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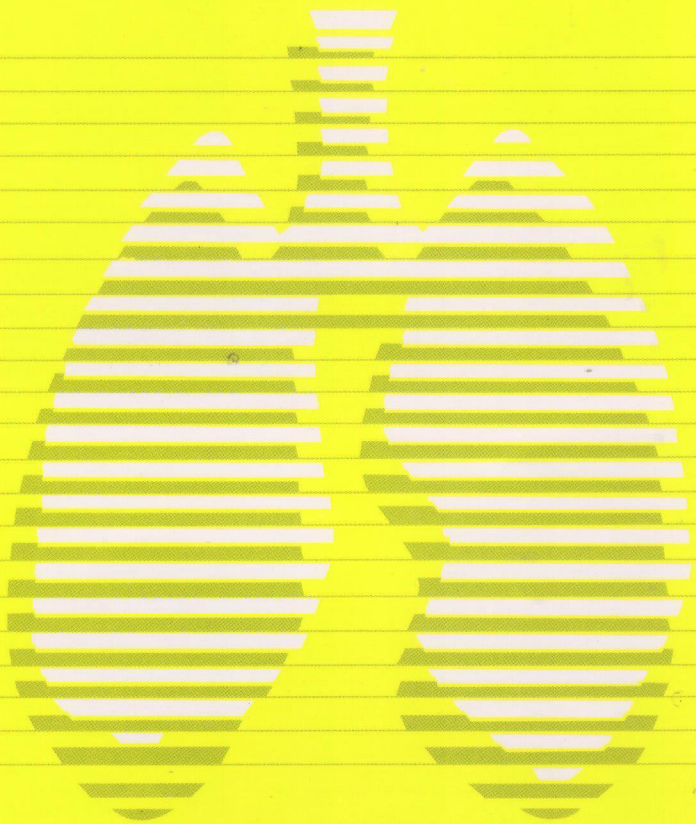

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Thoracic Medicine

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Orginial Articles

Case Reports

Comparison of New Impedance Cardiography versus Ventricular Angiography in Measuring Hemodynamic Variables

Jui-Ying Fu, Chao-Hsin Cheng*, Kuo-Chin Kao, Ning-Hung Chen,
Ying-Huang Tsai, Chung-Chi Huang

Background: Hemodynamic variables provide crucial information to a critical care clinician. Non-invasive, safe, easily reproducible continuous hemodynamic monitoring is helpful in diagnosing and guiding treatment in critically ill patients. This study determined the correlation and agreement of measuring stroke volume (SV) and left ventricular ejection fraction (LVEF) using new generation impedance cardiography (ICG) and ventricular angiography (Cath).

Methods: Biplanar left ventriculograms were done to calculate SV and LVEF among patients who underwent cardiac catheterization from October 2004 to December 2004. ICG was performed to obtain concurrent SV and LVEF. Thirty-six comparative measurements were obtained. Pearson's r correlation coefficients and Bland-Altman comparisons were calculated.

Results: Thirty-six patients (30 acute coronary syndromes, 3 congestive heart failure and 3 valvular heart disease; mean New York Heart Association Class 2 +/- 1) were examined using the 2 methods. The average age of the patients was 53 +/- 15 years. The correlation coefficient between the values of SV_{ICG} and SV_{cath} was r = 0.50 (p<0.01; n = 36; bias = -1 ml; standard deviation = 19.6 ml). The correlation coefficient between the values of EF_{ICG} and EF_{cath} was r = 0.67 (p<0.01; n = 36; bias = -2.5%; standard deviation = 12.3%). The limits of agreement between SV_{ICG} and SV_{cath} were -40.2 ml to 38.2 ml; the limits of agreement between EF_{ICG} and EF_{cath} were -27.1% to 22.1%.

