ISSN 1023-9855

胸腔醫學

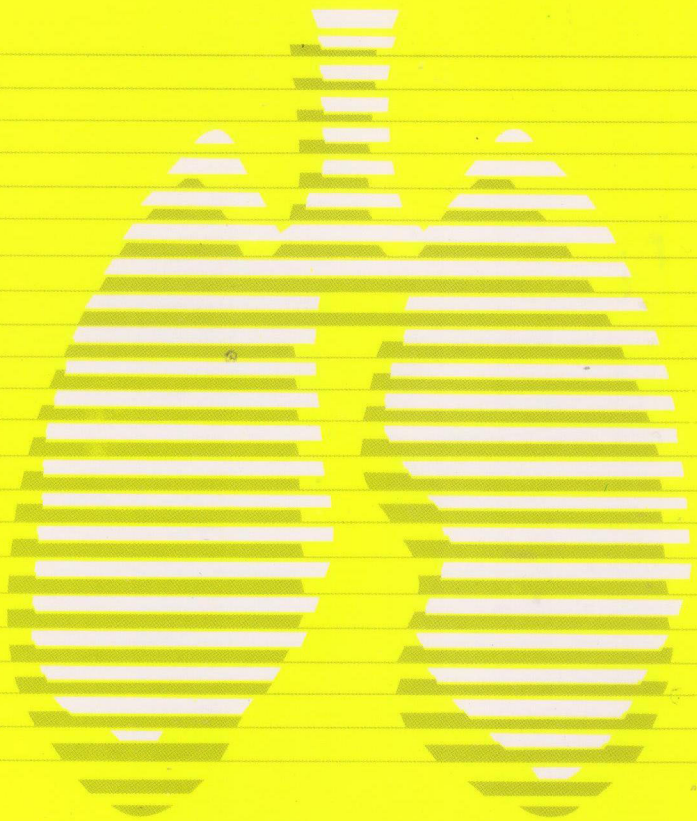
Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Vol.23 No.3 Jun. 2008

第二十三卷 第三期

中華民國九十七年六月



台灣胸腔暨重症加護醫學會

台北市中正區仁愛路一段1號

No. 1, Sec. 1, Jen Ai Rd., Taipei, Taiwan, R.O.C.

ISSN 1023-9855

中華民國九十七年六月　第二十三卷　第三期

ISSN 1023－9855

胸腔醫學

Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Vol.23 No.3 June 2008

原著

病例報告

中華民國九十七年六月　第二十三卷　第三期

ISSN 1023－9855

Vol.23 No.3 June 2008

胸腔醫學

Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Orginial Articles

Case Reports

Detecting *Mycobacterium Tuberculosis* in BACTEC MGIT 960 Cultures by COBAS AMPLICOR MTB in Routine Clinical Practice

Kuan-Jen Bai, Fang-Lan Yu, Ruwen Jou*, Mei-Shiang Wang, Ming-Hwei Lin, Chun-Nin Lee, Ming-Chih Yu

Introduction: The rapid, automated cultivation and detection system, BACTEC MGIT 960, is widely used in Taiwan. But the high nontuberculous mycobacteria (NTM) isolation rate is a concern that should be carefully evaluated. The aim of this study was to evaluate the ability of the commercial COBAS AMPLICOR MTB amplification system to identify *Mycobacterium tuberculosis* (*M. tuberculosis*) in positive BACTEC MGIT 960 cultures in routine clinical practice.

Methods: We tested 270 positive BACTEC MGIT 960 cultures with the COBAS AMPLICOR MTB at Taipei Medical University-Wan Fang Hospital from March 1, 2006 through February 28, 2007. The COBAS AMPLICOR MTB results were compared with mycobacterial species identification by conventional biochemical testing.

Results: We found that 207 (76.7%) COBAS AMPLICOR MTB results were regarded as conclusive, and 63 (3 *M. tuberculosis*, 60 NTM) inconclusive. Among 176 conclusive results positive for *M. tuberculosis*, 174 were regarded as true positive and 2 false positive. Among 31 conclusive results negative for *M. tuberculosis*, 30 were regarded as true negative and 1 false negative. After excluding the inconclusive results, we further found that the sensitivity, specificity, and positive/negative predictive values of the COBAS AMPLICOR MTB test were 99, 94, 99, and 97%, respectively.

Conclusion: COBAS AMPLICOR MTB might be suitable for rapid detection and identification of *M. tuberculosis* in BACTEC MGIT 960 cultures in routine clinical practice. ***(Thorac Med 2008; 23: 156-163)***

Key words: *Mycobacterium tuberculosis*, COBAS AMPLICOR MTB, BACTEC MGIT 960

Department of Internal Medicine, Taipei Medical University-Wan Fang Hospital
*Reference Laboratory of Mycobacteriology, Centers for Disease Control
Address reprint requests to: Dr. Ming-Chih Yu, Department of Internal Medicine, Taipei Medical University-Wan Fang Hospital, No. 111, Section 3, Hsing-Long Road, Taipei, Taiwan, R.O.C.

