理學（切片病理學及細胞學檢查、肋膜積液細胞學檢查）、放射線治療、化學治療。Kaplan-Meier curve 及 log-rank test 來分析不同組別間存活差異，Cox's proportional hazards ratios 做單變項及多變項分析。

結果：經正子攝影檢查後，10 名病患由 LD 改變為 ED，而 4 名由 ED 改變為 LD。經正子攝影分期為 LD 病患比起傳統診斷工具診斷為 LD 病患有較長的存活（15.9±14.2 月 VS 9.5±6.0 月；HR: 2.672；log-rank test p=0.0247）但是對於 ED 病患，二者之間並無顯著差異（9.3±4.6 月 VS 10.1±8.2 月；HR: 0.968; log-rank test p=0.9080）。

結論：正子攝影對於 LD 肺小細胞癌病患分期與預後較具有影響，但對於 ED 肺小細胞癌影響不顯著。*(胸腔醫學 **2014; 29: 127-143**)*

關鍵詞：肺小細胞癌，正子攝影，電腦斷層，骨頭掃瞄，整體存活

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Predicators of Pulmonary Tuberculosis in Patients with Sputum Smear-Negative Results in Taiwan

Wei-Li Lien, Shu-Ling Chen*, Hui-Min Hsu*, Chun-Hui Yu*, Mei-Fang Chen**

Introduction: Early identification of persons who have pulmonary tuberculosis (PTB) is necessary to provide early therapy and overall control. However, 25-60% of patients with culture-positive PTB may have negative smears, which delay the diagnosis. The aim of this study was to identify the predictors of PTB in patients that were sputum smear-negative.

Methods: This study was conducted at Kaohsiung Municipal United Hospital in southern Taiwan using a case-control design. In a retrospective review of hospital records, this study identified 516 suspected PTB patients who had 3 initial negative sputum smear samples from January 1, 2006 to December 30, 2009. We analyzed the factors, including demographic data, clinical symptoms, history of chronic diseases or taking medications, and radiographic findings to predict whether the patient had PTB or not.

Results: Multiple logistic analysis showed that significant predictors of PTB were cough (AOR=1.88, p=.022), hemoptysis (AOR=3.67, p=.001), diabetes (AOR=4.30, p<.001) and typical CXR findings (AOR=17.97, p<.001; AOR=0.38, p=.003).

Conclusion: This study revealed likely reliable predictors of smear-negative PTB. These results could provide a reference for physicians to provide an earlier and more precise diagnosis and treatment of PTB. ***(Thorac Med 2014; 29: 144-151)***

Key words: pulmonary tuberculosis, sputum smear, diabetes, cough, hemoptysis, CXR

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台灣痰抹片陰性肺結核患者的預測因子

連偉立　陳淑玲 *　許慧敏 *　余春慧 *　陳美芳 **

背景：早期診斷肺結核患者可以提供早期治療與整體控制。然而，有 25-60% 痰培養陽性患者剛開始的痰抹片為陰性而延遲診斷時間。本研究目的為確定在痰抹片陰性患者罹患肺結核之預測因子。

方法：採病例對照法，在南台灣高雄聯合醫院收案。採回朔性研究法，從 2006 年 1 月 1 日至 2009 年 12 月 30 日，收取 516 位初次三套痰抹片為陰性的疑似結核病個案。分析因子包括人口學變項、臨床症狀、慢性疾病或藥物使用與影像學檢查來預測是否為肺結核。

結果：多因素邏輯式回歸分析發現肺結核之預測因子包括咳嗽（AOR=1.88, *p*=.022）咳血（AOR=3.67, *p*=.001），糖尿病（AOR=4.30, *p*<.001）與典型胸部 X 光（AOR=17.97, *p*<.001; AOR=0.38, *p*=.003）。

結論：本文提供痰抹片陰性肺結核患者之預測因子。這結果可供醫師提早診斷與治療肺結核的參考。
*(胸腔醫學 **2014; 29: 144-151**)*

關鍵詞：肺結核，痰抹片，糖尿病，咳血，咳嗽，胸部 X 光

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Pulmonary Adenofibroma: A Rare Presentation of a Benign Lung Nodule – A Case Report

