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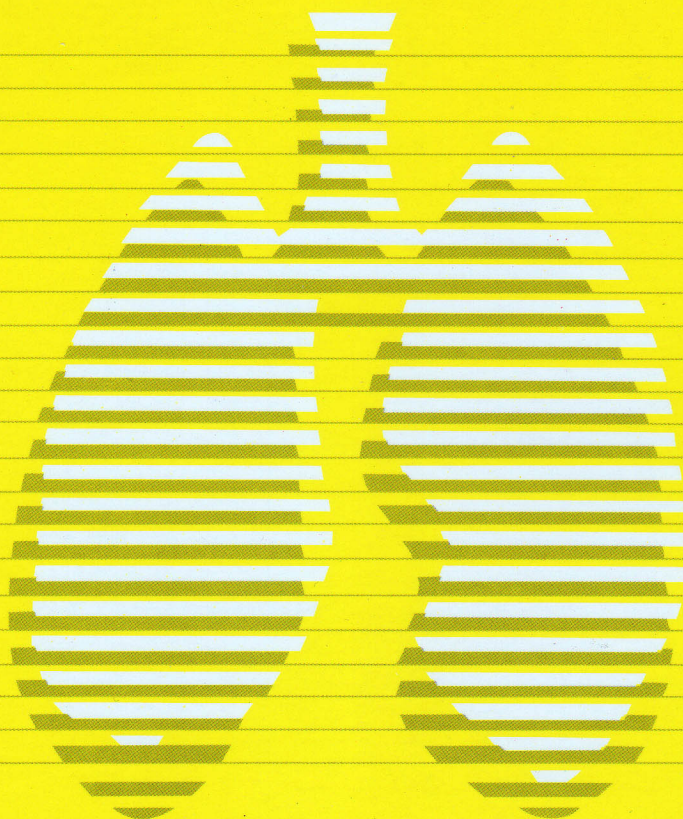
## Thoracic Medicine

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台灣胸腔暨重症加護醫學會

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## Thoracic Medicine

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### 原著

重複針灸刺激對氣喘病患尖峰吐氣流速變異性的改變與嗜伊紅性球陽離子蛋白濃度的影響評估 .....138~146  
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# Effects of Repeated Acupuncture on Peak Expiratory Flow Variation and Serum Eosinophil Cationic Protein Concentration in Asthmatic Patients

Sheng-Che Lin\*, Kuo-An Chu\*,\*\*, Chien-Wei Hsu\*,\*\*, Min-Hsi Lin\*,\*\*, Yi-Ching Wu\*,  
Hong-Chung Wang\*,\*\*, Yao-Ming Ting\*,\*\*, Ruay-Sheng Lai\*,\*\*

**Background:** The mechanism involved in acupuncture's immediate bronchodilating effects remains unclear. This prospective randomized crossover controlled study aimed to determine the possible anti-inflammatory effects and clinical and physiologic benefits of repeated acupuncture using serum eosinophil cationic protein (ECP), an indicator of asthmatic inflammation.

**Methods:** Thirty asthmatic patients were randomly assigned to initially receive real acupuncture (RA) or sham acupuncture (SA) for 3 weeks in a blinded manner. Each patient was then crossed-over with a 3-week wash-out period. The ECP, spirometry, variation of peak expiratory flow rate (PEFR) and frequency of rescue bronchodilator use of each patient were recorded before and after RA and SA.

**Result:** The 27 patients who completed the trial showed significant improvements in post-RA forced expiratory volume in 1 second, serum ECP concentration, variation of PEFR, and frequency of rescue bronchodilator use compared to post-SA ( $p<0.05$ ).

**Conclusion:** Asthmatic patients who received repeated acupuncture had improvements in ECP and better clinical and physiologic responses. (*Thorac Med* 2013; 28: 138-146)

Key words: acupuncture, asthma, inflammation, spirometry

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# 重複針灸刺激對氣喘病患尖峰吐氣流速變異性的改變與嗜伊紅性球陽離子蛋白濃度的影響評估