COBAS AMPLICOR MTB於BACTEC MGIT 960之臨床應用

白冠壬　余芳蘭　周如文*　王美香　林明輝　李俊年　余明治

前言：快速、自動的結核菌培養偵測系統BACTEC MGIT 960已在台灣廣為應用；然而，目前非結核性分枝桿菌在臨床實驗室的高分離率也造成診斷上的困擾。此研究主要目的為評估COBAS AMPLICOR MTB在BACTEC MGIT 960陽性檢體的臨床應用。

研究方法：從2006年3月1日到2007年2月28日共有270個BACTEC MGIT 960陽性檢体在台北醫學大學・萬芳醫院進行COBAS AMPLICOR MTB檢驗，並與傳統生化菌株鑑定的結果進行比較。

結果：207(76.7%)個COBAS AMPLICOR MTB 檢驗有決定性結論，63(3株為結核菌，60株為非結核性分枝桿菌)個檢驗無決定性結論。在176個結果為陽性者，174個檢驗為真陽性，2個檢驗為偽陽性。在31個結果為陰性者，30個檢驗為真陰性，1個檢驗為偽陰性。若不考慮檢驗結果為無決定性結論者，此項應用的敏感性、特異性、陽性預測值與陰性預測值分別為99%、94%、99%及97%。

結論：COBAS AMPLICOR MTB可能適合作為BACTEC MGIT 960陽性檢體快速偵測及鑑定結核菌的檢驗工具。*(胸腔醫學* ***2008; 23: 156-163)***

關鍵詞：結核菌，COBAS AMPLICOR MTB，BACTEC MGIT 960

台北醫學大學・市立萬芳醫院　內科部，*疾病管制局研究檢驗中心
索取抽印本請聯絡：余明治醫師，台北醫學大學・市立萬芳醫院　內科部，台北市興隆路三段111號

Mediastinal Hematoma: A Late Complication of Esophageal Reconstruction by Colon Interposition

Sheng-Yueh Yu, Chien-Chih Lu, Chun-hui Lee*, Yun-Hen Liu

Esophageal disruption by foreign bodies is often life-threatening, and emergency surgery may be necessary. Staged reconstruction is 1 of the choices of treatment following the acute stage. The advantages of colon interposition include lower reflux incidence, nearly unlimited conduit length, and preservation of gastric reservoir functions. Late complications, including anastomotic stricture, redundancy on the skin flap, and reflux, are well documented. Spontaneous colic arterial hemorrhage causing mesocolonic hematoma has been reported, but is extremely exceptional. We report a 50-year-old male who developed mediastinal hematoma caused by hemorrhage from a small interposed branch of the colic artery 17 years after colon interposition treatment for esophageal perforation. ***(Thorac Med 2008; 23: 164-168)***

Key words: esophageal reconstruction, colon interposition, complication, middle colic artery hemorrhage

Division of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital, Chang Gung University
*Division of Anesthesiology, Chang Gung Memorial Hospital, Chang Gung University
Address reprint requests to: Dr. Yun-Hen Liu, Division of Thoracic & Cardiovascular Surgery, Chang Gung Memorial Hospital, 5, Fushing Street, Gueishan Shiang, Taoyuan, Taiwan 333, R.O.C.

縱膈腔血腫：以結腸重建食道的晚期併發症

游勝越　盧建志　李君徽*　劉永恆

食道異物造成的食道破裂常危及生命而需要緊急的手術治療。急性期之後繼之以階段性食道重建是治療的選擇之一。以結腸重建食道的優點包括：較低的逆流發生率、幾乎不受限制的重建長度及保留原有胃的功能。而晚期的併發症包括：吻合處狹窄、重建的結腸皮瓣贅長及逆流。自發性結腸動脈出血導致結腸系膜血腫已有文獻紀錄但極為罕見。我們的病人為一五十歲男性在行結腸重建食道手術十七年後，因結腸動脈出血而導致縱膈腔血腫。*(胸腔醫學* ***2008; 23: 164-168)***

關鍵詞：食道重建，結腸皮瓣，併發症，中結腸動脈出血

長庚紀念醫院　長庚大學　胸腔及心臟血管外科系，*長庚紀念醫院　長庚大學　麻醉部
索取抽印本請聯絡：劉永恆醫師，長庚紀念醫院　胸腔及心臟血管外科系，桃園縣龜山鄉333復興街5號

