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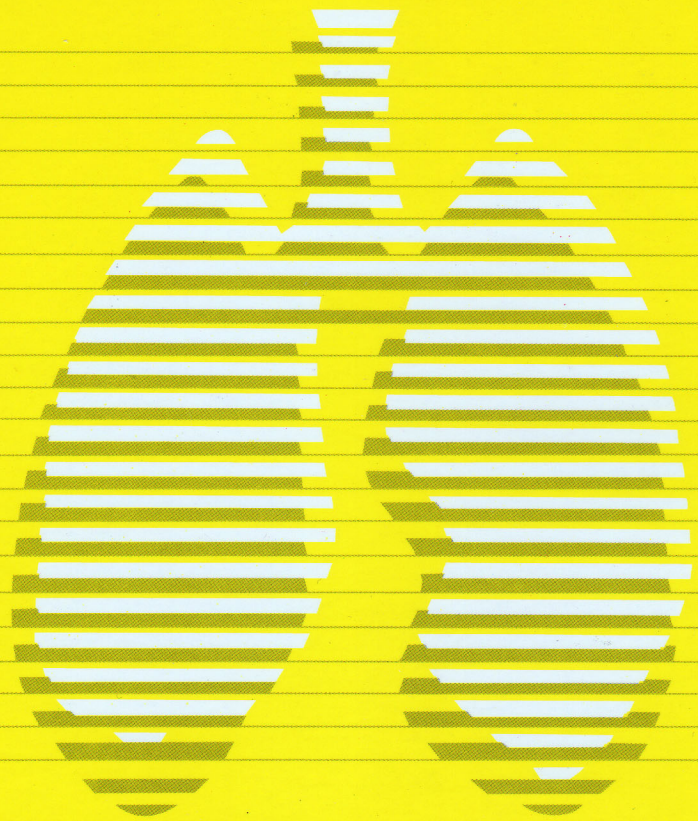

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Correlation of the New GOLD Classification (2013 Version) with Exercise Capacity and Mortality Risk

Po-An Chou*, Nai-Ying Kuo**, Ching-Wan Tseng**, Chin-Chou Wang*,**, Chien-Hung Chin**,***, Meng-Chih Lin*,**,***, Shih-Feng Liu*,**,***

Background and Objective: The new GOLD guideline published in 2013 recommends assessing the severity of COPD by a combination of FEV_1, symptom scoring, and exacerbation frequency. The objective of this study was to compare the association of COPD severity stratification with exercise capacity and mortality using both the old and the new GOLD guidelines.

Methods: The correlations of the 6-minute walking distance (6MWD) and mortality rate with different COPD staging methods (the old and new GOLD classifications) were compared in a cohort of 114 clinically stable COPD patients.

Results: Patients were initially stratified into stage I (17 patients, 14.9%), stage II (36 patients, 31.6%), stage III (50 patients, 43.9%), and stage IV (11 patients, 9.6%) using the old GOLD classification system. Using the new GOLD classification, they were re-grouped into group A (29 patients, 25.4%), B (21 patients, 18.4%), C (14 patients, 12.3%), and D (50 patients, 43.9%). Age, gender, body mass index, and cigarette pack-years showed no significant difference among the groups and stages. There was a significant difference in the 6MWD between groups A and D (447.5 vs. 361.9 meters, p=0.003) and stages I and III (477.1 vs. 365.9 meters, p=0.001). The Kaplan-Meier method showed that the new GOLD classification was associated with mortality risk (p=0.02), but not the old GOLD classification (p=0.58).

Conclusions: The new GOLD classification is better than the old one in the estimation of exercise capacity and 2-year mortality risk in stable COPD patients. ***(Thorac Med 2014; 29: 263-271)***

Key words: GOLD classification, 6-minute walking distance, mortality, exercise capacity, COPD

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新版 GOLD 分類（2013 版本）與運動能力及死亡率之關聯性

周柏安 *　郭乃瑛 **　曾靜菀 **　王金洲 *,**　秦建弘 **,***
林孟志 *,**,***　劉世豐 *,**,***

背景：2013 年發表新版 GOLD 指引，建議合併第一秒吐氣量、症狀評分以及急性惡化頻率，以評估慢性阻塞性肺病嚴重程度，本研究針對新舊版 GOLD 指引評估疾病嚴重度，比較兩者與病人運動能力跟死亡率的關聯性。