Conclusions: In our study, the limits of agreement between the new generation ICG and the left ventricular angiogram were wide. We concluded that the new generation ICG should not replace the standard methodology at a single time point. ***(Thorac Med 2008; 23: 73-80)***

Key words: impedance cardiograph, thoracic electrical bioimpedance, ventricular angiography, thermodilution, pulmonary artery catheter, cardiac output, stroke volume

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新一代電阻抗心電圖（impedance cardiography）與心導管左心室攝影（left ventriculargraphy）在血流動力學監測上之比較

傅瑞英　鄭朝馨*　高國晉　陳濬宏　蔡熒煌　黃崇旂

背景：新一代電阻抗心電圖（impedance cardiography）（ICG）可以非侵襲性的方法監測血流動力學參數。此研究目的在於比較新一代電阻抗心電圖（impedance cardiography）與心導管左心室攝影（left ventriculargraphy）（Cath）在血流動力學監測上之相關性（correlation）以及一致性（agreement）。

方法：36位接受心導管檢查的病人，於接受左心室攝影時同時利用新一代ICG記錄病人之SV以及LVEF。利用Pearson's r correlation coefficients以及Bland-Altman comparisons計算兩種方法之相關性及一致性。

結果：SVICG與SVcath的相關性為r = 0.50 (p<0.01; n = 36; bias = -1 ml; standard deviation = 19.6 ml)。EF_{ICG}與EF_{cath}的相關性為r = 0.67 (p<0.01; n = 36; bias = -2.5 %; standard deviation = 12.3%)。

結論：新一代ICG所測量的SV及LVEF值仍不能取代左心室攝影（left ventriculargraphy）。***(胸腔醫學 2008; 23: 73-80)***

關鍵詞：電阻抗心電圖（impedance cardiography），左心室攝影（left ventriculargraphy）

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Assessment of Asthma Control by Correlation of Asthma Control Test and GINA Criteria

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Background and objective: The GINA asthma guidelines indicate that the rating of asthma control should include the daytime and nocturnal symptoms, limitations of activities, need for rescue treatment, frequency of exacerbations, and measurement of spirometry or peak flow rates. The Asthma Control Test (ACT™), a recently devised tool, evaluates asthma control simply, using a 5-item, self-administered questionnaire. To ensure the clinical applicability of the ACT, we evaluated the correlation of the ACT and the GINA rating criteria in assessing asthma control in our asthmatic patients.

Methods: Asthmatic patients with regular outpatient follow-up at our clinic who completed the ACT were enrolled into this study. The patients were classified according to their ACT questionnaire score: 25 as total control, 20 to 24 as well controlled, and less than 20 as not well controlled.

Results: Among the 116 patients, who accounted for a total of 233 visits, there was a significant correlation between the ACT control level and the GINA rating criteria in assessing asthma control. Complete agreement was observed in 71.7% (kappa agreement = .524). There was a 15.5% and 12.9% over- and underestimation, respectively, of asthma control status by the patients themselves. Sub-group analysis showed a better kappa agreement value in the non-smoking patients.

Conclusions: The ACT correlates well with the GINA rating criteria in assessing asthma control, although some disagreements may still persist. The results of this study confirm that the ACT is a convenient alternative screening tool for use in outpatient follow-up. ***(Thorac Med 2008; 23: 81-88)***

Key words: asthma, asthma control test

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比較使用氣喘控制測驗及GINA準則對氣喘控制程度評估的相關性

趙志浩* 金湘玲* 王振宇** 詹明澄* 郭英調***,**** 許正園*,*****

前言：GINA氣喘準則指出，評估氣喘控制程度要包括日間及夜間症狀、活動受限狀況、使用急救藥物的次數、急性發作的頻率以及肺功能試驗或是尖峰流速的結果。一個最近被提出的方法－氣喘控制測驗（ACT），是種由病人自行填寫的問卷，其中包含了五個問題，可由問卷評分的結果簡單地評估氣喘控制狀況。本研究目的在比較使用這兩種不同方法對評估氣喘控制程度的關聯性，以確定ACT在臨床上的實用性。