林聖哲\* 朱國安\*,\*\* 許健威\*\*, 林旻希\*\*, 吳宜瑾\* 王鴻昌\*\*,  
丁耀明\*\*, 賴瑞生\*\*,

**背景：**針刺引起的支氣管擴張的機轉過去並不是很清楚。這個前瞻性隨機交叉研究旨在藉由應用嗜伊紅性球陽離子蛋白，一種氣喘的發炎因子，來確認重複針刺所造成的可能抗發炎效果及臨床和生理上的好處。

**方法：**30 個病人於 3 週內以隨機單盲方式安排接受實際針刺及假針刺。所有病人在經過 3 週的廓清期後交叉。我們記錄了實際針刺及假針刺前後的嗜伊紅性球陽離子蛋白濃度、肺計量、尖峰吐氣流速變異性的改變、及支氣管擴張劑的使用頻率。

**結果：**27 個病患完成試驗。實際針刺後，第 1 秒用力吐氣量、血清嗜伊紅性球陽離子蛋白濃度、尖峰吐氣流速變異性的改變及支氣管擴張劑的使用頻率皆有顯著改善。 $(p<0.05)$ 。

**結論：**氣喘病患接受重複針刺後有較佳的血清嗜伊紅性球陽離子蛋白濃度改變與臨床生理反應。*(胸腔醫學 2013; 28: 138-146)*

**關鍵詞：**針刺，氣喘，發炎，肺量計

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# First Successful Resuscitation of Mother and Delivery of Baby in a Patient with Severe H1N1 Complicated with ARDS in Taiwan: Experience with ECMO

Kuang-Hui Chiu, Ping-Tsun Lai

H1N1 infection can be very severe and even fatal in high-risk patients including pregnant mothers and females during the peri-partum period. We report the 1<sup>st</sup> case of mother and fetus that were saved during the 2009 H1N1 pandemic in Taiwan. A 25-year-old G2P1 woman at 34 weeks gestation was infected with H1N1 and progressed to ARDS refractory to ventilatory support with 100% O<sub>2</sub>. Emergent caesarian delivery was performed and the baby had an uneventful recovery. The mother was treated aggressively with ECMO and unfortunately developed right-side pneumothorax despite early ECMO use and lung protective ventilation because of tension bullae, which were either acquired or congenital. She was successfully weaned from ECMO within 1 week with subsequent extubation of the endotracheal tube. Her chest tube was removed after 2 weeks in the chest medicine ward. We also reviewed the related literature on severe H1N1 infection among pregnant women, the relationship of various outcomes at different gestational ages, differences in duration from infection to treatment, and also the effect of ECMO use. (*Thorac Med* 2013; 28: 147-153)

Key words: pregnancy, H1N1, acute respiratory distress syndrome, extracorporeal membrane oxygenation

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# 台灣首例成功急救母親及嬰兒在嚴重甲型 H1N1 流感病毒肺炎造成急性呼吸窘迫症候群之懷孕病人： 體外膜氧合器使用經驗

邱光輝 賴炳村

H1N1 流感感染在高危險群病患，包括孕婦和女性產後期，可能非常嚴重，可能會致命。我們報告一個 25 歲懷孕 34 週 G2P1 婦女感染 H1N1，咳嗽一個星期，發燒 3 天和呼吸窘迫 5 天。她到醫院時已呼吸衰竭，建議要插支氣管內管使用呼吸器時她轉院到我們醫院。住加護病房後插支氣管內管使用呼吸器治療，為了救小孩，緊急剖腹產成功，新生兒無嚴重併發症。她的肺炎進展到呼吸器無法有效治療之急性呼吸窘迫症候群。我們使用體外膜氧合器和呼吸器的支持。雖然我們早期使用體外膜氧合器並給予肺保護性呼吸器補助，不幸的住院第 3 天後發生右側氣胸，需插胸管。但在一周內成功脫離體外膜氧合器。氣管內管在體外膜氧合器停止使用 2 天後拔管。拔管成功二天後轉到病房，2 週後在病房拔出胸管。我們還回顧了相關文獻中關於嚴重 H1N1 病毒感染的孕婦，比各種輕重度，不同懷孕期，不同從感染到治療的時間對疾病的治療效果。( *胸腔醫學* 2013; 28: 147-153)

關鍵詞：懷孕，甲型 H1N1 流感病毒，急性呼吸窘迫症候群，體外膜氧合器

# Pulmonary Infection with *Pseudallescheria boydii* in an Immunocompetent Patient: A Case Report

Ying-Chun Chien, Yen-Lin Chen, Jih-Shuin Jerng, Chong-Jen Yu

*Pseudallescheria boydii* is an opportunistic pathogen of immunocompromised patients. While it is still rare in immunocompetent patients, the number of reports of *P. boydii* colonization (mycetoma) or infection of the pulmonary cavity by this pathogen have increased due to improved detection methods and increased numbers of immunocompromised hosts. The optimum treatment for this infection remains unclear. Herein, we present a case with disease progression from mycetoma to peri-cavity lung abscess. In this case, *P. boydii* was isolated from a mixture of pathogens. The infection was successfully treated with voriconazole and adjunct percutaneous drainage and lavage. (*Thorac Med* 2013; 28: 154-159)

