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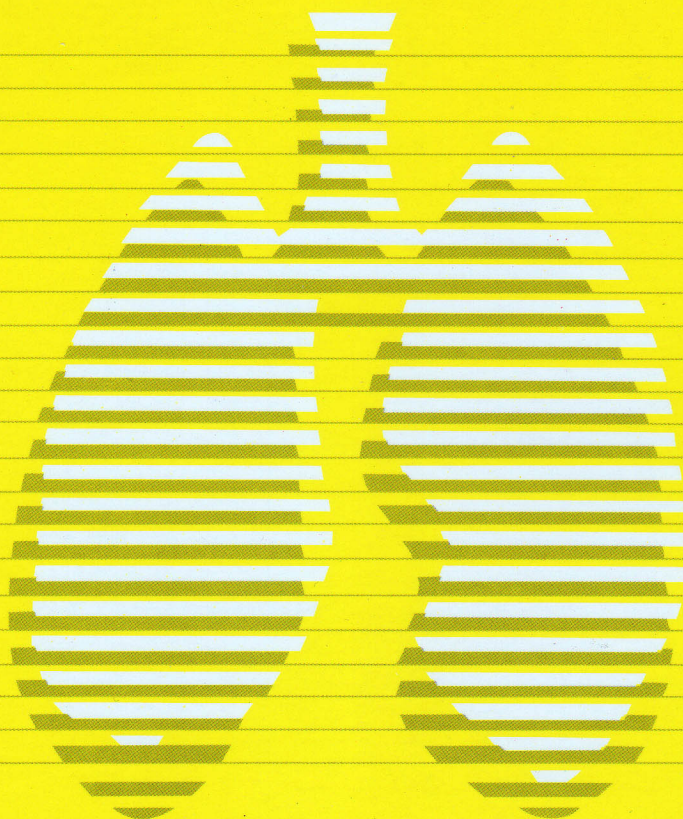
## Thoracic Medicine

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台灣胸腔暨重症加護醫學會

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# The Effect of Extracorporeal Membrane Oxygenation Treatment on Patients with Severe Acute Respiratory Distress Syndrome Caused by Influenza Virus

Yen-Tin Chen\*,\*\*\*\*, Chien-Wei Hsu\*,\*\*, Guan-Sheng Wu\*\*\*, Ruay-Sheng Lai\*\*\*\*

**Objectives:** We compared the clinical outcomes of patients with virus pneumonia and severe acute respiratory distress syndrome (ARDS) status treated with or without extracorporeal membrane oxygenation (ECMO) support.

**Methods:** We retrospectively reviewed the hospital courses of patients who were admitted to intensive care unit (ICU) with severe ARDS ( $\text{PaO}_2/\text{FiO}_2 < 100$  under positive end expiratory pressure  $> 5 \text{ cmH}_2\text{O}$ ) due to influenza virus pneumonia and who had a period  $\leq 7$  days between the onset of influenza and intubation from January 2008 to December 2011. Clinical characteristics and outcomes were compared between patients with and without ECMO support.

**Results:** A total of 13 patients with refractory hypoxemia and severe ARDS status were enrolled. Eleven of the 13 patients had a diagnosis of influenza confirmed by PCR test (8 influenza A (swH1), 2 influenza A (H3) and 1 influenza B), 1 by the influenza rapid test (influenza A) and 1 by bronchoalveolar lavage (BAL) virus isolation (influenza A). Six patients were provided with veno-venous ECMO (vv-ECMO) support and 7 patients received only conventional ventilatory support. Patients who were provided with ECMO support had a higher successful ventilator weaning rate (83.3% vs. 29%,  $p=0.048$ ) than patients without ECMO support. The hospital mortality rate between patients with and without ECMO support did not differ (17% vs. 57%,  $p=0.135$ ).