方法：規則於門診追蹤的氣喘病人完成ACT後即加入此研究。ACT依分數將病人分為三組，25分為完全控制，20-24分為控制良好，小於20分為控制不良。

結果：總共116位病人，233次門診中，ACT和GINA準則有良好的關聯性。71.7%的病人有完全相關（agreement Kappa = .524）。分別有15.5%及12.9%的病人高估及低估了自身氣喘的控制。進一步分析發現在沒有抽煙病史的病人中可得到較好的agreement Kappa值。

結論：ACT和GINA準則對氣喘控制程度的評估上有良好的關聯性，然而還是有些病人高或低估了他們的疾病。本研究結果支持ACT可當作病人在門診追蹤時可選用的一種工具。*(胸腔醫學* ***2008; 23: 81-88)***

關鍵詞：氣喘，氣喘控制測驗

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Orthopnea – Clinical Manifestation of Motor Neuron Disease: A Case Report

Liang-Yu Chen, Jia-Horng Wang, Li-Chi Hsu*

A patient presented with transitional cell carcinoma of the urinary bladder, and had suffered from bilateral lower leg pain and weakness since 1993. Radiculopathy and myelopathy were diagnosed, and the patient underwent a laminectomy, but in vain. Severe orthopnea was complained half a year later, and congestive heart failure was suspected, but clinical data did not support this diagnosis. The pulmonary function test disclosed evidence of neuromuscular disease (NMD), but no further investigation was performed. Unfortunately orthopnea progressed quickly with CO_2 retention. In addition to new abnormal neuromuscular findings, amyotrophic lateral sclerosis (ALS) was diagnosed by electromyogram and nerve conduction velocity test (EMG/NCV). ***(Thorac Med 2008; 23: 89-94)***

Key words: orthopnea, amyotrophic lateral sclerosis

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端坐呼吸，運動神經元疾病的臨床表現之一：病例報告

陳亮宇　王家弘　許立奇*

陶先生是一位膀胱移行上皮癌的病患，他因雙腳疼痛且無力而求診。由於疑似神經根及脊髓病變，他接受了椎間盤切除術，但是症狀並沒有改善。半年後，因為嚴重的端坐呼吸，又到醫院求診，當時懷疑患有心臟衰竭，但臨床證據並不支持此項診斷。肺功能檢查雖顯示有肌肉疾病，但未被確認做進一步檢查。端坐呼吸的情形快速地惡化，且發現動脈血中二氧化碳濃度逐漸升高，加上有新的異常神經學檢查，最後靠著肌電圖與神經學傳導檢查，肌萎縮側索硬化症才被診斷出來。*(胸腔醫學* ***2008; 23: 89-94)***

關鍵詞：端坐呼吸，肌萎縮側索硬化症

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Primary Pulmonary Lymphoma - Lymphoplasmacytic Lymphoma: A Case Report and Literature Review

Ying-Ming Tsai, Ming-Shyan Huang, Jong-Rung Tsai, Yue-Chiu Su*, Yi-Chang Liu**, Jhi-Jhu Hwang

Bronchogenic carcinoma is a disease with high cancer-related morbidity and mortality despite modern diagnostic equipment and novel treatments. However, a variety of rare benign and malignant tumors other than bronchogenic carcinoma may affect the lung. Thoracic lymphomas, which are located in the mediastinum or hilum, are quite common, and can be either primary or secondary types. Primary pulmonary lymphomas (PPLs) are a rare pulmonary malignancy which has been reported sporadically. Most of the PPLs are low-grade B-cell type lymphomas, which originate from mucosa-associated lymphoid tissue (MALT) of the bronchus. We report a 57-year-old male smoker who suffered from prolonged cough-associated lung mass and weight loss, and who was later proved to have primary pulmonary lymphoma by biopsy. We present this case as a reminder to physicians of this rare disease and to review the relevant literature. ***(Thorac Med 2008; 23: 95-102)***

Key words: primary pulmonary lymphoma, lymphoplasmacytic lymphoma, Waldenstrom macroglobulinemia, mucosa-associated lymphoid tissue (MALT)