Key words: pulmonary fungal infection, mycetoma, *Pseudallescheria*

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## 免疫健全者之波氏假性黴樣菌之肺部感染一個案報告

錢穎群 陳彥霖 鄭之勛 余忠仁

波氏假性黴樣菌為一已知免疫低下患者之伺機性感染菌。隨著黴菌鑑定的進步以及免疫不全患者的增加，黴菌於肺內空腔的寄生與感染個案增加，然寄生或感染於免疫健全者仍屬少見，而最佳之治療方式仍無定論。本個案完整地呈現黴菌由肺內空腔寄生進展為肺內空腔感染併周遭肺膿瘍。藥物輔以將豬尾巴經由表皮放置於空腔內引流及灌洗，此黴菌與細菌之混和感染因而成功治療，無明顯後遺症。( *胸腔醫學* 2013; 28: 154-159)

關鍵詞：肺內黴菌感染，肺內空腔內黴菌寄生，波氏假性黴樣菌

# Late Pulmonary Metastasis of Renal Cell Carcinoma – 13 Years after Radical Nephrectomy: A Case Report

Chih-Hsiang Chien, Yuh-Min Chen

Pulmonary nodules larger than 3 cm in the elderly raise the possibility of malignancy. We present a case of pulmonary metastases that occurred 13 years after radical right nephrectomy for renal cell carcinoma. The patient suffered from cough with hemosputum for days. He visited our outpatient department where pulmonary nodules were detected by chest X-ray examination in February 2012. Computed tomography (CT) of the chest revealed a 3.8 x 3.0 cm soft tissue mass at the right lower lobe (RLL) of the lung, and variably-sized nodules at the bilateral lung fields. Lung cancer, RLL, with lung-to-lung metastasis was suspected. CT-guided biopsy was performed for the RLL mass and histopathology disclosed metastatic renal cell carcinoma. Abdominal CT disclosed a normal appearance of the left kidney and no local recurrence of renal cell carcinoma. We present this case and review the literature of late pulmonary recurrence from renal cell carcinoma. (*Thorac Med* 2013; 28: 160-164)

Key words: renal cell carcinoma, late pulmonary recurrence

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## 病歷報告：腎細胞癌的晚發型肺轉移－ 全腎切除 13 年後復發

簡志翔 陳育民

在老年病患中發現的肺部腫瘤若是大於三公分，該腫瘤為惡性的可能性大為增加，我們報告一個腎細胞癌的病患，十三年前接受右全腎切除後，才在肺部發現轉移的病例。

這位病患的症狀主要是因為咳血數天，於 2012/2 胸部 X 光片檢查發現肺部腫瘤。肺部電腦斷層發現右下肺有 3.8 x 3 cm 的腫塊，同時兩側下肺葉有數個大小不一的結節。最初的影像診斷是肺癌合併肺部轉移。我們安排電腦斷層引導下右下肺腫瘤切片，病理報告是腎細胞癌肺部轉移。腹部電腦斷層顯示左側腎臟正常，右側也沒有腎細胞癌的局部復發。

我們報告這個十三年後的腎細胞癌肺部轉移復發，同時也回顧一些過去的文獻報告。( *胸腔醫學* 2013; 28: 160-164)

關鍵詞：腎細胞癌，晚期肺部復發轉移

# Pulmonary Metastasis of Pleomorphic Liposarcoma Presenting as a “Ball-in-Hole” Lesion on Chest Radiograph – A Case Report

Hsu-Ching Kao\*, Wen-Feng Fang\*, Po-An Chou\*, Yu-Mu Chen\*,  
Meng-Chih Lin\*, Chin-Chou Wang\*,\*\*

A 54-year-old man with a history of hepatocellular carcinoma and chest wall pleomorphic liposarcoma post-surgical excision presented with 1 month of hemoptysis. CXR revealed a “ball-in-hole” lesion in the right upper lobe. CT scan of the chest revealed a 2.5 cm enhancing nodule at the anti-dependent portion of a 3.7 cm cavity within ground-glass opacity at the apical segment of the right upper lobe. Aspergilloma was suspected. Bronchoscopic examination failed to identify the lesion, so surgical excision was scheduled. Right upper lobectomy with mediastinal lymph nodes dissection was performed utilizing video-assisted thoracic surgery. The lesion was identified as a metastatic pleomorphic liposarcoma in the pathological study. The postoperative course was uneventful, and no recurrence was found 8 months after the surgery. This case illustrates a rare type of liposarcoma with metastasis to the lung, presenting with an unusual pattern on the CXR. (*Thorac Med* 2013; 28: 165-170)

