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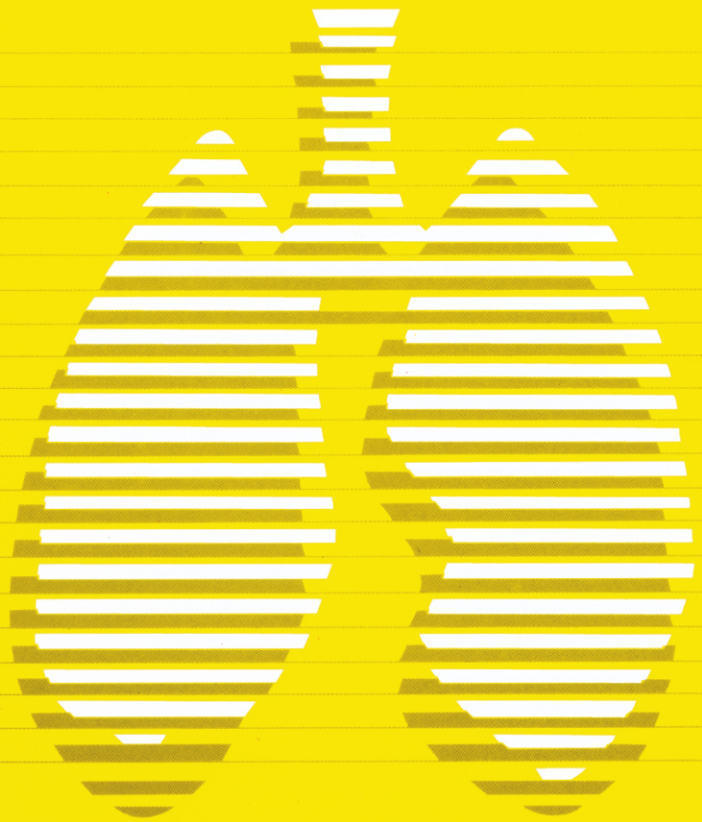

台灣胸腔暨重症加護醫學會

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病例報告

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Case Reports

Intrapulmonary Solitary Fibrous Tumor

Yu-Chen Yeh, Ching-Hsiung Lin, Ying-Ming Shih, Jeng-Hung Tsai, Pei-Yi Chu*, Jing-Lan Liou*, Kun-Tu Yeh*

Solitary fibrous tumors (SFTs) are neoplasms that usually arise from the pleura, especially the visceral pleura. SFTs can also develop in the lung, mediastinum, abdominal cavity, pericardium, ovary and liver. Intrapulmonary SFTs are extremely rare and little is known about the clinical behavior of this kind of tumor.

We report a 56-year-old woman with an intrapulmonary SFT presenting as a left lower lung mass lesion on chest radiographs. Thoracoscopic excision was performed and no recurrence or distant metastasis was noted within 1 year of follow-up.

Intrapulmonary fibrous tumors should be considered in the differential diagnosis list of well-defined solitary pulmonary parenchymal tumors. Complete surgical resection has both diagnostic and therapeutic value. Long-term follow-up is needed due to the recurrence potential. ***(Thorac Med 2010; 25: 56-61)***

Key words: solitary fibrous tumor

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肺內單發性纖維瘤

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單發性纖維瘤為一多數常起源於臟層肋膜之腫瘤。但是它可以發生於肺部、縱膈、腹腔、心包膜、卵巢及肝臟。而肺內單發性纖維瘤至今極為罕見，所以關於其臨床表現所知有限。

我們報告一位56歲女性左下肺單發性纖維瘤之個案胸部X光影像顯示有一左下肺腫瘤。作完胸腔鏡切除後，追蹤一年後並無發現復發或遠處轉移。

就我們所知，單發性纖維瘤應列入邊緣明確的肺實質腫瘤之鑑別診斷。完整的外科切除具有診斷及治療之價值，由於潛在的復發可能性，需要須長時間追蹤。*(胸腔醫學 **2010; 25: 56-61**)*

關鍵詞：單發性纖維瘤

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Benign Primary Pulmonary Meningioma with Malignant Behavior