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原發性肺惡性淋巴瘤—淋巴漿細胞惡性淋巴瘤：病例報告及文獻回顧

蔡英明　黃明賢　蔡忠榮　蘇月秋*　劉益昌**　黃吉志

支氣管肺癌是肺腫瘤中最常見，即使科學的進步，創新藥物的發明，支氣管肺癌仍是一個癌症相關死亡率和失能相當高的疾病。然而，除了支氣管肺癌，其他腫瘤亦不能忽略，不論是良性或惡性。胸腔內的惡性淋巴瘤，可分為原發或是續發於其他部位的腫瘤，好發於縱隔腔或是肺門。原發於肺臟惡性淋巴瘤為相當罕見的肺部惡性腫瘤，而文獻中的報導，大多為低惡性B細胞淋巴瘤。而這類的腫瘤，以目前的證據來看，是由支氣管中的黏膜相關類淋巴組織轉型而來。這一位57歲男性抽煙伴有長期咳嗽，體重下降的病人在多種診斷方法下證實為一個原發於肺部惡性淋巴瘤—淋巴漿細胞淋巴瘤，藉此提醒大家這樣一個以長期咳嗽來表現的肺部原發性惡性淋巴癌。*(胸腔醫學* ***2008; 23: 95-102)***

關鍵詞：原發性肺惡性淋巴瘤，淋巴漿細胞惡性淋巴瘤，Waldenstrom大球蛋白血症，黏膜相關類淋巴組織

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Sarcoidosis with a Pulmonary Disseminated Miliary Nodule Presentation: A Case Report and Review

Hung-Jie Chen, Jo-Chi Tseng, Yu-Chih Liu

Sarcoidosis is a systemic disease, and lung involvement is most common. The radiologic patterns of sarcoidosis are usually lymphadenopathy, diffuse lung infiltrations, and multiple nodular lesions. We report a female patient with asymptomatic miliary nodular infiltrations found by routine chest X-ray. The pulmonary function test showed moderately restrictive lung disease. Lung biopsy using video-assisted thoracic surgery (VATS) was performed, and the pathology report revealed non-caseous granulomatous inflammation. All studies for tuberculosis infection were negative, including tuberculin skin test, sputum acid fast stain, and bronchial wash fluid and culture. Under the impression of sarcoidosis, oral corticosteroid treatment was prescribed. After steroid treatment, the patient's lung infiltration and lung function test both improved. ***(Thorac Med 2008; 23: 103-111)***

Key words: sarcoidosis, military nodules, corticosteroid

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類肉瘤以肺部散佈性粟狀節結作爲表現

陳宏杰　曾若琦　劉育志

類肉瘤（sarcoidosis）是一種慢性肉芽腫（granuloma）的病變。它可以侵犯肺，心臟，皮膚，神經系統，淋巴系統等。其中以肺部侵犯最為常見。常見的肺部侵犯的臨床症狀包括喘、咳嗽、胸悶、胸痛等。在影像學上，胸部X光片可分為五期。第0期：正常，第1期：雙側肺門淋巴結病變，第2期：瀰漫性肺部浸潤合併雙側肺門淋巴結病變，第3期：瀰漫性肺部浸潤，第4期：肺纖維化。但以尚多發性粟粒狀節結作為表現，是甚為少見。

本病例報告描寫一個年輕女性，在健診中意外發現肺部瀰漫性粟狀節結無合併其他臨床症狀。肺功能呈現中度限制性肺疾病。高解析電腦斷層（high-resolution computed tomography, HRCT）呈現出中下肺葉較明顯的瀰漫性粟粒狀節結。而有關肺結核感染得檢查包括痰液，細菌PCR皆呈現陰性反應。在電視輔助式胸腔鏡手術（Video-assisted thoracoscopic surgery, VATS）的肺生檢切片下，病理學報告是非乾酪性壞死肉芽腫，符合類肉瘤診斷。此病患接受口服類固醇治療，在治療兩個月後，我們追蹤肺功能，並發現肺功能已回到正常值。之後追蹤胸部X光片和高解析電腦斷層之肺部浸潤結節均獲得改善。*(胸腔醫學* ***2008; 23: 103-111)***