Critical Illness Myopathy in a Patient with Near-Fatal Asthma – A Case Report

Shan-Chien Huang*, Hung-Chou Kuo***, How-Wen Ko*, Kang-Yun Lee*, Chien-Da Huang*,**, Han-Pin Kuo*

Neuromuscular weakness is a common occurrence in patients who are critically ill in the intensive care unit (ICU). The prognosis of critically ill patients is significantly influenced by neuromuscular dysfunction. A higher incidence of acute myopathy has been reported in patients with acute severe asthma, especially those paralyzed with neuromuscular blocking agents. Nevertheless, most of the patients in these studies were free of sepsis and lacked a muscle biopsy analysis. Herein, we report a 41-year-old man with near-fatal asthma and sepsis who suffered from prolonged limb weakness without sedative agents after extubation. The clinical diagnosis for critical illness myopathy (CIM) in this patient was based on clinical manifestations, serial clinical electromyographic studies, and muscle biopsy. The muscle strength of this patient improved steadily after extubation and a rehabilitation program. Awareness of the occurrence and prevention of CIM contributes to the reduction of morbidity and mortality, improves life-quality and conserves medical resources. ***(Thorac Med 2008; 23: 169-175)***

Key words: critical illness myopathy, near-fatal asthma, sepsis, electrophysiological test, muscle biopsy

*Department of Thoracic Medicine, Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Taipei, Taiwan; **Department of Internal Medicine, St. Paul's Hospital, Taoyuan, Taiwan; ***Department of Neurology, Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Taipei, Taiwan
Address reprint requests to: Dr. Chien-Da Huang, Department of Thoracic Medicine, Chang Gung Memorial Hospital, 5 Fushing Street, Gueishan Shiang, Taoyuan, Taiwan 333

瀕死性氣喘合併重症肌肉病變—病例報告

黃善建* 郭弘周*** 柯皓文* 李岡遠* 黃建達*,** 郭漢彬*

神經肌肉無力的現象常發生在加護病房重症病人身上，病人預後也受神經肌肉病變而影響甚巨。急性肌肉病變常發生在病患有嚴重氣喘，且合併使用神經肌肉阻斷劑者。然而，這些病人大多沒有敗血症且缺乏肌肉切片的證據。在此提出的病例報告是一位41歲的男性病患，因瀕死性氣喘及敗血症而住進加護病房，在拔除氣管內管及停用鎮定劑後仍出現長時間肢體無力的情形。這病人在臨床上診斷重症肌肉病變主要是依據臨床表現、電生理檢查及肌肉切片。病人肌肉的力量在拔管後復健之中持續恢復。臨床上若及早注意及防止重症肌肉病變，則可降低併發症與死亡率，且可改善生活品質及節省醫療支出。*(胸腔醫學 **2008; 23: 169-175**)*

關鍵詞：重症肌肉病變，瀕死性氣喘，敗血症，神經學電生理檢查，肌肉切片

*林口長庚紀念醫院 呼吸胸腔內科系，**桃園天主教聖保祿修女會醫院 內科部，***林口長庚紀念醫院 神經內科
索取抽印本請聯絡：黃建達醫師，林口長庚紀念醫院 呼吸胸腔內科系 呼吸道疾病科，桃園縣龜山鄉復興街五號

Muir-Torre Syndrome with Squamous Cell Lung Cancer and Sebaceous Carcinoma

Yung-Lun Ni, Shih-Ming Jung*, Chih-Teng Yu, Chih-Hung Chen

Muir-Torre syndrome (MTS) is a rare cancer genodermatosis diagnosed by the presence of at least 1 sebaceous neoplasm and at least 1 internal malignancy. Colon cancers and urogenital malignancies account for 75% of the internal malignancies. Others, such as upper gastrointestinal, blood, breast, and, in rare cases, lung malignancies have been reported. Muir-Torre syndrome is considered a variant of hereditary nonpolyposis colorectal cancer and is secondary to germline mutation of the mismatch repair (MMR) genes MSH2 and MLH1. Microsatellite instability is usually observed in patients with MMR gene mutations. Immunohistochemistry studies of MSH2/MLH1 and microsatellite instability evaluations are helpful for screening patients and family members with Muir-Torre syndrome. Early and correct diagnosis of Muir-Torre syndrome is important as patients with Muir-Torre syndrome and family members who are gene carriers are prone to high risks of multiple internal malignancies. Careful survey and regular follow-up can help in detecting visceral lesions as early as possible. Few cases of Muir-Torre syndrome have been reported in Asian and African populations. This case describes a Taiwanese with squamous cell lung cancer and a sebaceous carcinoma with unusual immunochemistry staining results. The patient presents a subclass of Muir-Torre syndrome with different clinical characteristics and potentially different genetic pathways. ***(Thorac Med 2008; 23: 176-181)***

Key words: Muir-Torre syndrome, lung cancer, sebaceous carcinoma, mismatch repair gene

Department of Chest Medicine, Chang Gung Memorial Hospital, Chang Gung University, Taipei, Taiwan
*Department of Pathology, Chang Gung Memorial Hospital and Children's Hospital, Chang Gung University, Taipei, Taiwan
Address reprint requests to: Dr. Chih-Hung Chen, Chang Gung Memorial Hospital, Taipei, Taiwan, 199 Tung Hwa North Road, Taipei, Taiwan, R.O.C.