Key words: “ball-in-hole” lesion, pleomorphic liposarcoma, lung metastasis

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## 多形性型脂肪肉瘤之肺轉移以“Ball-in-hole”之病變呈現於胸部照影

高旭卿\* 方文豐\* 周柏安\* 陳友木\* 林孟志\* 王金洲\*,\*\*

一位 54 歲男性，有肝癌及胸壁多形性型脂肪肉瘤而接受手術切除之病史，主述咳血一個月。胸部 X 光片發現右上肺部有一“ball-in-hole lesion”。胸部斷層掃描顯示於右上肺葉頂端有毛玻璃樣陰影，而在此毛玻璃樣陰影中有一 3.7 公分空洞，而此空洞中另有一個 2.5 公分的顯影結節。此病變被懷疑是麴菌瘤。因支氣管鏡檢查並未發現異常之病灶，因此安排外科手術切除。病人接受胸腔內視鏡輔助手術以施行右上肺葉及縱膈淋巴結切除。切除之病理組織化驗之後證實為肺轉移之多形性型脂肪肉瘤。病人術後復原良好，在接受手術 8 個月後尚無腫瘤復發跡象。因此，此病例報告描述了一個罕見類型脂肪肉瘤之肺轉移，並於胸部 X 光片上以少見之形式來呈現。( *胸腔醫學* 2013; 28: 165-170)

關鍵詞：ball-in-hole 病變，多形性型脂肪肉瘤，肺轉移

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# Diaphragmatic Hernia after Percutaneous Radiofrequency Ablation for Hepatocellular Carcinoma – A Case Report and Literature Review

Huang-Chi Chen, Ching-Yuan Chen\*, Bin-Chuan Ji, Ching-Hsiung Lin

Radiofrequency ablation (RFA) is now regarded as the first-line therapy for unresectable small-sized or recurrent hepatocellular carcinoma (HCC). The thoracic complications of RFA require our attention, especially when we treat HCC adjacent to the diaphragm. The case we report is that of a patient with an unusual presentation, who was diagnosed with diaphragmatic hernia 14 months after RFA for HCC. We reviewed the medical literature written in English and found that the mean value of time from culprit RFA till hernia diagnosis in 5 cases was 13.8 months. HCC near or adjacent to the diaphragm is a risk factor. One reasonable explanation for this delayed complication is that an initial thermal injury could then lead to progression of the diaphragm defect under the influence of a peritoneopleural pressure gradient, increased intra-abdominal pressure, or focal tumor infiltration. Therefore, newly developed adjuvant maneuvers for RFA, such as subphrenic water or artificial ascites, may be a reasonable choice for specifically selected patients with HCC near the diaphragm. (*Thorac Med* 2013; 28: 171-178)

Key words: diaphragmatic hernia, radiofrequency ablation, hepatocellular carcinoma

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## 以射頻燒灼術（RFA）治療惡性肝腫瘤後所引發的 橫膈膜疝氣：病例報告以及文獻回顧

陳皇吉 鄭清源 \* 紀炳銓 林慶雄

射頻燒灼術（RFA）目前被認為是針對無法切除的小型惡性肝腫瘤，或是再復發患者的第一線治療。因射頻燒灼術所引發的胸腔併發症，特別引起我們的注意。我們所報導的病例是一個少見的個案，他在接受惡性肝腫瘤的射頻燒灼術 14 個月後才出現橫膈膜疝氣。我們做了文獻回顧，發現用英文撰寫的 5 個病例中，導致問題的射頻燒灼術到出現橫膈膜疝氣的時間平均為 13.8 個月。我們發現肝腫瘤靠近橫膈膜是一個危險因子。之所以射頻燒灼術到橫膈膜疝氣出現的時間會這麼久，我們認為合理的解釋是：一剛開始只是熱燒灼的損傷，接著在腹腔與胸腔間的壓力差、腹內壓上升、或是局部腫瘤浸潤等多種因素影響下，小缺損逐漸進展到橫膈膜疝氣。因此如果要做射頻燒灼術，一些新發展出的輔助方法，比方說像在橫膈下注水或是造成一個人工的腹水，對於特定有橫膈附近惡性肝腫瘤的患者而言，可能是一個合理的選擇。（*胸腔醫學* 2013; 28: 171-178）