關鍵詞：類肉瘤，粟狀結節，類固醇

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Cryptogenic Organizing Pneumonia Associated with Myelodysplastic Syndrome Masking Community Acquired Pneumonia

Kuang-Ming Liao, Han-Yu Chang, Tzuen-Ren Hsiue

Cryptogenic organizing pneumonia (COP) is defined as granulation tissue plugs within the lumens of the small airways. The etiology of COP may be viral-related, or the result of connective tissue disorders, focal cocaine abuse, a drug reaction, HIV infection, myelodysplastic syndrome (MDS), or radiation therapy. Some cases have been idiopathic. Clinical features of COP individually may be nonspecific and with varying presentations, including a single nodule, multiple nodules, and a cavity lesion, rapidly progressing to acute respiratory failure or mimicking pneumonia. Herein, we describe a case of COP with initial presentations similar to pneumonia and with chest radiography findings of right lower lobe consolidation with symptoms of fever and cough, but which failed treatment with antibiotics; the diagnosis was reached by aggressive lung biopsy. The patient's bone marrow microscopic examination showed MDS after COP was diagnosed. The symptoms and chest radiography improved after steroid treatment and the patient was discharged after recovering from fever and cough. ***(Thorac Med 2008; 23: 112-117)***

Key words: cryptogenic organizing pneumonia (COP), myelodysplastic syndrome (MDS), bronchiolitis obliterans organizing pneumonia (BOOP)

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骨髓化生不良症候群（MDS）造成的原因不明器質化肺炎（COP）與社區性肺炎相似

廖光明　張漢煜　薛尊仁

原因不明器質化肺炎定義為小支氣管管腔內的肉芽組織栓子，造成的原因可以是病毒相關的，結締組織的疾病，古柯鹼濫用，藥物的反應，愛滋病毒相關的，骨髓化生不良症候群，放射線治療造成的，或是原發性的。臨床上細小支氣管阻塞機化性肺炎的個別表現並無特定，包含單一結節，多發性結節，開洞的病灶，迅速進展為呼吸衰竭或類似肺炎。在這裡，我們描述一個細小支氣管阻塞機化性肺炎一開始類似肺炎的表現，胸部Ｘ光呈現右下葉的實質化，並且伴隨發燒和咳嗽的症狀，但在抗生素治療失敗後積極的做肺部切片。病人在細小支氣管阻塞機化性肺炎診斷後，其骨髓在顯微鏡檢查下為骨髓化生不良症候群。在類固醇的治療下，症狀和胸部Ｘ光片都獲得改善，病人也在無發燒和咳嗽後出院。*(胸腔醫學* ***2008; 23: 112-117)***

關鍵詞：原因不明器質化肺炎，骨髓化生不良症候群，細小支氣管阻塞機化性肺炎

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Diffuse Alveolar-Septal Form of Isolated Pulmonary Amyloidosis Mimicking Lymphangitic Carcinomatosis: A Case Report

Sheng-Jun Lee*, Chin-Pyng Wu, Chin-Feng Giian, Giian-Wen Chen, Wann-Cherng Perng

Pulmonary amyloidosis may be isolated or a part of systemic amyloidosis. It appears in 3 patterns: tracheobronchial, parenchymal nodular, and a diffuse alveolar-septal form. A 64-year-old man presented complaining of a chronic dry cough and dyspnea that had persisted for 2 months. Chest radiographs and a high-resolution computed tomography (HRCT) scan revealed patchy areas of air-space consolidative lesions in the right middle and left lingual lobes of his lungs. There were also diffuse thickening of bronchovascular bundles, intralobular and interlobular septa, and centrilobular opacities in both lungs, mimicking lymphangitic carcinomatosis. Histopathology of a transbronchial biopsy showed some amorphous eosinophilic depositions, and Congo red staining revealed apple-green birefringence under polarized light. After a series of examinations, the deposition of amyloid was found to be limited to the lungs. The final diagnosis was a rare, isolated pulmonary diffuse alveolar-septal form of amyloidosis. ***(Thorac Med 2008; 23: 118-124)***