Chih-Ling Ko*,**, Ming-Ching Lee*,***, Chung-Ping Hsu*,**

Primary pulmonary meningioma (PPM) is an uncommon and usually benign tumor. Only 2 cases of PPM presenting with malignant behavior were reported prior to 2001. An additional case of PPM was reported in 2001 at our hospital [1]. We reported the case of a 78-year-old man who had undergone complete resection of the original lesion in 1999, and then presented with advanced tumor recurrence and distant metastasis in 2006. ***(Thorac Med 2010; 25: 62-66)***

Key words: primary pulmonary meningioma

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良性原發性肺部腦膜瘤具有惡性病變特質

柯志霖*, **　李明璟*, ***　徐中平*, **

原發性肺部腦膜瘤是很少見而且通常是良性的腫瘤。文獻上僅有兩例以惡性腫瘤表現的病例。在2001年本院曾發表過另一例原發性肺部腦膜瘤。這位78歲的男性在1999年接受手術完整切除病灶後，在2006年以局部復發及遠處轉移呈現。*(胸腔醫學* ***2010; 25: 62-66)***

關鍵詞：原發性肺部腦膜瘤

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Giant Hemangiomas Concomitantly in the Chest Wall and Mediastinum – An Unusual Presentation

Wei-Chih Liao, Hung-Jen Chen, Chih-Yen Tu, Chuen-Ming Shih, Wu-Huei Hsu, Chia-Hung Chen

Hemangiomas concomitantly involving the chest wall and mediastinum are a very rare presentation. We report a case of hemangioma with concomitant chest wall and mediastinal involvement in a 57-year-old man. Computed tomography (CT) showed a chest wall and anterior mediastinal mass with no enhancement effect. The lesions demonstrated intermediate signal intensity on T1-weighted magnetic resonance images and marked hyperintensity on T2-weighted magnetic resonance images. Phleboliths, the specific findings in hemangioma, were seen in the chest radiography and chest CT. ***(Thorac Med 2010; 25: 67-72)***

Key words: hemangiomas, mediastinal tumor

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巨大血管瘤同時在胸壁與縱隔腔—一個罕見的表現

廖偉志　陳鴻仁　涂智彥　施純明　徐武輝　陳家弘

同時生長在胸壁與縱隔腔的血管瘤是很罕見的。我們報告一位五十七歲男性患有同時侵犯胸壁及縱隔腔的血管瘤。在電腦斷層檢查中，此胸壁與縱隔腔的腫瘤未被顯影劑加強顯示。此外，磁核造影顯示這些病灶在T1-weighted影像有中度訊號強度與T2-weighted影像有明顯高度訊號強度。血管瘤特有的靜脈石，在胸部X光與電腦斷層也都被發現。*(胸腔醫學* ***2010; 25: 67-72)***

關鍵詞：血管瘤，縱隔腔腫瘤

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Difficult Weaning Due to Guillain-Barre Syndrome: A Case Report and Literature Review

Chi-Li Li, Jia-Horng Wang

Guillain-Barre syndrome is an acute, symmetric, ascending paralysis disorder caused by demyelinating polyradiculoneuropathies. The diagnosis of Guillain-Barre syndrome is established by the presence of clinical findings and the results of electrophysiological studies. However, in critically ill patients, the manifestations of their acute illness may obscure the progressive paralysis, and it is difficult to recognize the onset and evolution of this syndrome. Herein, we report the case of a 50-year-old woman who required ventilatory support due to pneumonia and respiratory failure. After her pneumonia subsided, difficult weaning was noted. Her history revealed ascending paralysis. Cerebrospinal fluid analysis and electrophysiological study showed typical findings, and Guillain-Barre syndrome was diagnosed. After plasma exchange, the weakness of the limbs improved and the patient was successfully weaned from the ventilator. ***(Thorac Med 2010; 25: 73-77)***

Key words: Guillain-Barre syndrome, respiratory failure, difficult weaning, plasma exchange