Yen-Zu Huang*, Kuo-An Chu*, Ting-Yung Ou*, Kuan-Sheng Wu**,
Ting-Ying Fu***, Ruay-Sheng Lai*,****

Pulmonary adenofibroma is a rare primary benign mesenchymal lung tumor that has been seldom reported in the currently available literature. Unusual lung tumors constitute a broad range of histological types that unsurprisingly have a wide spectrum of imaging appearances and clinical presentations. Herein, we report a 60-year-old male who complained of low-grade fever and general malaise, and was tentatively diagnosed as having acute hepatitis and pleural effusion, accompanied with the incidental finding of pulmonary nodule on chest computed tomography (CT), which was ultimately diagnosed as pulmonary adenofibroma. The initially challenging frozen section reading raised the suspicion of malignancy, but ultimately the diagnosis was revised to benign pulmonary adenofibroma. This case can increase our awareness of this extremely rare benign lesion in the future. ***(Thorac Med 2014; 29: 152-159)***

Key words: adenofibroma, benign pulmonary tumor, frozen section, pulmonary nodule

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肺腺纖維瘤：罕見良性肺部結節－病例報導

黃彥儒 *　朱國安 *　歐亭芸 *　吳冠陞 **　傅婷瑛 ***　賴瑞生 *,****

肺腺纖維瘤是一種非常罕見的良性間葉細胞瘤，在目前的文獻資料庫裡只有極少數的臨床病例報告。不常見的肺部腫瘤由各種不同組織型態的細胞所構成，也會有不同的影像學表徵以及臨床表現。我們報導了一位六十歲男性以輕微發燒及全身倦怠就診，初步理學檢查及配合實驗室和影像學診斷為急性肝炎及右側肋膜積液，肋膜積液抽吸檢查顯示淋巴細胞為主的滲出液；進一步安排胸部電腦斷層檢查發現右上肺一個邊緣清楚的結節。經手術取得檢體冰凍切片初步報告為中度分化的肺腺癌，然而最終病理報告修正為良性腫瘤。藉由此病例報告讓臨床醫師增加對此良性肺腫瘤的了解。*(胸腔醫學 **2014; 29: 152-159**)*

關鍵詞：腺纖維瘤，良性肺腫瘤，冷凍病理切片，肺結節

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Pulmonary Actinomycosis Presenting as a Lung Mass Crossing the Fissure – A Case Report

Ming-Syong Zeng, Shih-Hsin Hsiao, Chi-Li Chung

Pulmonary actinomycosis, a rare bacterial lung infection, usually presents with nonspecific clinical symptoms and radiological patterns and is prone to being a delayed diagnosis or misdiagnosed as malignancy, tuberculosis, or pneumonia. We report a 59-year-old man who suffered from chronic, repeated hemoptysis. The chest radiograph and CT image revealed a left upper lung mass that extended across the major fissure into the left lower lobe. A CT-guided biopsy of the lung mass was done and revealed acute and chronic inflammation. The hemoptysis symptom and the lung lesion persisted despite short courses of empirical antibiotic treatment. Therefore, surgical resection was performed and the pathology showed a lung abscess with “sulfur granules”, a finding pathognomonic of actinomycosis. The patient received amoxicillin/clavulanate for 8 months with complete relief of symptoms and no recurrence of lung infiltrates. This case report reminds us that, in addition to malignancy, tuberculosis, nocardiosis and fungal infection, actinomycosis should be included in the differential diagnosis of a lung lesion crossing the fissure, in order to provide prompt diagnosis and treatment. ***(Thorac Med 2014; 29: 160-165)***

Key words: actinomycosis, crossing the fissure, sulfur granule

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以穿越肺裂之腫塊爲表徵的肺部放射線菌病－病例報告

曾明雄　蕭世欣　鍾啟禮

放射線菌病是少見的肺部細菌感染，其臨床與影像學表現多不具特異性，常被延遲診斷或誤認為腫瘤、結核病或肺炎。本病例為 59 歲男性病人，臨床表現為長期且反覆性的咳血，胸部 X 光及電腦斷層掃描發現一左上肺葉腫塊，穿越大肺裂，並侵入到左下肺葉。腫塊之電腦斷層導引切片僅顯示有急慢性發炎現象，因此先給予短期經驗性抗生素治療，但咳血及病灶仍然持續，所以進行外科手術切除，病理切片發現肺膿瘍及硫顆粒放射線菌，因此診斷為肺部放射線菌病，經有效抗生素長期治療後痊癒，後續追蹤並未復發。回顧文獻，在影像學上發現肺部有橫跨肺裂之病灶時，除了考慮腫瘤、肺結核、諾卡菌病或真菌感染之外，需進一步檢查是否有放射線菌感染，以利儘早治療。*(胸腔醫學 **2014; 29: 160-165**)*