Key words: pulmonary amyloidosis, alveolar-septal, lymphangitic carcinomatosis

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侷限性肺部肺泡間隔型類澱粉沈著症以癌性淋巴管炎影像表現—病例報告

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肺部類澱粉沈著症可以是侷限性或是全身性類澱粉沈著症所影響之其中一個器官。它可以三種型態來表現：氣管支氣管型，肺實質結節型與廣泛肺泡間隔型。在此我們報告一位64歲男性因持續乾咳與呼吸急促長達兩個月時間來本院就診。胸腔影像檢查呈現局部肺泡浸潤與廣泛性肺間隔紋路增厚疑似癌性淋巴管炎，經氣管肺切片檢查，病理結果發現切片組織呈現一些無定形嗜伊紅性物質沈積於細胞外，並用剛果紅染色再以偏光鏡下檢查呈現特異性蘋果綠的顏色，隨後再作骨髓穿刺切片並無此發現，其他器官在相關檢查亦無受侵犯。最後診斷為少見之“侷限性肺部肺泡間隔型類澱粉沈著症”。*(胸腔醫學* ***2008; 23: 118-124)***

關鍵詞：肺部類澱粉沈著症，肺泡間隔型，癌性淋巴管炎

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Non-invasive Management of Chylothorax Secondary to Liver Cirrhosis -- Report of a Case

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Chylothorax is a rare event that occurs when milk-like lymphatic fluid accumulates in the pleural space. The common causes of chylothorax are tumors, trauma, or other unknown etiologies. Liver cirrhosis has been classified as one of the uncommon etiologies of chylothorax with a worse prognosis than other etiologies. Patients often die from malnutrition or an immunocompromised status. This report describes a patient who suffered from chylothorax with initial presentations of dyspnea and generalized edema. After a series of work-ups, decompensated liver cirrhosis was found to be the only possible etiology. Generally, chylothorax secondary to liver cirrhosis is hard to manage and the prognosis is poor. Many invasive or expensive therapies have been introduced to manage chylothorax secondary to liver cirrhosis, but successful management with noninvasive conservative therapy has not been reported. Our patient was successfully treated with diuretics, and the chylothorax did not recur during the following 12 months under a sodium-restricted diet. ***(Thorac Med 2008; 23: 125-131)***

Key words: chylothorax, pleural effusion, thoracic duct, triglyceride

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肝硬化併發乳糜胸的非侵入性治療

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乳糜胸是肋膜腔內聚積乳狀淋巴液的一種罕見疾病，常見的致病因有腫瘤、外傷及其他未知或少見的因素。肝硬化被歸類為罕見的病因之一，並有較差的預後，病患常因營養不良或免疫力差而死亡。本篇病例報告敘述一位乳糜胸的患者，最初以呼吸困難和水腫來表現，經進一步檢查得知肝硬化是其致病因。一般而言，肝硬化併發乳糜胸通常是難以處理且預後不佳。以往，有許多侵入性或昂貴的治療曾被提出，但未曾有過以非侵入性方式成功治療肝硬化併發乳糜胸的病例。此病患成功地以利尿劑治療且合併低鈉飲食的控制下，經一年的追蹤，乳糜胸並未再發生。*(胸腔醫學 **2008; 23: 125-131**)*

關鍵詞：乳糜胸，肋膜積水，胸管，三甘油脂

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Synovial Sarcoma of the Mediastinum: A Case Report

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Synovial sarcoma is an extremely rare tumor of the mediastinum. Although it occurs predominantly in the soft tissues of the extremities, this neoplasm has been described in a wide variety of other locations. We report a case of synovial sarcoma occurring in the mediastinum. This 24-year-old male patient presented with dry cough and chest pain. Imaging studies revealed a huge mass lesion originating from the right lower mediastinum with right lower lung invasion and right rib destruction. Computed tomography-guided biopsy confirmed the diagnosis of synovial sarcoma. He underwent surgery and post-operative irradiation therapy. His condition was stable 1 month after the operation. ***(Thorac Med 2008; 23: 132-137)***