關鍵詞：橫膈膜疝氣，射頻燒灼術，惡性肝腫瘤

# Multiple Disseminated Sclerosing Hemangiomas of the Lungs

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Sclerosing hemangioma (SH) is a relatively rare, benign neoplasm of the lung. The characteristic features of SH include asymptomatic, peripheral, solitary, well-circumscribed nodules in women aged around 40 years. The pattern of multiple nodules is rare, with an incidence of 4-5% in pulmonary SH. We present the case of a 44-year-old asymptomatic woman who had undergone chest roentgenography that revealed numerous small nodular opacities with slight thickening along the interstitial lines in both the lungs during a regular examination; her chest computed tomography scan revealed innumerable diffuse nodules that mimicked disseminated malignant lesions in all lobes of both the lungs. In this case, in which no primary lesion was detected, we performed wedge resection of the right upper lobe to establish a definitive diagnosis; histological analysis of the resected tissue confirmed SH. Follow-up data of 4 years suggested that SH in this case was indolent without treatment. A review of previously reported cases with multiple nodules suggested that fewer than 3 nodules of around 1 cm to 3 cm were observed in a limited number of lobes. However, we report, for the first time, a case with innumerable diffuse nodules less than 1 cm in diameter, spreading in all lobes of both the lungs. Although the incidence of multiple SH is very low, these should be considered when evaluating any patient with multiple diffuse miliary-like nodules. However, further, these findings do not indicate an unfavorable outcome. (*Thorac Med* 2013; 28: 179-185)

Key words: sclerosing hemangioma, disseminated nodules

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## 瀰漫性多發肺硬化性血管瘤

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硬化性血管瘤 (Sclerosing hemangioma) 是肺部相對較少見的良性腫瘤，常見於 40 幾歲無症狀的中年女性，其典型呈現是位於肺部周邊單顆邊緣清楚的結節，而多發性結節表現的硬化性血管瘤是非常少見的，佔所有肺部硬化性血管瘤約 4-5% 的發生率。我們報告一位 44 歲無症狀的女性，於例行的胸部 X 光檢查發現兩側肺部有數顆小結節影合併輕微間質線條增厚；肺部電腦斷層於兩側所有的肺葉呈現多處瀰漫性類似惡性腫瘤散佈的結節，在未知原發病灶的情形下，為了得到更進一步的確切診斷，病患接受了右上肺楔狀切除手術，其病理上的結果診斷為硬化性血管瘤；在術後追蹤的 4 年間雖未接受任何治療，臨床與影像檢查並無新的變化。回顧以多發性結節表現的硬化性血管瘤文獻上，大部分的結節數小於 3 顆、直徑大小介於 1 到 3 公分之間、且侷限於局部的肺葉。而我們報告的個案是以無數小於直徑 1 公分的結節散佈於兩側所有的肺葉來表現，這種表現是至今沒有被報告過的。雖然多發性肺硬化性血管瘤不常見，但臨床影像上遇到多處瀰漫性似粟粒般結節表現時，仍須想到硬化性血管瘤的可能性，且此種發現並不代表預後較差。(胸腔醫學 2013; 28: 179-185)

關鍵詞：硬化性血管瘤，瀰漫性結節

# Disseminated Cryptococcosis in a HIV-Negative Patient Initially Presenting as Bilaterally Massive Pleural Effusion: A Case Report & Literature Review

Mei-Yin Chen, Chi-Wei Tao

*Cryptococcus neoformans* is a human fungal pathogen that causes life-threatening infection in immunocompromised hosts, and in some cases, immunocompetent hosts. Inoculation is usually via the inhalation of soil aerosols. Disseminated disease is the most common presentation among immunocompromised persons with malignancy, human immunodeficiency virus infection, corticosteroid use, or organ transplantation, but is rare in immunocompetent hosts. The most common plain radiographic findings are focal infiltrates and pulmonary nodules. Chest computed tomography similarly reveals one or more peripheral nodules with or without cavitation and/or areas of consolidation. We present the case of a 72-year-old, HIV-negative Taiwanese woman with mild type 2 diabetes mellitus under good dietary control who presented with cough and dyspnea. Initial chest plain film showed bilaterally massive pleural effusion. Disseminated cryptococcosis with pleural effusion, meningitis, pericardial effusion, infective endocarditis, peritonitis, and cryptococemia was diagnosed, and despite adequate antifungal treatment the patient developed multiple organ failure and eventually expired. (***Thorac Med* 2013; 28: 186-191**)