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基安-巴瑞症候群造成的困難拔管案例：病例報告及文獻回顧

李其澧　王家弘

基安-巴瑞症候群（Guillain-Barre syndrome）是一種以急性發作，對稱性，上行性肌肉無力表現的脫髓鞘多神經病變。診斷基-巴瑞症候群主要靠臨床表現及電生理檢查結果。但在重症病人身上，他們的急性病症的表現會使我們不易觀察到漸進性麻痺的表現，因而不易確認此病症的發生或變化。在此，我們要報告一位50歲女性一開始因肺炎及呼吸衰竭需要呼吸器支持，待肺炎痊癒後卻遇到脫離呼吸器困難。經過我們回顧病史，發現有上行性肌無力情形，腦脊髓液及電生理檢查亦呈現典型表現，我們診斷為基安-巴瑞症候群。經血漿交換後，肢體無力的情形改善，病人很快就可以成功拔除氣內管並脫離呼吸器。
(胸腔醫學 ***2010; 25: 73-77)***

關鍵詞：基安-巴瑞症候群，呼吸衰竭，困難脫離呼吸器，血漿交換

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Pyothorax-Associated Lymphoma: A Case Report

Yu-Tien Tzeng, Ching-Long Lee*, Kuan-Jen Bai, Ming-Chih Yu, Wen-Hsien Hsu*

Pyothorax-associated lymphoma (PAL) is a disease entity that occurs in patients who have undergone therapeutic artificial pneumothorax or treatments for pulmonary tuberculosis (TB). PAL was first recognized in Japan, and large series of reports were published by Japanese clinicians. Sporadic cases have been reported in Western countries and in Asian countries other than Japan. We are not aware of any PAL case that has been reported in Taiwan, where pulmonary TB is still a major public problem, particularly among Taiwanese aboriginal peoples that live in the mountains. We report a patient with a history of old pulmonary TB presenting with progressive right lower back pain. The chest radiography and computerized tomography revealed right-sided pleural effusion with a hypo-dense lesion with formation of a localized abscess in the postero-lateral aspect of the right pleural cavity. The pleural lesion had destroyed the 11th rib and invaded the chest wall. Under the impression of right pleural tumor with pyothorax, the patient underwent limited right thoracotomy with decortication and resection of the destroyed rib. The pathologic study turned out to be large B cell lymphoma with invasion of the rib. This final diagnosis was confirmed immunohistochemically and the clinicopathologic diagnosis of PAL was established on the basis of lymphoma in conjunction with pyothorax. To the best of our knowledge, this is the first report of a case of PAL in Taiwan, and it is our belief that other PAL cases have been unrecognized by the medical community. We anticipate that more cases of PAL will be reported in the future when clinicians become aware of this disease entity and become alert to the possibility of a diagnosis of PAL whenever they come across a patient with back pain, a mass in the chest wall, and ongoing chronic inflammation in the pleural cavity. ***(Thorac Med 2010; 25: 78-84)***

Key words: lymphoma, pyothorax, tuberculosis

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膿胸相關性淋巴瘤—病例報告

曾羽田　李清龍*　白冠壬　余明治　許文憲*

膿胸相關性淋巴瘤在日本有多次報告，這些報告指出此疾病跟人工氣胸及肺結核治療有關。在台灣，雖然有較高的結核病盛行率，卻沒有此疾病的相關病例報告。我們在此報告一位有結核病史之病人，因嚴重背痛而求診，其胸腔X光片及電腦斷層顯示除了右側肋膜腔積液外，另有一個低密度的病灶且合併化膿性反應及肋骨之破壞。在膿胸合併不明腫瘤之臆斷下，此病人接受開刀，術後標本之病理報告為肋膜腔大B細胞淋巴瘤併肋骨侵犯，據此我們診斷此病人為膿胸相關性淋巴瘤。藉此病例經驗，我們認為在結核病仍常見的台灣地區，若病人有慢性膿胸，背痛及胸廓處不明的腫塊，應將膿胸相關性淋巴瘤列入鑑別診斷之考慮。*(胸腔醫學* ***2010; 25: 78-84)***

關鍵詞：淋巴瘤，膿胸，結核

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Two Synchronous Primary Lung Cancers: A Case Report