研究方法：由 114 位病況穩定慢性阻塞性肺病病人，比較不同的嚴重度分類方法（新舊版 GOLD 指引）與六分鐘步行測試及死亡率之間的關聯。

結果：病人一開始先根據舊版 GOLD 指引分成階段 I（17 位，14.9%）、II（36 位，31.6%）、III（50 位，43.9%）以及 IV（11 位，9.6%），然後再根據新版指引重新分組為群組 A（29 位，25.4%）、B（21 位，18.4%）、C（14 位，12.3%）以及 D（50 位，43.9%），各階段及群組的病人，在年紀、性別、身體質量指數及抽菸包－年數的組成並沒有顯著的差異。六分鐘步行測試顯示群組 A 及 D（447.5 vs. 361.9 公尺，p=0.003）與階段 I 及 III（477.1 vs. 365.9 公尺，p=0.001）有明顯差異，Kaplan-Meier 統計方法顯示新版分類與病人死亡率有關連（p=0.02），但舊版的部分並沒有（p=0.58）。

結論：新版 GOLD 指引相較於舊版，更能有效預測病人的運動能力與兩年內死亡率。*(胸腔醫學 **2014; 29: 263-271**)*

關鍵詞：GOLD 分類，6 分鐘步行測試，死亡率，運動能力，慢性阻塞性肺病

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Obstructive Sleep Apnea and Risk of Gout – A Nationwide Population-Based Study

Vincent Yi-Fong Su*, Jen-Yee Hong**, Diahn-Warng Perng*

Introduction: Studies evaluating the risk of gout in patients with obstructive sleep apnea (OSA) are limited. Most of them are small in sample size, cross-sectional in design or lack appropriate controls and information associated with gout development. We designed this study to explore the risk of incident gout in adult patients with OSA.

Methods: From Jan. 1, 2000, we identified adult patients with OSA from the Taiwan National Health Insurance Research Database. A control cohort without OSA, matched for age and sex, was selected for comparison. The 2 cohorts were followed up until Dec. 31, 2008 or occurrence of gout.

Results: Of the 21,817 subjects (4,365 OSA patients vs. 17,452 matched controls), 1,111 (5.09%) suffered from gout during a mean follow-up period of 6.58 years, including 212 (4.86%) in the OSA cohort and 899 (5.15%) among the controls. Kaplan-Meier analysis revealed that there was no difference in the incidence of gout between the OSA cohort and the matched cohort (log rank test, p=0.499). After multivariate adjustment, OSA was not an independent risk factor for gout.

Conclusions: OSA did not increase the risk of future gout. ***(Thorac Med 2014; 29: 272-280)***

Key words: obstructive sleep apnea, sleep-disordered breathing, gout

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阻塞性睡眠呼吸中止症與痛風風險－全國健保資料庫研究

蘇一峰 *　洪任諭 **　彭殿王 *

背景：過去研究發現阻塞性睡眠呼吸中止症（Obstructive sleep apnea, OSA）與痛風風險可能有關，但是相關研究非常侷限，大部分的研究是小型的研究、橫斷性研究，或者是缺乏對照組的研究。本研究探討 OSA 與痛風的風險。

方法：從健保資料庫百萬人抽樣檔中，從 2000 年 1 月至 2008 年 12 月，選出有 OSA 的成年患者，對照組則選配同性別與年齡的無 OSA 的成年患者，兩組患者分別追蹤到 2008 年 12 月或者痛風的發生為止。

結果：總共選取了 21,817 名的患者，其中 4,365 名 OSA 患者，17,452 名對照組患者。在平均 6.58 年追蹤時間中，1,111（5.09%）人發生痛風，OSA 組其中有 212 人發生痛風，佔 4.86%；而對照組中有 899 人發生痛風，佔 5.15%。痛風發生曲線以 Kaplan-Meier 法分析，在痛風發生率上兩組並無統計學上的差異（p=0.499），在多因子校正分析之後，OSA 不是痛風的危險因子。