Key words: disseminated cryptococcosis, bilaterally massive pleural effusion

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# 一位非愛滋病毒感染之病患得到瀰漫性新型隱球菌感染 初期以雙側大量肋膜積液表現之病例報告及文獻回顧

陳美音 陶啟偉

新型隱球菌是一種感染人類的黴菌致病菌。通常會對免疫功能不全之病人，有時也對免疫功能正常之病人產生造成生命威脅之感染。感染途徑通常經由吸入土壤氣霧。瀰漫性感染通常發生於免疫力不全之病人，尤其是有惡性腫瘤，愛滋病毒感染，使用類固醇，或器官移植後之病人，但極少見於免疫力正常之病人。常見之胸部 X 光表現為局部浸潤或肺結節。電腦斷層亦呈現一或多個開洞或未開洞之周邊結節或實質病變。

我們在此呈現之病例為一 72 歲台灣女性，無愛滋病，有輕微糖尿病但經由飲食控制良好，主訴咳嗽及呼吸困難。胸部 X 光呈現雙側肋膜積水。後來診斷為瀰漫性新型隱球菌感染，包括肋膜積水，腦膜炎，心包膜積水，感染性心內膜炎，腹膜炎，及新型隱球菌造成的菌血症。即使給予適當治療，病人仍然產生多重器官衰竭，最後死亡。( *胸腔醫學* 2013; 28: 186-191)

關鍵詞：瀰漫性新型隱球菌感染，雙側大量肋膜積液

# Successful Weaning from Prolonged Mechanical Ventilation after Inspiratory Muscle Training of a Patient with Duchenne Muscular Dystrophy

Chao-Hsien Chen, Chang-Yi Lin, Ming-Jen Peng, Chien-Liang Wu

Duchenne muscular dystrophy (DMD) is a hereditary, X-linked recessive disease characterized by progressive muscle weakness. Impairment of respiratory muscle function with respiratory failure is the most common cause of death in patients with DMD. These patients have a life expectancy of approximately 20 years if left untreated. Once mechanical ventilation is initiated, respiratory muscle impairment, as a result of disuse atrophy and contractile dysfunction, will increase the difficulty of weaning these patients. Inspiratory muscle training (IMT) is a pulmonary rehabilitation measure thought to primarily improve inspiratory muscle function. Although the use of IMT remains controversial in patients with DMD, there appear to be benefits in the early stage of the disease. The effect of IMT on weaning patients from prolonged mechanical ventilation has been demonstrated. Herein, we report the case of a 20-year-old patient with DMD, admitted with pneumonia complicated with respiratory failure and prolonged mechanical ventilation, who was successfully weaned from ventilatory support after IMT. (*Thorac Med* 2013; 28: 192-199)

Key words: Duchenne muscular dystrophy, inspiratory muscle training, prolonged mechanical ventilation, pulmonary rehabilitation, respiratory failure, weaning

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## 利用吸氣肌肉訓練使一位長期使用呼吸器之 裘馨氏肌肉失養症病人成功脫離呼吸器

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裘馨氏肌肉失養症是以漸進性肌肉無力為特徵的隱性性染色體遺傳疾病。呼吸肌無力併呼吸衰竭是裘馨氏肌肉失養症病人主要的死因，若沒有適當的治療平均只能活到二十多歲。但是一旦使用呼吸器，呼吸肌肉無力還會因沒有使用而加重，因此脫離呼吸器的過程將會相當的艱辛。吸氣肌肉訓練是一種主要改善吸氣肌群的呼吸復健運動。雖然說吸氣肌肉訓練應用在裘馨氏肌肉失養症的病人上還未有定論，不過似乎在疾病的早期是有所幫助的。此外，吸氣肌肉訓練在協助長期使用呼吸器的病人脫離呼吸器上的好處，已經有很好的證據。在本文中，我們將討論一名 20 歲的裘馨氏肌肉失養症病患，因為肺炎導致呼吸衰竭，在傳統的呼吸氣脫離策略失敗後，藉由吸氣肌肉訓練成功的脫離呼吸器的經驗。(胸腔醫學 2013; 28: 192-199)

關鍵詞：裘馨氏肌肉失養症，吸氣肌肉訓練，長期使用呼吸器，呼吸復健，呼吸衰竭，脫離呼吸器