合併產生肺癌及皮脂腺癌之Muir-Torre syndrome —病例報告

倪永倫　容世明*　余志騰　陳志弘

Muir-Torre syndrome為一種罕見的顯性遺癌症相關遺傳性皮膚病，臨床上的特徵與診斷依據為在病患身上合併發生皮脂腺腫瘤以及至少一個的內部器官惡性腫瘤。臟器惡性腫瘤以大腸直腸癌及泌尿道系統癌症最為常見，總共佔了四分之三的比例，其他較少發生的惡性腫瘤包括了上消化系統癌症、血癌、乳癌等，只有很少數的肺癌曾經被報告過。皮膚腫瘤及臟器腫瘤可能同時產生，也可能先後產生。Muir-Torre syndrome被認為是遺傳性非息肉性大腸癌（hereditary non-polyposis colorectal cancer）的一個亞型，主要是起因於錯配修復基因（mismatch repair gene）的突變，其中又以MSH2以及MLH1為主。在多數錯配修復基因突變的患部，也可發現有microsatellite instability的現象。臨床上可以藉由針對MSH2/MLH1的免疫組織化學檢查、microsatellite instability的測定、或是DNA序列突變的測定來幫助診斷Muir-Torre syndrome。Muir-Torre syndrome的患者易有多發的臟器惡性腫瘤，早期診斷Muir-Torre syndrome的重要性在於可以幫助患者及家屬監測和及早發現臟器惡性腫瘤，以達到早期治療的目的。我們在此報告一個因合併肺癌以及皮脂腺癌而被診斷為Muir-Torre syndrome的患者以及相關文獻的回顧。*(胸腔醫學* ***2008; 23: 176-181)***

關鍵詞：Muir-Torre syndrome，肺癌，皮脂腺癌，鱗狀細胞癌，錯配修復基因

林口長庚紀念醫院胸腔內科　長庚大學，*林口長庚紀念醫院及兒童醫院病理科　長庚大學
索取抽印本請聯絡：陳志弘醫師，林口長庚醫院　胸腔內科，桃園縣龜山鄉復興街5號

Lung Adenocarcinoma with Penile Metastasis – A Case Report

Wei-Chun Chung, Te-Chun Hsia, Chia-Hung Chen, Chih-Yen Tu, Chuen-Ming Shih, Wu-Huei Hsu

Metastasis to the penis is very rare in lung cancer, especially adenocarcinoma. We describe a patient with adenocarcinoma of the lung who developed a metastatic lesion in the penis. A 66-year-old Taiwanese male was diagnosed with adenocarcinoma of the lung at stage IV (T2N3M1, liver metastasis), and was treated with chemotherapy consisting of gemcitabine, cisplatin and bevacizumab, beginning on 21 September 2005. Three months later, hardness of the penile shaft was noted. A biopsy of the penis was performed, which provided a histological diagnosis of adenocarcinoma. The histology of the specimen was consistent with that of the previous lung cancer, so he was considered to have penile metastasis from adenocarcinoma of the lung. However, a poor performance status was noted, and the patient could not tolerate the chemotherapy. The patient expired 2 weeks later due to cancer progression. We review the reported cases to investigate the clinical characteristics of this rare involvement. ***(Thorac Med 2008; 23: 182-186)***

Key words: lung cancer, adenocarcinoma, penile metastasis

Division of Pulmonary and Critical Care Medicine, China Medical University Hospital, Taichung, Taiwan, R.O.C
Address reprint requests to: Dr. Te-Chun Hsia, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Bei Chiu, Taichung, Taiwan 404, R.O.C.