結論：OSA 可能不會增加痛風的發生率。***(胸腔醫學 2014; 29: 272-280)***

關鍵詞：阻塞性睡眠呼吸中止症，睡眠呼吸障礙，痛風

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Anti-synthetase Syndrome Presenting as an Interstitial Lung Disease: A Case Report

Horng-Ming Yeh, Chang-Hung Chen, Wen-Hung Lee

Anti-synthetase syndrome is a serological subtype of idiopathic inflammatory myositis characterized by the production of antisynthetase antibodies and the development of dermatomyositis or polymyositis, symmetrical arthritis, interstitial lung disease, mechanic's hand, fever, and photosensitivity. It has a generally poor prognosis, mainly due to irreversibly progressive pulmonary involvement. We report the case of a 64-year-old man who presented with symmetrical upper extremity arthralgia, interstitial lung infiltrates in chest films and anti-Jo-1 antibody. Early diagnosis followed by immunosuppressive therapy is essential to prevent the development of respiratory failure in these patients. ***(Thorac Med 2014; 29: 281-286)***

Key words: polymyositis, interstitial lung disease, anti-synthetase syndrome, anti-Jo-1 antibodies

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抗合成酶症候群以間質性肺病來表現：個案報告

葉宏明　陳長宏　李文宏

抗合成酶症候群是發炎性肌炎的一種亞型，特點在於發炎性肌炎或皮肌炎合併對稱性關節炎、間質性肺病、技工手、發燒、光過敏和血中測得抗合成酶，通常會因為肺部病變不可逆性進展而預後不佳。我們在此報告一位 64 歲男性，以兩手關節炎，胸部 X 光出現間質性肺病和抗 Jo-1 抗體來表現。早期診斷可以提早施用免疫抑制劑而得到較佳之預後。*(胸腔醫學* ***2014; 29: 281-286)***

關鍵詞：多發性肌炎，間質性肺病，抗合成酶症候群，抗 Jo-1 抗體

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Bronchiolitis Obliterans-Organizing Pneumonia – A Rare Presentation of Rheumatoid Arthritis with Lung Involvement: A Case Report and Literature Review

Chuan-Hung Kao, Su-Lin Peng, Han-Yu Chang

There are several manifestations of rheumatoid arthritis (RA) with lung involvement, including bronchiolitis obliterans-organizing pneumonia (BOOP). Diagnosis is usually difficult and open or thoracoscopic lung biopsy is often required. Herein, we report the case of a woman with rheumatoid arthritis who presented with dyspnea and cough. Chest X-ray (CXR) revealed abnormal infiltration and the clinical symptoms did not improve after antibiotics treatment. After thoracoscopic lung biopsy, BOOP was confirmed. Her symptoms and images improved with steroid treatment. ***(Thorac Med 2014; 29: 287-291)***

Key words: rheumatoid arthritis, bronchiolitis obliterans-organizing pneumonia, interstitial lung disease

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阻塞性細支氣管炎合併器質化肺炎—類風溼性關節炎的罕見肺部表現：病例報告及文獻回顧

高傳紘　彭淑玲　張漢煜

類風溼性關節炎有各種不同的肺部表現，這些表現在臨床上症狀上不具特異性，如阻塞性細支氣管炎合併器質化肺炎，常常需要靠開胸或胸腔鏡手術切片才能診斷。在此，我們報告一個類風溼性關節炎的病人，臨床上的表現是咳嗽跟喘，影像學檢查有毛玻璃狀陰影及肺泡型變化，抗生素治療無效後，經過胸腔鏡手術，證實是阻塞性細支氣管炎合併器質化肺炎。經過類固醇治療後，症狀及影像學上皆獲得改善。
*(胸腔醫學 **2014; 29: 287-291**)*

關鍵詞：類風濕性關節炎，阻塞性細支氣管炎合併器質化肺炎，間質性肺疾

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Primary Carcinoid Tumor of the Parietal Pleura – Case Report

Jian-Sheng Liu*, Chih-Yen Tu*,**, Chia-Hung Chen*, Pin-Ru Chen***, Guan-Chin Tseng****