**Conclusions:** In patients with influenza virus pneumonia-related severe ARDS, ECMO support may be an effective rescue treatment strategy for refractory severe hypoxemia and lead to a significantly higher successful ventilator weaning rate, a lower hospital mortality rate, and better long-term outcome. (*Thorac Med* 2013; 28: 200-208)

Key words: acute respiratory distress syndrome, critical care, extracorporeal membrane oxygenation, influenza viral pneumonia, mechanical ventilation

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# 流感病毒性肺炎引起嚴重急性呼吸窘迫症候群病患 使用體外循環維生系統支持治療之效果

陳彥廷<sup>\*,\*\*\*\*</sup> 許健威<sup>\*\*,\*</sup> 吳冠陞<sup>\*\*\*</sup> 賴瑞生<sup>\*\*\*\*</sup>

**目標：**對於流感病毒性肺炎合併嚴重急性呼吸窘迫症候群，比較使用體外循環維生系統與否對於臨床預後之不同。

**方法：**我們回溯性分析這些於西元 2008 年 1 月至 2011 年 12 月中，曾因流感病毒性肺炎合併嚴重急性呼吸窘迫症候群（ $\text{PaO}_2/\text{FiO}_2 < 100$  under PEEP  $> 5$  cm  $\text{H}_2\text{O}$ ）而於加護病房接受治療之病患，並比較分析其曾接受體外循環維生系統支持治療與否的病患臨床特徵及預後。

**結果：**全部有 13 位病患被納入分析，其中 11 位乃經由聚合酵素鏈鎖反應證實感染（8 位為 A 型流行性感（swH1），2 位為 A 型流行性感（H3），1 位為 B 型流行性感），1 位經由流感快速篩檢測試證實為 A 型流行性感，1 位經由支氣管肺泡灌洗術病毒分離證實為 A 型流行性感。其中 6 位病患接受靜脈循環式的體外循環維生系統治療，其他 7 位病患僅接受傳統呼吸器支持治療。在接受體外循環維生系統治療對於沒有使用體外循環維生系統的病患有較高的呼吸器脫離率（83.3% vs. 29%,  $p=0.048$ ）還有較低的死亡率，雖然沒有達到統計學上的意義。

**結論：**對於這些流感病毒性肺炎合併嚴重急性呼吸窘迫症候群病患，體外循環維生系統的使用於那些難矯正的低血氧或許是個有效的治療策略，並且可以提供病患之後較好的呼吸器脫離率，較低的死亡率及較佳的長期預後之趨勢。（*胸腔醫學* 2013; 28: 200-208）

**關鍵詞：**急性呼吸窘迫症候群，重症照護，流感病毒性肺炎，體外循環維生系統

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# Micropapillary-Predominant Invasive Adenocarcinoma with Aerogenous Spread – A Case Report

Hui-Hsuan Shih, Yu-Chung Kung, Chi-Yuan Tzen\*, Ming-Jen Peng

Micropapillary components of lung adenocarcinoma are classified into 2 types, aerogenous and stromal invasive, based on their pattern of dissemination. Aerogenous spread is characterized by the presence of tumor cells floating within the alveolar spaces rather than invading the stroma, and is more frequently encountered than the stromal invasive type. This suggests that metastasis of tumor cells occurs via the alveolar spaces by intercellular and cell-matrix interactions, and involves a neutrophil-mediated process and subsequent signaling cascades. The clinical presentation includes multifocal intrapulmonary metastases, the shedding of tumor cells that are found in the bronchoalveolar lavage, and an inflammatory process in the non-neoplastic lung tissue. Aerogenous spread therefore indicates a rather poor prognosis. We presented a 68-year-old woman with T4N0M1a adenocarcinoma and multifocal intrapulmonary metastases. The pathological examination of resected tissue showed micropapillary-predominant invasive adenocarcinoma with an aerogenous spread within the alveolar space. The non-neoplastic lung tissue showed marked inflammation and necrosis. (*Thorac Med* 2013; 28: 209-214)

Key words: aerogenous spread, micropapillary components, invasive adenocarcinoma

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## 微乳突型侵襲性肺腺癌的氣行性散佈之病例報告

施慧瑄 龔昱中 曾岐元\* 彭明仁

肺腺癌中微乳突型病理分類具有兩種成份：氣行性散佈或基質侵襲，其中氣行性散佈較基質侵襲性分類為多。氣行性散佈定義為肺泡空間中看到癌細胞漂浮在其中，而沒有基質的侵襲。這顯示癌細胞經由肺泡空間以細胞與細胞、細胞與基質之間的交互作用、嗜中性白血球中介之過程以及後續的訊息傳遞而導致的擴散。臨床上的表現是多發性的肺內擴散、癌細胞因脫落而可在氣道灌洗液中發現，以及在非癌肺組織中可看見發炎的現象。因此氣行性散佈的發現顯示較差的預後。