肺腺癌合併陰莖轉移—病例報告

陳偉峻　夏德椿　陳家弘　涂智彥　施純明　徐武輝

陰莖轉移是肺癌中少見的轉移，這類轉移多在肺癌晚期才會出現，因此病人大多預後不佳，過去關於這類病例報告並不多，其中多數為鱗狀上皮細胞癌出現的轉移，我們描述一個六十六歲肺腺癌的患者，初期診斷為第四期併肝臟轉移 (T2N3M1)，在經過四個療程第一線化學治療 (gemcitabine 跟cisplatin) 後，病人因嚴重的噁心嘔吐而暫停治療，之後病人因食慾不佳而入院，住院期間發現病人出現包皮與陰囊腫脹，經檢查發現有陰莖硬塊，切片與免疫螢光染色後發現CK與TTF-1呈現陽性反應，確定為肺腺癌轉移，病人之後因狀況不佳未接受進一步治療並於兩個星期後死亡。*(胸腔醫學* ***2008; 23: 182-186)***

關鍵詞：肺癌，腺癌，陰莖轉移

中國醫藥大學附設醫院內科部　胸腔暨重症系
索取抽印本請聯絡：夏德椿醫師，中國醫藥大學附設醫院內科部　胸腔暨重症系，404台中市育德路2號

Experience with Non-survivors of Acute Carbon Monoxide Intoxication Who Received Hyperbaric Oxygen Therapy and Literature Review

Yu-Sheng Lin*, Te-Chun Hsia*,**, Yu-Lin Tsai*, Wen-Kai Tsai*, Liang-Wen Hang*,**, Chao-I Wu**, Chuen-Ming Shih*, Wu-Huei Hsu*

Purpose: The main purpose of this study was to determine the reason for the carbon monoxide (CO) poisoning-related deaths at out hospital and to describe the demographic data and epidemiology.

Methods: We retrospectively selected this group of acute CO intoxication patients that received emergency hyperbaric oxygen therapy (HBOT) from April 2000 to August 2005 at our hospital. Data regarding age, gender, duration of CO poisoning exposure, cause of the episode, underlying disease, number of HBOT courses, hospital course, cormorbidity, and cause of mortality were obtained from the medical records. We also reviewed the admission data records, including vital signs, Glasgow Coma Scale, arterial blood gas, carboxyhemoglobin level, and intubation or not.

Results: One hundred thirty-seven patients and 5 fatalities related to CO poisoning were reviewed; the mortality rate was 3.65%. The 5 fatalities were all male, in the prime of life (27~37 years old), and without major underlying disease. Four (4/5) patients committed suicide by inhaling CO from burning charcoal. They all received emergent HBOT. Prolonged unconsciousness was noted after series HBOT in 4 (4/5) patients. Four (4/5) patients developed rhabdomyolysis and acute renal failure. The causes of death were multiple organ failure (3/5, 60%) and septic shock (2/5, 40%).

Conclusions: The causes of acute CO poisoning among the fatalities were suicide by inhaling CO from burning charcoal (4/5, 80%) and a fire accident (1/5, 20%) at our hospital. They were in the prime of life without major underlying disease. The brain is an oxygen-dependent organ, and the damage may be severe and irreversible after CO intoxication and hypoxia. Rhabdomyolysis and acute renal failure may also occur. Secondary infection and septic shock may worsen the already poor condition. The cause of death may be considered as multiple organ failure, including the brain, lung, and kidney. ***(Thorac Med 2008; 23: 187-194)***

Key words: acute carbon monoxide poisoning, hyperbaric oxygen therapy, mortality cases, multiple organ failure

---

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine
**The Center of Hyperbaric-Oxygen Therapy China Medical University Hospital, Taichung, Taiwan
Address reprint requests to: Dr. Te-Chun Hsia, Division of Hyperbaric-Oxygen Therapy Center, China Medical University Hospital, No. 2, Yuder Road, Bei Chiu, Taichung, Taiwan 404

急性一氧化碳中毒病人接受高壓氧治療後死亡病例臨床經驗分析和文獻回顧

林育生* 夏德椿*,** 蔡育霖* 蔡文凱* 杭良文*,** 吳肇毅** 施純明* 徐武輝*

目的：針對急性一氧化碳中毒患者死亡者分析其治療經過及探討其死亡原因。

方法：我們回溯性研究近5年來(從2000年4月至2005年8月)，因為急性一氧化碳中毒送到中國醫藥大學附設醫院，接受高壓氧治療的患者。我們從病歷中收集病人的性別、年齡、中毒原因、一氧化碳中毒時間、高壓氧治療次數、住院時間、併發症、治療經過、以及死亡原因等，並紀錄到院時生命徵象、昏迷指數、一氧化碳濃度、血氧分析、以及有無氣管插管等相關資料。

結果：我們總共收治了137例一氧化碳中毒的患者，其中五例死亡，死亡率為3.65%。五例死亡患者中男性五例，女性零例，年齡27~37歲，正處於青壯年，且無重大疾病;四例為燃煤自殺；一例為火災意外。病人由急診會診後立即進行高壓氧治療。其中四例直到死亡前意識仍無法恢復；四例發生橫紋肌溶解症和急性腎衰竭。死亡原因分別為多重器官衰竭（三例）和敗血性休克（二例）。