Carcinoids are neuroendocrine tumors that primarily affect the gastrointestinal tract, lungs, and bronchi. They are considered benign with slow growth, but can be malignant in a substantial percentage of patients (metastasizing to the liver, bones, skin, etc). Primary bronchopulmonary carcinoids constitute 1% to 5% of resected lung cancers and about 25% of all carcinoids. The most commonly reported location for pulmonary carcinoid tumors is the major bronchi. There are very few reports of primary pleural carcinoids. We present an extremely rare case of primary pleural carcinoid tumor in a 24-year-old male. He was found incidentally to have a right pleural mass and underwent thoracoscopy with pleural tumor excision. Histological immunohistochemical analysis confirmed the diagnosis of typical carcinoid tumor in the pleura without extrapleural invasion or distant metastasis. The patient received local radiotherapy as adjuvant treatment after surgical intervention. To date, the patient has not exhibited evidence of local recurrence or metastasis. ***(Thorac Med 2014; 29: 292-297)***

Key words: carcinoid, malignancy, lung cancer, pleura, neuroendocrine

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原發性體側肋膜類癌

劉健生 *　涂智彥 *,**　陳家弘 *　陳品儒 ***　曾冠欽 ****

類癌是神經內分泌腫瘤，大多數的類癌發生於腸胃道及呼吸道。它們被認為是良性的並且增長緩慢的，但也有相當比例的患者是惡性的（轉移至肝臟，骨骼，皮膚等器官）。原發性支氣管肺類癌約占已切除的肺癌的 1% to 5%；約占所有類癌的 25%。最常被報告的支氣管肺類癌的位置是支氣管。只有極少數的原發性肋膜類癌被報告過。我們提出一個極為罕見的原發性肋膜類癌案例發生在一個 24 歲的男子。他意外發現有一個腫塊位於右側肋膜，並經胸腔鏡進行腫瘤切除。組織學檢查，包括免疫染色檢查診斷為典型的原發性肋膜類癌。並沒有證據表明肋膜外浸潤或遠處轉移。隨後給予術後輔助放射治療。在隨後的追蹤到目前為止，他並沒有證據表示有局部復發或轉移。*(胸腔醫學 **2014; 29: 292-297**)*

關鍵詞：類癌，惡性，肺癌，肋膜，神經內分泌

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Avoiding Possible Misdiagnosis of Malignant Pleural Epithelioid Mesothelioma: A Case Report and Literature Review

Yu-Ren Li, Wann-Cherng Perng*, Chih-Feng Chian*, Cheng-Wei Liu, Wen-Lin Su**

Distinguishing malignant pleural epithelioid mesothelioma from metastatic adenocarcinoma is difficult using histological features alone. We report the case of a 72-year-old woman with occupational exposure to asbestos for more than 30 years presenting right chest pain for 6 months. Chest computed tomography (CT) detected multiple nodules and masses, pleural thickening, focal calcified plaques and mild loculated pleural effusion in the right hemithorax. CT-guided biopsy of the right pleural mass, without immunohistochemical staining, revealed adenocarcinoma, moderately differentiated. After discussion with the pathologists, further immunohistochemical staining was performed. The final report was suggestive of malignant pleural epithelioid mesothelioma. ***(Thorac Med 2014; 29: 298-303)***

Key words: malignant pleural epithelioid mesothelioma, lung adenocarcinoma, immunohistochemistry stains, diagnosis

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避免誤診惡性肋膜間質上皮細胞瘤：病例報告與文獻回顧

李羽仁　彭萬誠 *　簡志峰 *　劉崢偉　蘇文麟 **

惡性肋膜間質上皮細胞瘤與肺腺癌在初步的組織病理切片中，兩者很難區分，我們的案例報告是一個 72 歲女性，曾在造船廠工作，暴露在石棉環境超過 30 年，最近 6 個月開始出現右側胸痛現象。胸部電腦斷層發現右側肋膜不規則增厚，有多發性結節與硬塊併鈣化點，且存在腔室化肋膜積液。經電腦斷層導引切片後，初步病理報告為轉移性中度分化的肺癌，但並未對惡性肋膜間質細胞瘤作相關的免疫組織化學染色，因病史與影像學報告均高度懷疑惡性肋膜間質細胞瘤的可能性，於是病理科做進一步的免疫組織化學染色，最後確定診斷是惡性肋膜間質上皮細胞瘤。*(胸腔醫學 **2014; 29: 298-303**)*