關鍵詞：放射線菌病，穿越肺裂，硫顆粒

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Endotracheal Anaplastic Large Cell Lymphoma – A Case Report and Literature Review

Yu-Ting Shen*, Ta-Chih Liu**,*****, Chee-Yin Chai***,******,
Chih-Jen Yang*,****,******, Tung-Heng Wang*,*******, Ming-Shyan Huang*,******

We describe a 52-year-old man who presented with hemoptysis. The chest radiograph showed a widened carinal angle, and the computed tomography (CT) of the chest revealed subcarinal lymphadenopathy with invasion into the trachea and left main bronchus. A mass at the main carina with nearly total obstruction of the left main bronchus was found with bronchoscopy. Biopsy of the lesion revealed anaplastic lymphoma kinase (ALK)-negative anaplastic large cell lymphoma (ALCL). No other organ or lymph node involvement was found on positron emission tomography. The patient had a complete remission after treatment with chemotherapy and radiotherapy. He has been followed up in the clinic without incident for more than a year. Endotracheal/endobronchial ALCL is very rare. All reported patients were younger than 30 years, and all of them had ALK-positive ALCL. To our knowledge, ours is the first case of endobronchial ALCL in a patient more than 50 years old and with ALK-negative ALCL. This case suggests that lymphoma should be included in the differential diagnoses of endobronchial tumor in older adults. ***(Thorac Med 2014; 29: 166-173)***

Key words: large cell lymphoma, endotracheal tumor, bronchoscopy

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氣管內原發性異生性大細胞淋巴瘤－病例報告與文獻回顧

沈昱廷 *　劉大智 **,*****　蔡志仁 ***,******　楊志仁 *,****,******
王東衡 *,*******　黃明賢 *,******

我們在此報告一個病例：五十二歲男性，主訴咳血，胸部 X 光片發現主支氣管分支角度增大，胸部電腦斷層發現主氣管分支下方有一腫瘤伴隨氣管與左側主支氣管內侵犯，支氣管鏡檢查發現有一腫瘤位於主氣管分支並伴隨左側支氣管近乎完全阻塞，切片檢查發現此腫瘤為一 anaplastic lymphoma kinase（ALK）基因陰性之異生性大細胞淋巴瘤，正子造影檢查無發現其他器官或淋巴侵犯。經化學治療及放射治療後腫瘤完全緩解，並已在門診追蹤超過一年。氣管或支氣管內發生之異生性大細胞淋巴瘤為非常罕見之病例，目前已發表的案例報告均發生在三十歲以下，且均為 ALK 陽性。據我們所知，此病例為首次發現之五十歲以上及 ALK 陰性之支氣管內異生性大細胞淋巴瘤。因此，在年紀較大患者發生之支氣管內腫瘤應將此病列為鑑別診斷。*(胸腔醫學 **2014; 29: 166-173**)*

關鍵詞：大細胞淋巴瘤，氣管內腫瘤，支氣管鏡

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AIDS-related Intrapulmonary Kaposi's Sarcoma Presenting as Endobronchial Lesions: A Rare Presentation in Taiwan – A Case Report and Literature Review