結論：本院死亡病例以自殺為主(80%)，且均為青壯年。腦是一個需氧且對缺氧很敏感的器官，在一氧化碳中毒及缺氧後所造成傷害或許是嚴重且不可逆的。橫紋肌溶解症併急性腎衰竭、次發性感染、和敗血性休克或許會使情況更加惡化。但最後死亡原因應該仍為多重器官衰竭，包括了腦、肺、和腎臟。
*(胸腔醫學 **2008; 23: 187-194**)*

關鍵詞：急性一氧化碳中毒，高壓氧治療，死亡病例，多重器官衰竭

中國醫藥大學附設醫院，*內科部胸腔暨重症系，**高壓氧治療中心

索取抽印本請聯絡：夏德椿醫師，中國醫藥大學附設醫院　高壓氧治療中心，台中市北區育德路2號

Interventional Bronchoscopy for Treatment of Tracheal Obstruction Secondary to Malignant Thyroid Disease – A Case Report

Yu-Sheng Lin, Chih-Yen Tu, Chia-Hung Chen, Yi-Heng Liu, Yu-Chao Lin, Shinn-Jye Liang, Wu-Huei Hsu

Malignant thyroid disorders can cause upper and central airway obstruction. The mechanisms of airway obstruction include extrinsic tracheal compression, tracheal ingrowth, or a combination thereof. Well-differentiated thyroid cancer (WDTC) usually has a better prognosis, but is a less frequent cause of thyroid-induced airway obstruction. However, if WDTC-related tracheal invasion occurs, it is usually associated with a poor prognosis. Surgical resection with tracheal reconstruction remains the mainstay of management of WDTC-related tracheal invasion. In cases with technically or medically inoperable patients with malignant symptomatic airway obstruction, some form of palliative treatment should be considered. Due to recent technical improvements, interventional bronchoscopy with stent placement may provide longstanding airway patency for thyroid cancer-related tracheal obstruction.

We report an 86-year-old female patient presenting stridor because of thyroid papillary carcinoma-related tracheal obstruction. After receiving interventional bronchoscopy with an Ultraflex tracheal stent placement, her stridor symptoms immediately improved. Thus, interventional bronchoscopic procedures with stent implant are valuable alternatives to surgery in inoperable thyroid cancer-induced tracheal obstruction. ***(Thorac Med 2008; 23: 195-199)***

Key words: airway stents, bronchoscopy, thyroid carcinoma, tracheal stenosis

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan

Address reprint requests to: Dr. Chih-Yen Tu, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Taichung, Taiwan

利用介入性支氣管鏡治療甲狀腺惡性腫瘤所導致的氣管阻塞—病例報告

林育生　涂智彥　陳家弘　劉奕亨　林裕超　梁信杰　徐武輝

惡性的甲狀腺疾病可以導致上呼吸道的阻塞；造成氣道阻塞的機轉包括由氣管外部的壓迫，腫瘤長到氣管內，或兩者共同造成。細胞分化良好的甲狀腺癌通常有較好的預後，而它造成氣道阻塞的機會較少。然而，假如細胞分化良好的甲狀腺癌(well-differentiated thyroid cancer)已造成了氣管的侵犯，它通常代表預後不佳。治療分化良好的甲狀腺癌所造成的氣管侵犯，手術切除合併氣管重建仍是主要的治療方式。在技術上或身體狀況無法接受手術的病人，若合併有症狀的氣道阻塞，需考慮其他形式的緩和療法。近來，隨著技術的進步，對於甲狀腺癌導致氣管阻塞的病人，介入性支氣管鏡合併支架置放可以提供較長期的氣道通暢度。

我們報告了一位86歲的女性病患，因為甲狀腺乳突狀腫瘤(thyroid papillary carcinoma)導致的氣管阻塞，以喘鳴音(stridor)來表現。她在接受介入性支氣管鏡檢查合併支架置放後，她的喘鳴獲得了立即的改善。因此，在甲狀腺癌所導致的氣管阻塞而又無法開刀的病患，介入性支氣管鏡檢查合併支架置放是一項有用的替代療法。*(胸腔醫學* ***2008; 23: 195-199)***