Pin-Liang Chen, Jiunn-Min Shieh, Shiann-Chin Ko

Synchronous primary lung cancer is found in 0.7-15% of patients, and up to 10% of patients who survive from the first primary lung cancer will develop a second primary tumor. The simultaneous discovery of 2 pulmonary nodules or masses in different lobes gives rise to the clinical dilemma of whether these lesions represent metastases or primary synchronous lung cancers. Differentiation of these clinical entities is important in terms of treatment and prognosis. We presented a 66-year-old woman whose chest radiography showed 2 different lung lesions without lymphadenopathy and distant metastasis. After computed tomography-guided biopsy for left upper lobe and right lower lobe lesions, double primary lung cancer with squamous cell carcinoma and adenocarcinoma was diagnosed, and turned out to be operable. We reviewed the methods of differentiating metastasis from synchronous primary lung cancer. Due to the possibility of operation for multiple primary lung cancers, the tumors should be carefully staged before the treatment. ***(Thorac Med 2010; 25: 85-90)***

Key words: synchronous primary lung cancer, adenocarcinoma, squamous cell carcinoma

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兩個同時期發現的原發性肺癌：病例報告

陳炳良　謝俊民　柯獻欽

在肺癌中，同時期原發的肺癌可被發現約0.7~15%。且高達10%在第一次原發肺癌中存活下來的病人再發展出第二個肺癌。這種同時在不同部位發現的結節或腫塊使人弄不清是轉移或是同時期的原發性肺癌。而區分出這兩種的不同是很重要的因為對於治療和預後有重大影響。

我們將報告一個66歲女人。她的胸部X光發現兩處不同病灶但是卻無淋巴結腫大或是遠端轉移的跡象。在兩次的CT guide biopsy後確認是兩個同發的原發性肺癌而成為了一個可能可以開刀的個案。我們將回顧文獻去看如何區分轉移或是同時發生的原發性肺癌。因為在多重病灶下，仍具開刀的可能性，尤其是無遠端轉移及淋巴結腫大之病人，所以我們在開始治療前必須謹慎的做好分期。*(胸腔醫學* ***2010; 85: 85-90)***

關鍵詞：兩個同時期發現的原發性肺癌

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Pulmonary Mucormycosis in a Diabetic Patient: Case Report and Literature Review

Wen-Cheng Chao, Chiung-Zuei Chen*, Shun-Chen Huang**, Ruay-Ming Huang

Mucormycosis is a rare but potentially lethal fungal infection caused by *Zygomycetes*, from the order of *Mucorales*. It commonly affects immunocompromised patients and those with diabetes mellitus. We reported a 63-year-old woman with poorly-controlled type 2 diabetes mellitus who presented with cough, hemoptysis and body weight loss of 10 kgs, from an original weight of 60 kgs, within 6 months. Chest X-ray and computed tomography both showed a cavitary lesion in the left upper lung field with an air-fluid level and obstructive pneumonitis. A large tissue clump, 0.4 x 0.4 x 2.5 cm in size, was aspirated out from the left main bronchus during the bronchoscopic examination, and bronchial biopsy showed extensive tissue necrosis and fungal hyphae characteristic of mucormycosis. After the tissue clump had been removed and there was good blood glucose control, both her clinical symptoms and serial image studies showed rapid improvement. We also reviewed the related literature concerning the epidemiology, pathogenesis, clinical manifestations, diagnosis, and treatment of mucormycosis. ***(Thorac Med 2010; 25: 91-97)***

Key words: mucormycosis, diabetes mellitus

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肺白黴菌病—病例報告

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肺白黴菌病是相當少見但可能致命的黴菌感染，通常侵犯免疫功能不全以及糖尿病患者。我們報告一位63歲血糖控制不良的糖尿病患者，因慢性咳嗽、咳血及體重減輕入院，胸部X光及電腦斷層檢查發現左上肺有開洞性病灶，入院後安排氣管鏡檢查並於左側主支氣管發現有一塊大小約0.4 x 0.4 x 2.5 cm的長條型組織，我們將該組織塊整個取出並送病理檢查及安排特殊染色，組織學及特殊染色皆符合典型白黴菌病感染表徵，在確診為肺白黴菌之後，我們原先安排左上肺葉切除，但在該組織塊取出之後及良好的血糖控制下，患者臨床症狀及胸部X光追蹤皆大幅改善，因此在和患者討論過後決定暫緩開刀並持續追蹤其後續變化。*(胸腔醫學* ***2010; 25: 91-97)***

關鍵詞：白黴菌，糖尿病

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Lung Collapse Due to Diffuse Tracheomalacia: A Case Report