Key words: synovial sarcoma, mediastinum, surgery, irradiation therapy, chemotherapy

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縱隔腔的滑膜肉瘤：病例報告

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縱隔腔的滑膜肉瘤是一個相當罕見的腫瘤。此腫瘤雖然好發於肢體的軟組織，但是也曾在其他部位被描述過。本篇文章中，我們報告一位發生於縱隔腔的滑膜肉瘤的病例。這是一個24歲的男性病患，因為乾咳和胸痛而就診。影像學檢查發現一個原發於右下後縱隔腔的巨大腫瘤病灶，同時侵犯右下肺和破壞右側肋骨。經過電腦斷層導引的切片檢查，確定診斷為滑膜肉瘤。他接受手術及之後的放射治療，在手術後一個月其病情穩定。*(胸腔醫學 **2008; 23: 132-137**)*

關鍵詞：滑膜肉瘤，縱隔腔，手術，放射治療，化學治療

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Pneumocystis Jiroveci Pneumonia with Adult Respiratory Distress Syndrome in an Immunocompetent Patient -- A Case Report

Kok-Khun Yong, Tzu-Ching Wu, Yu-Jen Lee*, Chih-Pin Chen,
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Pneumocystis jiroveci pneumonia (PJP) is a life-threatening opportunistic infection which occurs in immunocompromised hosts, especially in patients with acquired immunodeficiency syndrome (AIDS), and increases in frequency in other immunocompromised patients, but it is very unusual in healthy people. We report a 49 -year-old woman who had been healthy until 2 weeks before admission. She suffered from productive cough with exertional dyspnea. The above symptoms progressed and respiratory failure developed after admission. Her chest radiographs revealed diffuse uniform nodular infiltration in both lungs. High resolution computed tomography (HRCT) showed diffuse alveolar densities and interstitial changes in both lower lungs. PJP was confirmed by Giemsa's stain of the bronchoalveolar lavage fluid retrieved via a bronchoscope. The symptoms improved and the patient was successfully weaned from the ventilator after treatment with trimethoprim- sulfamethoxazole. The chest radiographic infiltrations almost completely resolved 2 months after the treatment. ***(Thorac Med 2008; 23: 138-143)***

Key words: *Pneumocystis jiroveci* pneumonia (PJP), immunocompetent

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肺囊蟲肺炎感染併發急性呼吸迫症候群發生在免疫健全者一病例報告

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肺囊蟲肺炎（PJP）主要是發生在免疫不全的病人，而且是一種威脅生命的傳染病，它常常發生在後天性免疫不全症候群（愛滋病）的病人身上，也可以發生在其他免疫不全的病人身上，但是不常發生於健康的人身上。在此，我們報告一名健康的49歲婦女在住院前兩週發生咳嗽有痰以及活動性呼吸急促的症狀。住院後上述症狀逐漸惡化並且進展到呼吸衰竭。她的胸部X光片揭示兩側肺葉擴散性的結節性浸潤。同樣的，在高解析度胸部電腦斷層（HRCT）也顯示彌漫性肺泡型浸潤。後來進行支氣管鏡及肺泡灌洗檢查，肺泡灌洗液抹片經由Giemsa's染色法証實是肺囊蟲的感染。病患在使用Trimethoprim-sulfamethoxazole治療之後症狀改進並且成功脫離呼吸器。在治療完成兩個月後追蹤的胸部X光已接近正常。*(胸腔醫學* ***2008; 23: 138-143)***

關鍵詞：肺囊蟲肺炎，免疫健全

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Cardiovocal Syndrome: Aortic Dissecting Aneurysm Presenting as Hoarseness