關鍵詞：氣管支架，氣管鏡，甲狀腺癌，氣管阻塞

中國醫藥大學附設醫院　內科部　胸腔暨重症系
索取抽印本請聯絡：涂智彥醫師，中國醫藥大學附設醫院　內科部，台中市育德路2號

Isolated Tuberculous Mediastinal Lymphadenopathy Mimicking a Tumor

Ke-Cheng Chen, Yih-Leong Chang*, Wei-Cheng Lin, Yung-Chie Lee

A previously healthy 53-year-old woman had suffered from chest pain for 2 months, and imaging studies revealed a left mediastinal tumor. Preoperative bacteriological examinations failed to uncover evidence of tuberculous infection. However, after video-assisted thoracoscopic surgery (VATS), the tumor was proved to be tuberculous mediastinal lymphadenopathy. Our experience revealed a unique manifestation of tuberculosis which was neglected by conventional methods and required surgery to establish the diagnosis. Therefore, with the high disease burden worldwide and the various imaging presentations of tuberculosis, we should always take tuberculous mediastinal lymphadenopathy into consideration in the differential diagnosis of intrathoracic lesions. ***(Thorac Med 2008; 23: 200-204)***

Key words: tuberculous mediastinal lymphadenopathy, mediastinal tumor, thoracoscopy/VATS

Department of Surgery, *Department of Pathology, National Taiwan University Hospital and National Taiwan University College of Medicine, Taipei, Taiwan
Address reprint requests to: Dr. Yung-Chie Lee, Department of Surgery, National Taiwan University Hospital, 7, Chung-Shan South Road, Taipei, Taiwan

以腫瘤表現之單一結核性縱膈腔淋巴病變：一病例報告

陳克誠　張逸良*　林洧呈　李元麒

結核性縱膈腔淋巴病變並不常發生在免疫正常的人，且診斷上也往往是困難的。雖然以病史詢問、身體檢查、胸部X光片、痰液培養與支氣管鏡檢，我們仍常常無法診斷出結核性淋巴病變。通常這時就需要藉由手術切片、病理檢查與檢體組織培養來證實這個診斷。

在本文中，我們報告了一位以兩個月胸痛來表現的53歲家庭主婦。她因此求醫並接受胸部X光與電腦斷層檢查，意外發現了一個異常的左前縱膈腔腫瘤。這個單一的邊緣平滑之圓形腫瘤位在主動脈與肺動脈窗的旁邊，大小為5.5 x 5.0 x 2.0公分。肺部或其他器官均無異常現象。一系列的檢查都沒有辦法確認診斷，故她接受了胸腔鏡腫瘤切除手術。在病理檢查中，意外發現了有肉芽腫性炎症以及抗酸性染色陽性的結核桿菌之出現，故結核性縱膈腔淋巴病變才得以診斷確認。此病人經過12個月的抗結核菌藥物治療後，結核菌感染已完全康復。*(胸腔醫學* ***2008; 23: 200-204)***

關鍵詞：結核性縱膈腔淋巴病變，縱膈腔腫瘤，胸腔鏡手術

台大醫院　外科部，病理部*
索取抽印本請聯絡：李元麒醫師，台大醫院　外科部，台北市中山南路七號

Alpha-Fetoprotein-Producing Hepatoid Adenocarcinoma Originating in the Lung – A Case Report

Po-Chung Wang, Han-Yu Chang, Tzuen-Ren Hsiue

Hepatoid adenocarcinoma (HAC) is a rare extrahepatic malignant disease with a histopathologic pattern similar to that of hepatocellular carcinoma (HCC). Most hepatoid carcinomas generate a high level of alpha-fetoprotein (AFP). To date, only 11 cases of HAC in the lung have been reported in the literature. Herein, we report a 44-year-old man with an incidentally-found lung mass accompanied by an elevated serum level of AFP as high as 82,714 ng/mL; the mass was confirmed to be HAC on histopathologic examination via a specimen obtained from percutaneous computed tomography-guided biopsy. The CT scan and ultrasonography of the abdomen revealed no evidence of hepatoma or other intraabdominal abnormalities. The follow-up serum AFP level declined to 28,461 ng/mL after a cycle of chemotherapy and radiotherapy. ***(Thorac Med 2008; 23: 205-210)***

Key words: hepatoid adenocarcinoma, alpha-fetoprotein

Department of Internal Medicine, National Cheng Kung University Hospital, Tainan, Taiwan
Address reprint requests to: Dr. Han-Yu Chang, Department of Internal Medicine, National Cheng Kung University Hospital, No. 138, Sheng-Li Rd, Tainan, 704, Taiwan

原發性肺臟內肝樣腺癌—病例報告

王博中　張漢煜　薛尊仁

肝樣腺癌是一種罕見的肝外惡性腫瘤，而在病理組織學上的表現與原發性肝細胞癌十分相似。大部份的肝樣腺癌會產生極高量的甲型胎兒蛋白。到目前為止，在現有的文獻上，只有正式提出十一位原發性肺臟內肝樣腺癌。我們在此報告一個病例：一位四十四歲的男性，被意外發現有一個肺部腫瘤與合併血清中有大量的甲型胎兒蛋白，並在經由電腦斷層掃描指引下所取得的切片，經病理組織學的檢查，證實是肝樣腺癌。而他的肝臟的檢查並沒有發現肝癌的證據或是其他的異常。在經過化學治療與放射線治療後，病人血清中的甲型胎兒蛋白有明顯的下降。*(胸腔醫學* ***2008; 23: 205-210****)*