關鍵詞：惡性肋膜間質上皮細胞瘤，肺腺癌，免疫組織化學染色，診斷

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Epidermal Growth Factor Receptor Tests for Differentiation of the Origin of Metastatic Adenocarcinoma of Mediastinal Lymph Nodes with an Unknown Primary Site

Ying-Chieh Chen, Chia-Hsin Liu, Cherng-Lih Perng*,**, Yao-Feng Li***,
Shan-Yueh Chang, Chih-Feng Chian

Metastatic adenocarcinoma of mediastinal lymph nodes with an unknown origin is rare. We report a 62-year-old male with a mediastinal mass that grew from 1.9 to 5.1 cm in 2 years. The patient underwent mediastinoscopic tumor biopsy, and the pathological exam disclosed metastatic adenocarcinoma. The patient was diagnosed as having metastatic mediastinal adenocarcinoma of unknown origin after extensive examinations. His disease was hypothesized as adenocarcinoma of the lung with mediastinal lymph node metastasis of cT0N2M0 stage IIIA. Chemotherapy with a regimen of cisplatin and vinorelbine plus thoracic radiation therapy was administered; however, these treatments were terminated after 2 courses of chemotherapy because of intolerable side effects. The patient received gefitinib as a second-line treatment, although direct sequencing of a tumor sample revealed the presence of the wild-type epidermal growth factor receptor (*EGFR*) gene. Subsequent examinations revealed that the mass lesion had disappeared with gefitinib treatment. The patient discontinued gefitinib after 1 year of treatment and remained in complete remission 36 months thereafter. An exon 19 deletion in *EGFR* was confirmed by real-time polymerase chain reaction (real-time PCR) of the mediastinal lymph node. ***(Thorac Med 2014; 29: 304-309)***

Key words: adenocarcinoma, mediastinal lymph node, epidermal growth factor receptor, gefitinib

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表皮生長因子受體測試用於鑑別診斷原發部位不明之轉移性縱隔腔淋巴結腺癌

陳盈潔　劉佳鑫　彭成立 *,**　李耀豐 ***　張山岳　簡志峰

原發部位不明的轉移性縱隔腔線癌是很少見的。我們報告一個 62 歲男性的縱隔腫塊在兩年內從 1.9 公分增長至 5.1 公分。這位病患接受縱膈腔鏡腫瘤切片 病理檢查證實為轉移性腺癌。經過一系列檢查後，病患被診斷為原發部位不明的轉移性縱隔腔線癌。他的疾病分期被定為肺腺癌第三期（cT0N2M0, stage IIIA）。病患接受 cisplatin 加上 vinorelbine 組合之化學暨放射線治療，然而因為病患無法忍受其副作用，再經過兩次療程後終止治療。這位病患後來接受了 gefitinib 作為第二線治療，即使腫瘤樣本的表皮生長因子受體（EGFR）基因型經直接序列分析檢測為原株。在日後的檢驗中發現，病患接受 gefitinib 藥物治療之下，縱膈腔腫瘤消失不見。病患治療 1 年後停止 gefitinib 治療，但仍然維持在治療 36 個月後完全緩解。後續我們經即時聚合酶連鎖反應（Real-time PCR）的方式檢測，證實病患的表皮生長因子受體（EGFR）之外顯子 19 之氨基酸缺失（deletion）。*(胸腔醫學 **2014; 29: 304-309**)*

關鍵詞：腺癌，縱膈腔淋巴結，表皮生長因子受體，艾瑞莎

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Solitary Pulmonary Nodule Caused by Localized Pulmonary Infarction

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Solitary pulmonary nodules are not hard to detect with a chest radiograph, but the physician needs experience to make a precise diagnosis. A solitary pulmonary nodule was incidentally found in the left upper lobe of an asymptomatic 43-year-old male who was then referred to our chest surgery department. Various tumor work-up examinations were done, but a definite diagnosis was not obtained. The final diagnosis of pulmonary infarction was gained from wedge biopsy of the tumor using video-assisted thoracic surgery. Although the incidence of pulmonary infarction is low, it should be included in the differential diagnosis of pulmonary nodules. ***(Thorac Med 2014; 29: 310-316)***