我們提出一位 T4N0M1a 第四期肺腺癌的 68 歲女性，具有多發性的肺轉移。切除下來的組織病理顯示微乳突型侵襲性肺腺癌且具有氣行性散佈。而非癌肺組織中則顯示顯著的發炎及壞死現象。( *胸腔醫學* 2013; 28: 209-214)

關鍵詞：氣行性散佈，微乳突型成份，侵襲性腺癌

# ***Fusobacterium nucleatum* Infection Manifesting as Simultaneous Psoas Muscle and Lung Abscesses: Report of a Case**

Han-Sheng Huang, Gwan-Han Shen, Jeng-Yuan Hsu

Lung abscess is usually initiated by aspiration pneumonia and results from necrosis of pulmonary parenchyma. The most commonly aspirated pathogens are anaerobes from the oropharyngeal cavity. However, the bacteriology of community-acquired lung abscess (CALA) is different in present-day Taiwan. *Klebsiella pneumoniae* is now the most commonly isolated pathogen in CALA. We reported a 59-year-old man who had an initial presentation of back pain for 6 months. A rapidly growing lung abscess within 3 days and a psoas muscle abscess were revealed on chest X-ray and abdominal computed tomography (CT) scan. The lung aspirate culture yielded *Fusobacterium nucleatum*, corresponding to the patient's history of periodontitis, but this pathogen is not commonly seen in psoas muscle abscess. The patient did not have an impaired swallowing mechanical defect or immunocompromised status. Empirical treatment with intravenous Flomoxef was used initially, and then intravenous amoxicillin/clavulanic acid was started based on the drug sensitivity test. The follow-up chest X-ray and chest CT scan revealed improvements in the lung and psoas muscle abscesses during hospitalization. The patient was prescribed a course of oral amoxicillin/clavulanic acid and was discharged home. The lung abscess had resolved completely on chest X-ray when the patient visited the hospital outpatient department. (*Thorac Med* 2013; 28: 215-221)

Key words: lung abscess, psoas muscle abscess, anaerobes, periodontitis, *Fusobacterium nucleatum*

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## 腰肌膿瘍合併快速生長的梭桿菌肺膿瘍－病例報告

黃漢笙 沈光漢 許正園

肺膿瘍通常起因於吸入性肺炎後導致肺實質壞死。口咽部厭氧菌是最常見的吸入性病原菌，然而在台灣，社區感染的肺膿瘍其細菌種類並不相同，克雷伯氏肺炎桿菌已成為最常見的細菌。我們報導一個 59 歲男性一開始以下背痛六個月為表現，胸腔 X 光和腹部電腦斷層顯示三日內快速擴大的肺膿瘍和腰肌膿瘍。肺部抽吸培養結果為具核梭桿菌，符合病人牙周病的病史，但並非腰肌膿瘍常見的病原菌。此病人並無機械性吞嚥缺陷或免疫功能不全的情況。我們一開始使用靜脈注射 Flomoxef 作為經驗性抗生素，並依據藥敏試驗以靜脈注射 Amoxicillin/Clavulanic acid 接替使用。以胸腔 X 光和胸腔電腦斷層追蹤，顯示肺膿瘍和腰肌膿瘍皆有改善，病人於開立口服 Amoxicillin/Clavulanic acid 後出院繼續藥物治療，門診胸腔 X 光追蹤顯示肺膿瘍完全消退。( *胸腔醫學* 2013; 28: 215-221)

關鍵詞：肺膿瘍，腰肌膿瘍，厭氧菌，牙周病，具核梭桿菌

# A Case of Disseminated (3 organs) and Complicated Tuberculosis Infection with Multiple Endocrine Disturbances

Pai-Yang Lin, Jiunn-Diann Lin\*, Ming-Chih Yu, Kuan-Jen Bai, Shian-Jiun Lin,  
Jer-Hwa Chang