Shih-Sen Lin, Yu-Ching Chen*, Wei-Yu Chen**, Shang-Jyh Kao

Kaposi's sarcoma (KS) is a complication suffered by patients infected with human immunodeficiency virus (HIV). KS forms most frequently in the mucocutaneous zone, but can also be found in other parts of the body. Intrapulmonary KS may lead to respiratory symptoms, such as coughing, hemoptysis, and exertional dyspnea. Pneumocystic jeroveci pneumonia, cytomegalovirus pneumonia, and pulmonary tuberculosis may be caused by diseases or factors other than intrapulmonary complications of HIV, so the differential diagnosis of intrapulmonary KS could potentially be overlooked. We reported the case of a patient with HIV who was brought to the hospital due to respiratory symptoms. Pulmonary tuberculosis medications were given initially, but the symptoms worsened, and the chest x-ray showed progression of the condition. As a result of computed tomography (CT) and bronchoscopy findings, we further suspected the possibility of intrapulmonary KS. Pathological diagnosis confirmed our impression. With the use of anti-viral medications and chemotherapy, the patient showed improvement in clinical symptoms and chest x-ray findings. We completed an extensive literature review, and believe this experience will help doctors in Taiwan identify KS more quickly when encountering patients with respiratory complications possibly related to HIV. ***(Thorac Med 2014; 29: 174-181)***

Key words: Kaposi's sarcoma, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), intrapulmonary complications

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以支氣管內病灶爲表現的後天免疫缺乏症候群相關之肺內卡波西氏肉瘤－病例報告及文獻回顧

林士森　陳昱青 *　陳威宇 **　高尚志

卡波西氏肉瘤 (Kaposis sarcoma) 是相當常見的人類免疫缺乏病毒感染之病人併發症之一，最常發生在黏膜表皮處，但是其他部位也有可能會發生。其中若發生在肺內會產生許多呼吸道相關症狀如咳嗽，咳血，運動性氣促等等相關症狀。由於人類免疫缺乏病毒感染相關的肺內併發症如肺囊蟲肺炎，巨細胞病毒肺炎，或是肺結核在國內較為常見，若發生以上所述之症狀時常會疏忽肺內卡波西氏肉瘤的診斷。我們在這裡提出一個人類免疫缺乏病毒感染的病例，由於呼吸道症狀入院，起初以肺結核藥物處理，但是症狀及胸部影像仍然持續惡化。經由典型的電腦斷層及支氣管鏡圖片，懷疑是肺內的卡波西氏肉瘤而進行支氣管鏡檢查及病理切片，切片結果證實我們的憶測。在使用了抗病毒藥物及化學治療後，病人的症狀及胸部影像有顯著且快速的進步。我們也瀏覽了許多的文獻，希望這個經驗可以讓國內的醫師在遇見人類免疫缺乏病毒感染患者罹患呼吸道併發症的同時可以更快速的診斷出卡波西氏肉瘤。*(胸腔醫學 **2014; 29: 174-181**)*

關鍵詞：卡波西氏肉瘤，人類免疫缺乏病毒，後天免疫缺乏症候群，肺內併發症

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Disseminated *Mycobacterium avium complex* Infection Mimicking Metastatic Lung Cancer in an Immunocompetent Patient – A Case Report and Literature Review

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Mycobacterium avium complex (MAC) infection often occurs in patients with pre-existing pulmonary disease or in those with an immunocompromised status. The classic radiographic features of pulmonary MAC are pleural thickening, bronchiectasis, centrilobular nodules and cavities. A lung mass-like lesion is rarely seen in pulmonary MAC. Herein, we report a rare case of a patient without chronic lung disease or immunosuppression, presenting with a lung mass and anemia, and with the final diagnosis of pulmonary MAC with bone marrow involvement. ***(Thorac Med 2014; 29: 182-188)***

Key words: disseminated *mycobacterium avium complex*, immunocompetent

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免疫健全病人之瀰漫性禽結核分枝桿菌感染以肺部轉移癌表現－病例報告及文獻回顧

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禽結核分枝桿菌感染通常發生在肺部之前就有疾病或者是免疫不全的病人，典型的放射影像學上多以肺結節，肺空洞，支氣管擴張或肋膜增厚表現。以肺部腫瘤表現的肺部禽結核分枝桿菌是相當罕見的。在這裡我們分享一個之前肺部正常且沒有免疫不全的中年男性，以肺部腫瘤及貧血表現。最後診斷是瀰漫性禽結核分枝桿菌感染的個案。*(胸腔醫學 **2014; 29: 182-188**)*

關鍵詞：瀰漫性禽結核桿菌，免疫健全病人

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Laryngeal Granulomatous Inflammation in a Patient with Crohn's Disease: Tuberculosis or Extra-intestinal Crohn's Disease