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Hoarseness is a common clinical problem which may also imply an initial manifestation of serious disease. Lesions affecting the recurrent laryngeal nerve will result in vocal cord paralysis and hoarseness. Malignancy accounts for most of the extralaryngeal causes of vocal cord paralysis, but other causes could include even cardiovascular disease. Cardiovocal syndrome is a left recurrent laryngeal nerve palsy caused by cardiovascular disease. Hoarseness may be the only presentation of thoracic aortic aneurysm or painless dissection. Vocal cord function can return after successful repair. We report a 72 year-old man who had hoarseness for 1 month. Dissecting aneurysms of the aortic arch and thoracic aorta were found. An operation was performed, but the patient had difficulty weaning from the ventilator and died of sepsis. ***(Thorac Med 2008; 23: 144-149)***

Key words: cardiovocal syndrome, hoarseness, left vocal cord palsy, aortic dissecting aneurysm

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心因性聲帶麻痺：胸主動脈瘤以聲音沙啞表現

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聲音沙啞在臨床上是很常見的問題，但是有時也意味著嚴重疾病的初期表現。影響返喉神經的病灶常會造成聲帶麻痺和聲音沙啞。因為解剖位置的特殊性，左側返喉神經經常被影響到。心因性聲帶麻痺是因為心血管疾病影響到左側返喉神經麻痺所造成的症狀。聲音沙啞可以是胸主動脈瘤或是無痛性主動脈剝離的唯一表現，聲帶的功能在經過成功的修補後可能可以復原。我們報告一位聲音沙啞已經一個月的72歲的男性，在主動脈弓和胸主動脈被發現有剝離性動脈瘤，雖然進行了手術，最後卻因為呼吸器難以脫離且死於敗血症。*(胸腔醫學 **2008; 23: 144-149**)*

關鍵詞：心因性聲帶麻痺，聲音沙啞，左側聲帶麻痺，主動脈剝離性動脈瘤

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A Rare Iatrogenic Bronchial Foreign Body Detected by Routine Bronchoscopy after Percutaneous Tracheostomy: A Case Report

Isaac Chun-Jen Chen*,**, Chien-Sheng Huang*, Pin-Tarng Chen***, Chih-Cheng Hsieh*, Han-Shui Hsu*, Yu-Chung Wu*, Wen-Hu Hsu*

We describe herein a patient with an unusual iatrogenic bronchial foreign body, who was confirmed and treated unexpectedly with the routine use of a bronchoscope in the process of percutaneous dilatational tracheostomy (PDT). Routine use of the fiberoptic bronchoscope in PDT can prevent not only injury to the tracheal posterior wall, but also avoid the associated iatrogenic tracheobronchial foreign body retention in the airway. This unusual iatrogenic bronchial foreign body was identified subsequently as a part of the airway exchange catheter. The airway exchange catheter should be used meticulously during jet ventilation. The differential diagnosis of an unusual pneumothorax, which occurred shortly after the use of the airway exchange catheter with jet ventilation in the same case, is also discussed. ***(Thorac Med 2008; 23: 150-155)***

Key words: bronchial foreign body, bronchoscopy, percutaneous dilatational tracheostomy

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經皮氣管切開手術合併例行性支氣管鏡發現一罕見支氣管異物—病例報告

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我們報導一位罹患罕見醫原性支氣管異物之病例，不預期地在經皮擴張性氣管切開手術後，經由例行性使用支氣管鏡證實並治療。在施行經皮擴張性氣管切開術時，例行性使用支氣管鏡不僅可避免氣管後壁之傷害並且可預防異物留滯在呼吸道。此罕見醫原性支氣管異物，最後被確認是在使用呼吸道交換導管並噴射通氣時，從呼吸道交換導管上所掉落之零件。在使用呼吸道交換導管並噴射通氣時，務要謹慎。此同一病例當時在使用呼吸道交換導管並噴射通氣後，亦併發一不尋常之氣胸，其鑑別診斷予一併討論。*(胸腔醫學* ***2008; 23: 150-155)***

關鍵詞：支氣管異物，支氣管鏡，經皮擴張性氣管切開術

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