We reported the case of a 22-year-old female presenting with disseminated and complicated tuberculosis (TB) infection with multiple endocrine disturbances. The patient had miliary pulmonary TB, TB meningitis with tuberculoma, and tuberculous enteritis. She also had multiple endocrine disturbances, including hypothyroidism, hypogonadism, and growth hormone deficiency. After 5 months of thyroxin supplement, all the endocrine disturbances, especially of the thyroid, had returned to normal under effective anti-tuberculous drug treatment. To now the best of our knowledge, there has been no published report such as ours of a case of disseminated and complicated TB with endocrine disturbances. (*Thorac Med* 2013; 28: 222-227)

Key words: disseminated tuberculosis, hypogonadism, hypothyroidism, hypopituitarism

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## 瀰漫性結核病感染併發多重內分泌失調－病例報告

林百揚 林俊佃\* 余明治 白冠壬 林賢君 張哲華

我們報告一名 22 歲女姓同時有瀰漫性結核菌感染併發多重內分泌失調的病例。病人有粟粒性肺結核、結核性腦膜炎及結核腫、以及腸結核。病人同時有多重內分泌失調，包含甲狀腺功能低下，性腺功能低下，以及生長激素不足。在投與有效的抗結核病藥物的治療以及 5 個月甲狀腺素補充後，所有內分泌失調的問題，特別是甲狀腺功能都已回復到正常的範圍。在目前已發表的病例報告中，並沒有關於瀰漫性結核菌感染併發多重內分泌失調的病例，本篇論文係首篇探討此類案例之文獻。(胸腔醫學 2013; 28: 222-227)

關鍵詞：瀰漫性結核病，性腺功能低下，甲狀腺功能低下，腦下腺功能低下

# ***Mycobacterium tuberculosis* Complicated with Acute Respiratory Distress Syndrome – A Case Report**

Yu-Mu Chen\*, Hsu-Ching Kao\*, Po-An Chou\*, Wen-Feng Fang\*,  
Chin-Chou Wang\*, \*\*, Chia-Cheng Tseng\*

Tuberculosis (TB) that is caused by *M. tuberculosis* complex accounts for approximately 2.5% of all deaths in the world. The TB infection rate has increased as well with the rapid growth of the human immunodeficiency virus (HIV)-infected population in HIV endemic areas. The mortality rate of patients with TB-related acute respiratory distress syndrome (ARDS) ranges from 33% to 100%, which is higher than the ARDS mortality rate due to other causes. Early recognition and prescription of anti-TB medication is very difficult, which also explains the higher mortality rate of TB -related ARDS.

Herein, we reported a 60-year-old man who presented with non-responding community-acquired pneumonia. The final diagnosis was TB-related ARDS, which was confirmed by clinical evidence and positive TB polymerase chain reaction (PCR) testing. A literature review is also included. (***Thorac Med* 2013; 28: 228-234**)

Key words: pulmonary tuberculosis, acute respiratory distress syndrome (ARDS), polymerase chain reaction

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## 社區型肺炎對經驗性抗生素無效－肺結核併發 急性呼吸窘迫症候群個案報告

陳友木\* 高旭卿\* 周柏安\* 方文豐\* 王金洲\*\*, \*\* 曾嘉成\*

肺結核是由結核桿菌感染所造成肺結核造成之急性呼吸窘迫症候群臨床上並不常見，也因為診斷上的困難，死亡率較其他原因造成之急性呼吸窘迫症候群高出許多。近年來由於愛滋病患者增加，肺結核感染個案節節上升，使的防疫工作更加困難。

我們提出的個案為一位中年男性表現為對經驗性療法無效之社區型肺炎。病人血液，痰液培養，肺炎雙球菌抗原，退伍軍人症肺炎抗原，新型隱球菌抗原，以及肺炎黴漿菌抗體試驗皆陰性。該病患之後演變為呼吸窘迫症候群併發呼吸衰竭，經由支氣管沖洗液中結核菌聚合酶連鎖反應陽性而確診為肺結核。且病人在給予肺結核藥物後得到臨床上的改善。( *胸腔醫學* 2013; 28: 228-234)

關鍵詞：結核菌，急性呼吸窘迫症候群，聚合酶連鎖反應

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# Video-assisted Thoracoscopic Excision of Double Para-esophageal Bronchogenic Cysts, One Intramural and the Other Extramural: A Case Report