Key words: solitary pulmonary nodule, pulmonary infarction, lung cancer, video-assisted thoracoscopic surgery

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局部性肺梗塞所導致的單一肺部結節

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對臨床醫師而言，從胸部的影像學檢查去發現單一肺部結節並不困難，但是要能夠正確的診斷，卻有一定的難度。我們要報導一位無任何胸部症狀的 43 歲的男性病患，因無意間被發現左側肺部單一結節而被轉至胸腔外科做進一步的診斷治療，經由數項針對肺部結節及腫瘤的檢查，仍然無法得到確切的診斷。最終，透過胸腔鏡輔助開胸術的方式，病患接受了肺部腫瘤的切除，而得到肺部梗塞的診斷。雖然肺部梗塞的發生率很低，但仍需將其列入肺部結節的鑑別診斷之中。*(胸腔醫學 **2014; 29: 310-316**)*

關鍵詞：單一肺部結節，肺部梗塞，肺癌，胸腔鏡輔助開胸術

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Life-threatening Hypoxemia in a Young Adult: A Case Report of Idiopathic Acute Eosinophilic Pneumonia

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Idiopathic acute eosinophilic pneumonia is a rare cause of acute respiratory failure; studies are limited to case reports, and there is no definite incidence. One study reported 18 cases among 183,000 soldiers in or near Iraq. Diagnosis would lead to a change from empirical broad-spectrum antibiotic treatment to corticosteroid therapy, but the diagnosis is always delayed until the presentation of eosinophilia. We report a 22-year-old male who developed fever and breathlessness with rapid progression to acute respiratory failure. This patient received hydrocortisone 200 mg/day 1 week before the confirmatory diagnosis, and dramatically improved to the point of extubation within 3 days. Initial radiograph and computed tomography of the chest showed multiple ground-glass opacities in the bilateral lungs. Eosinophilia (15%) developed on the 10th day, and bronchoalveolar lavage fluid revealed an elevated percentage of eosinophils (37%). No triggering agent that would have induced pulmonary eosinophilia was found in this case, so idiopathic acute eosinophilic pneumonia was diagnosed. The patient gradually recovered to normal activity within 2 weeks. No relapse of symptoms was seen up to this writing. ***(Thorac Med 2014; 29: 317-322)***

Key words: acute eosinophilic pneumonia, hypoxemia, bronchoalveolar lavage, eosinophilia, acute respiratory failure

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患有危及生命之低血氧症的年輕人：急性嗜酸性白血球肺炎的病例報告

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不明原因的急性嗜酸性白血球肺炎是造成急性呼吸衰竭的疾病中一個罕見的原因，僅少數的個案報告，沒有明確的發生率，只有一篇研究報告183,000個在伊拉克的士兵中有發現18個病例。病患往往是出現了嗜酸性白血球增多症才有進一步確診，使治療從經驗性廣效抗生素治療轉變為類固醇治療。我們報告一個出現發燒和呼吸困難，且迅速進展至急性呼吸衰竭的22歲年輕人。病患在確診前一週接受hydrocortisone 200 mg/day，治療後症狀獲得戲劇性的改善，且在三天內即移除氣管內管。初始的胸部X光片和電腦斷層顯示肺部雙側多發性毛玻璃樣斑塊陰影。出現症狀的第10天後發展出嗜酸性白血球增多（15%），且支氣管肺泡沖洗術發現嗜酸性白血球百分比增加（37%）。在本個案並沒有發現會造成肺嗜酸性白血球增多的誘發因子，所以診斷為原因不明的急性嗜酸性白血球肺炎。患者於二週內逐漸恢復正常功能，症狀到目前為止並未復發。*(胸腔醫學* ***2014; 29: 317-322)***

關鍵詞：急性嗜酸性白血球肺炎，低血氧，支氣肺泡沖洗術，嗜酸性白血球，急性呼吸衰竭

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