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Crohn's disease and tuberculosis are both granulomatous inflammation in histology and are hardly distinguishable if there is neither caseous necrosis nor acid-fast bacilli. We presented a 31-year-old woman with stable Crohn's disease complicated with culture-confirmed pulmonary tuberculosis. Histological examination of the laryngeal biopsy indicated granulomatous inflammation without caseous necrosis or acid-fast bacilli. After standard anti-tuberculosis treatment, her laryngeal lesion recovered. ***(Thorac Med 2014; 29: 189-193)***

Key words: acid-fast bacilli, caseous necrosis, Crohn's disease, granulomatous inflammation, laryngeal tuberculosis

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克隆氏症病人的喉頭肉芽性炎症：結核病或是克隆氏症之腸外侵犯

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克隆氏症和結核菌感染在病理檢查下同樣為肉芽腫炎症，若無發現乾酪性壞死或耐酸性桿菌，兩者難以區分。我們報告一例 31 歲女性患有病情穩定的克隆氏症，並新診斷肺結核，喉頭病灶切片顯示為肉芽腫性炎症，但是並未發現乾酪性壞死或是耐酸性桿菌，病人接受標準抗結核藥物治療後，喉頭病灶經追蹤也證實消失。*(胸腔醫學 **2014; 29: 189-193**)*

關鍵詞：耐酸性桿菌，乾酪性壞死，克隆氏症，肉芽腫性炎症，喉頭結核

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Metastasizing Ameloblastoma (Malignant Ameloblastoma) – An Unusual Cause of Multiple Lung Nodules

Che-Liang Chung, Tzu-Hsiu Tsai, Wei-Yu Liao, Chong-Jen Yu

Ameloblastoma is an uncommon benign, locally aggressive odontogenic neoplasm that accounts for approximately 1% of all tumors and cysts of the jaw. Despite the propensity for local recurrence, ameloblastoma rarely exhibits malignant behavior, but disseminates (malignant ameloblastoma), with the lung as the most common metastatic site. Herein, we report the case of a 43-year-old woman who had desmoplastic ameloblastoma of the mandible and underwent marginal mandibulectomy for removal of the primary tumor. Three years following surgical resection, multiple nodules were found incidentally in the bilateral lungs on computed tomography scan of the chest. The diagnosis of metastasizing ameloblastoma without cellular atypia was confirmed pathologically after wedge resection of 2 of the nodules by video-assisted thoracoscopic surgery. There was no local recurrence at the primary site along with the occurrence of pulmonary metastasis. This patient received follow-up without immediate treatment for the metastasizing ameloblastoma and, in the following 2 years, no radiological progression of the pulmonary metastasis was seen. ***(Thorac Med 2014; 29: 194-199)***

Key words: ameloblastoma, malignant ameloblastoma, multiple lung nodules, odontogenic neoplasm, pulmonary metastasis

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轉移性造釉細胞瘤（Metastasizing Ameloblastoma）－多處肺結節之罕見原因

鐘哲良　蔡子修　廖唯昱　余忠仁

造釉細胞瘤是一種不常見的良性、局部侵襲性的齒源性腫瘤。其約佔所有顎腫瘤及顎囊腫的百分之一。儘管很容易局部復發，造釉細胞瘤甚少遠端轉移。在遠端轉移之少數個案中肺為最常見轉移的位置。我們提出討論的個案為一位下頷患患結締組織增強性造釉細胞瘤（desmoplastic ameloblastoma）並接受邊緣性部分下頷骨切除手術（marginal mandibulectomy）之四十三歲女性。術後三年，胸部電腦斷層顯示產生多處肺結節。我們藉由胸腔內視鏡輔助手術切下其中兩顆肺結節，其病理報告顯示為轉移的造釉細胞瘤，跟原發的位置有一樣的組織學特性，並沒有看到細胞的異生（cellular atypia）。而此病例的原發位置並沒有產生腫瘤復發的跡象。在胸腔內視鏡輔助手術後，此病例並未接受其他針對轉移性造釉細胞瘤之治療，而在接下來兩年的臨床追蹤肺轉移並未進一步進展。*(胸腔醫學* ***2014; 29: 194-199)***

關鍵詞：造釉細胞瘤，惡性造釉細胞瘤，多處肺結節，齒源性腫瘤，肺轉移

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