Kuan-Chun Lin, Chu-Tau Lee*, Ping- Chen Yu*

This report describes a patient with acute respiratory failure who surprisingly presented with dyspnea, and wheezing on auscultation following intubation. Chest computed tomography showed right middle and lower lung collapse without an endobronchial lesion or sputum impaction. Bronchoscopy demonstrated a dynamic collapse of the upper and lower airway. Diffuse tracheomalacia leading to lung collapse is a rare clinical pattern. ***(Thorac Med 2010; 25: 98-103)***

Key words: diffuse tracheomalacia, lung collapse

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瀰漫性氣管軟化症導致肺塌陷：病例報告

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支氣管軟化症主要是氣管的彈性增加所致，其原因為氣管壁的結構改變，多半是局部病灶，很少有廣泛性的，後天造成的支氣管軟化症主要是由插管或氣切術後所引起，在影像學上因支氣管軟化症造成肺實質的變化更是少見。本文描述一位因肺炎而插管治療的急性呼吸衰竭患者，在住院過程中突然產生呼吸困難跟喘鳴。胸部X光呈現右中葉及下葉均質性泛白；胸部電腦斷層顯示右側肺中葉與下葉塌陷但是沒有發現氣管內病灶或是痰液阻塞的情形。支氣管鏡檢查呈現廣泛性主支氣管及左右主支氣管隨著呼吸週期有一個動態性的塌陷。瀰漫性氣管軟化症導致肺塌陷在臨床上是一種罕見的型態。*(胸腔醫學* ***2010; 25: 98-103)***

關鍵詞：瀰漫性氣管軟化症，肺塌陷

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Excessive Dynamic Airway Collapse – A Case Report

Tang-Hsiu Huang, Han-Yu Chang

The normal airway lumen exhibits transient and partial narrowing during forceful expiration, which is known as “dynamic airway collapse” (DAC). Excessive DAC (EDAC) results from transient and exaggerated invagination of the membranous posterior tracheobronchial wall, probably due to weakening of the intrinsic elastic tissues, and may impair ventilation and secretion clearance. In this report, we described a female who initially received endotracheal intubation because of severe pneumonia with respiratory failure, during which high cuff pressures and high levels of positive end-expiratory pressure were utilized. Despite having no known history of cigarette smoking, chemical exposure or underlying airway disorder, she subsequently developed frequent expiratory wheeze recalcitrant to inhalational bronchodilators, recurrent low-airway infections, and eventually difficult weaning from mechanical ventilation. Further surveys, including dynamic computed tomographic scan and bronchoscopy, revealed EDAC. The severity of her airway symptoms improved following the use of continuous positive airway pressure. In conclusion, EDAC clinically mimics common obstructive ventilatory disorders. Physicians should remain alert to this disorder, particularly when managing patients with refractory obstructive airway symptoms and difficult weaning. ***(Thorac Med 2010; 25: 104-109)***

Key words: tracheobronchomalacia, tracheobronchial wall, continuous positive airway pressure

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過度動態性呼吸道塌陷—病例報告

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過度動態性呼吸道塌陷臨床上呈現出阻塞型呼吸障礙的相關症狀，容易和其它常見的阻塞性呼吸道疾病或是氣管支氣管軟化症混淆。因此過去文獻上相關的專論並不多，近幾年才逐漸引起重視。我們在此報告一個病例：一位八十六歲的女性，因屢次下呼吸道感染而反覆接受氣管內插管及呼吸器使用，其中第二次住院時併發急性呼吸窘迫症，在接受呼吸器治療期間其呼吸道常暴露於較高之氣道壓力之下，儘管稍後病人整體臨床狀況改善，卻始終無法順利移除呼吸器，且經常產生喘鳴及氣促的情形，經由動態性胸腔電腦斷層掃描及支氣管鏡的檢查，診斷出有過度動態性呼吸道塌陷。我們藉由這樣的病例報告，提醒臨床醫師在診治表現有阻塞性呼吸道症狀乃至於呼吸器依賴的病人時，亦須將過度動態性呼吸道塌陷列入鑑別診斷中考慮。*(胸腔醫學* ***2010; 25: 104-109)***

關鍵詞：氣管支氣管軟化症，氣管支氣管壁，持續呼吸道正壓

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