Ying-Yuan Chen, Wei-Li Huang, Yau-Lin Tseng

Bronchogenic cysts, which are congenital bronchopulmonary malformations, are frequently solitary and are located in the superior and middle mediastinum and in the lung parenchyma. Para-esophageal and especially intramural esophageal bronchogenic cysts are very rare. We report an unusual case of a middle-aged woman with double para-esophageal bronchogenic cysts: 1 was intramural and the other was extramural. Video-assisted thoracoscopic excision of both cysts was performed successfully and the patient was discharged after a very short duration of hospitalization. (*Thorac Med* 2013; 28: 235-240)

Key words: bronchogenic cyst, esophageal, video-assisted thoracoscopic, surgery

# 以胸腔鏡手術切除雙顆胸腔內食道旁支氣管源性囊腫， 一肌肉層外，一肌肉層內：病例報告

陳盈元 黃維立 曾堯麟

支氣管源性囊腫 (Bronchogenic cyst) 是一種不常見的先天性支氣管肺部畸型，一般多為單顆發生。常見的發生位置在上縱膈腔、中縱膈腔及肺實質內部。發生在食道旁，特別是食道肌肉層內的支氣管源性囊腫是很罕見的。此篇的病例報告是一中年女性，於例行的健康檢查中發現兩顆位於食道旁的囊腫。經過一系列的檢查之後成功接受胸腔鏡囊腫切除手術。於術中發現上方的囊腫位於食道肌肉層外且內容物為澄清液體，而下方的囊腫則在食道肌肉層內，內容物為黃白黏液狀。病理檢查發現兩顆囊腫皆含呼吸上皮，壁內有呼吸腺體、平滑肌及透明軟骨，證實皆為支氣管源性囊腫。病人術後恢復良好，並在很短的時間內即出院。( *胸腔醫學* 2013; 28: 235-240)

關鍵詞：支氣管源性囊腫，食道，胸腔鏡手術

# Endobronchial Hamartoma Removed by Flexible Bronchoscopy via Electrocautery – A Case Report

Wen-Ming Lee\*, Chih-Yen Tu\*,\*\*, Wei-Chih Liao\*, Chia-Hung Chen\*,  
Chuen-Ming Shih\*, Wu-Huei Hsu\*

Primary tumors of the trachea are usually malignant (90%). Only 10% of them are benign, and include fibroma, schwannoma, leiomyoma and hamartoma. About 1.4-20% of hamartomas has an endobronchial location and can be symptomatic due to airway obstruction. Surgical resection has been considered traditionally as the standard of care for endobronchial hamartoma. However, endoscopic resection has a therapeutic efficacy comparable to surgical resection, but spares a major operation. Herein, we report a 56-year-old female with an endobronchial chondroid hamartoma complicated with obstructive pneumonia in the right middle lobe and the right lower lobe that was diagnosed and definitively treated with bronchoscopic techniques. Endobronchial treatment was performed using a flexible bronchoscope with electrosurgery. This approach resulted in complete resolution of the patient's symptoms. Follow-up bronchoscopic examinations 1 year after the bronchoplasty procedure excluded residual or recurrent disease. Minimally invasive bronchoscopic resection for endobronchial hamartoma is a safe, effective method with a low complication rate. (*Thorac Med* 2013; 28: 241-246)

Key words: endobronchial hamartoma, interventional bronchoscopy, electrocautery

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## 支氣管內過誤瘤藉由支氣管鏡電燒灼術切除

李文銘\* 涂智彥\*,\*\* 廖偉志\* 陳家弘\* 施純明\* 徐武輝\*

氣管的原發性腫瘤通常為惡性居多（90%），大約只有 10% 左右是良性的。在這些良性腫瘤中，纖維瘤，神經鞘瘤（許旺氏細胞瘤），平滑肌瘤，以及過誤瘤都有可能被發現。大約 1.4-20% 的過誤瘤會位於氣管內，且因為氣道的阻塞而造成症狀。傳統的觀念中，外科手術切除被認為是支氣管內過誤瘤的標準治療。然而，內視鏡切除的治療效果與外科手術治療是相當的，還可以減少動大手術之需要。我們在此報告一位 56 歲女性病患因支氣管內過誤瘤而導致右中肺及右下肺阻塞性肺炎的病例，藉由支氣管鏡的介入性處置獲得明確的診斷及充分的治療。支氣管內治療是藉由可曲式支氣管鏡加上電燒灼術的方式進行。如此的處置方式可以完全緩解病患的症狀。而在此氣管內治療後，我們追蹤此病患長達一年，並未發現有殘餘或復發性病灶的發生。微侵入性支氣管鏡切除術對於支氣管內過誤瘤而言，是一項安全、有效，且產生併發症機率低的治療方式。（*胸腔醫學* 2013; 28: 241-246）

關鍵詞：支氣管內過誤瘤，介入性支氣管鏡治療，電燒灼術

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# Non-renal Microscopic Polyangiitis with Acute Pulmonary Hemorrhage: A Case Report

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Chuan-Chou Tu, Deng-Ho Yang\*\*, Shou-Cheng Wang

Microscopic polyangiitis (MPA) is a systemic small-vessel necrotizing vasculitis associated with antineutrophil cytoplasmic antibodies, similar to granulomatosis with polyangiitis (GPA), but without granuloma. The pathogenesis of MPA may be endothelial damage and vasculitic lesions. The manifestations often include renal or pulmonary involvement; however, other systemic lesions might also be observed. Over 90% of MPA patients exhibit renal involvement with extra-renal vasculitis at varying sites. Cases of non-renal MPA are clinically uncommon. We report the case of a 46-year-old male with pulmonary fibrosis, which had persisted for 10 years before the diagnosis of non-renal MPA. The patient also had acute pulmonary hemorrhage due to an infection-induced flare-up of vasculitis, which occurred 2 years after the diagnosis of non-renal MPA. (*Thorac Med* 2013; 28: 247-252)

Key words: microscopic polyangiitis, pulmonary fibrosis, pulmonary hemorrhage

## 無腎臟侵犯之顯微性多血管炎合併急性肺出血：病例報告

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顯微性多血管炎是一種全身小血管壞死性血管炎與 antineutrophil cytoplasmic antibodies 有關，類似 granulomatosis with polyangiitis (GPA)，但沒有肉芽腫產生。顯微性多血管炎的發病機制可能是由於血管內皮損傷和血管炎病變所導致。經常以腎臟或肺部侵犯來表現；然而，全身其他部位病變也可能見到。顯微性多血管炎的患者中，超過 90% 會表現出腎臟侵犯合併腎臟以外不同部位的血管炎。在顯微性多血管炎的病人中，在臨床上以沒有腎臟侵犯來表現是少見的。我們報告一個 46 歲的男性表現肺纖維化之後十年診斷無腎臟侵犯之顯微性多血管炎，確診之後二年發生由於感染引起血管炎急性惡化合併急性肺出血。  
(*胸腔醫學* 2013; 28: 247-252)

關鍵詞：顯微性多血管炎，肺纖維化，肺出血

# Pulmonary Sequestration Presenting as Chronic Intermittent Hemoptysis

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Ya-Chun Chang\*, Shih-Feng Liu\*,\*\*\*

We reported a 28-year-old female patient with no systemic illness who presented with chronic intermittent hemoptysis for 5 years. Chest computed tomography revealed pulmonary sequestration with 1 feeding artery originating from the celiac trunk. Right lower lung lobectomy with pulmonary sequestration resection was performed, after which, the hemoptysis resolved. By presenting this case we hope to emphasize the concept that pulmonary sequestration cannot be excluded by a normal chest x-ray, and that pulmonary sequestration alone can be the cause of chronic intermittent hemoptysis in an otherwise asymptomatic patient. A review of the literature on pulmonary sequestration is also presented. (*Thorac Med* 2013; 28: 253-259)

Key words: pulmonary sequestration, chronic hemoptysis, bronchopulmonary sequestration

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## 游離肺合併慢性反覆咳血病例報告

周柏安\* 陳友木\* 王金洲\*,\*\* 高旭卿\* 張雅淳\* 劉世豐\*,\*\*\*

一位 28 歲女性病患，本身無重大疾病史，本次因慢性反覆咳血五年而入院。病患接受胸部電腦斷層發現疑似游離肺及源自腹腔動脈幹的供應血流，病患接受右下肺及游離肺切除手術後，咳血問題已完全緩解。經由該病例可知胸部 X 光無異常並不能排除游離肺之可能性，而慢性反覆咳血的原因可能單獨源自未發現的游離肺。(胸腔醫學 2013; 28: 253-259)

關鍵詞：游離肺，慢性咳血，支氣管肺葉隔離

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