關鍵詞：肝樣腺癌，甲型胎兒蛋白

成大醫學院　內科部　胸腔內科
索取抽印本請聯絡：張漢煜醫師，成大醫院內科部　胸腔內科，台南市勝利路138號

Delayed Onset of Acute Respiratory Distress Syndrome Following Intravenous Rituximab in a Rheumatoid Arthritis Patient: A Case Report

Huang-Chih Chang*, Yu-Hsiu Chung*,**, Yi-Hsi Wang*,**, Meng-Chih Lin*,**

Rituximab is a humanized monoclonal antibody found to be effective and safe in its use with malignant lymphoma and various humoral autoimmune diseases in which B lymphocytes play a role, such as rheumatoid arthritis. Most of the adverse events are modest, including flu-like illness, fever, chills, cough and rhinitis. However, more serious adverse effects have been reported, such as interstitial pneumonitis, pleuritis, bronchospasm and acute respiratory distress syndrome. We report a woman with rheumatoid arthritis who was treated with intravenous rituximab because her symptoms were refractory to standard treatment that included cyclosporine, methotrexate and steroid pulse therapy. Unfortunately, she suffered progressive dyspnea resulting in acute respiratory failure 18 days after the second administration. She was subsequently diagnosed with acute respiratory distress syndrome (ARDS), and this was attributed to a delayed hypersensitivity reaction to the medicine. It is important to keep in mind that rituximab may induce this fatal adverse effect, even though it is rare and delayed in its onset. ***(Thorac Med 2008; 23: 211-216)***

Key words: acute respiratory distress syndrome, delayed hypersensitivity reaction, rheumatoid arthritis, rituximab

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan
**Department of Respiratory Care, Chang Gung Institute of Technology, Chiayi, Taiwan
Address reprint requests to: Dr. Yu-Hsiu Chung, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine Chang Gung Memorial Hospital.123, Dabi Road, Niaosung Shiang, Kaohsiung 833, Taiwan, R.O.C.

類風濕性關節炎病人使用 Rituximab 治療後延遲引起急性呼吸窘迫症：病例報告

張晃智*　鍾聿修*,**　王逸熙*,**　林孟志*,**

Rituximab是一種人工合成的單株抗體能安全有效的治療惡性淋巴瘤和以B淋巴球為主的自體免疫疾病，如類風濕性關節炎。大部分的副作用僅是輕微的表現，包括感冒症狀、發燒、畏寒、咳嗽和鼻炎。不過也有一些較嚴重的病例報告，如間質性肺炎、肋膜炎、支氣管痙攣和急性呼吸窘迫症。我們報告的這位類風濕性關節炎女性在標準的藥物治療無效下使用Rituximab靜脈注射治療。不幸的患者在接受第二劑注射的18天後，病人發生漸進性的呼吸困難結果造成呼吸衰竭。最後的診斷歸咎於延遲性的藥物過敏反應造成急性呼吸窘迫症。因此我們在使用Rituximab必須留意可能產生的副作用，儘管是一些罕見或是延遲發生的症狀。我們回顧並整理過去的相關文獻提出此報告。*(胸腔醫學* ***2008; 23: 211-216)***

關鍵詞：急性呼吸窘迫症，延遲性過敏反應，類風濕性關節炎，Rtuximab

*高雄長庚紀念醫院　胸腔內科，**嘉義長庚技術學院　呼吸照護系
索取抽印本請聯絡：鍾聿修醫師，高雄長庚紀念醫院　胸腔內科，高雄縣鳥松鄉大埤路123號

Delayed Massive Hemothorax – A Rare Late Complication after Recurrent Pectus Excavatum Repaired by Nuss Procedure

Hsu-Kai Huang, Jen-Chih Chen, Hung Chang, Shih-Chun Lee, Yeung-Leung Cheng

The Nuss procedure is a popular new technique for the correction of pectus excavatum (PE) [1-2]. Delayed hemothorax is an extremely rare complication which often occurs within 1 to 2 months postoperatively [3-5]. Emergent tube thoracostomy is mandatory and surgery is indicated if the hemodynamic status remains unstable or continuous hemorrhage is noted [6]. We report a patient who experienced delayed hemothorax 6 months after a Nuss procedure for recurrent PE. This condition was caused by injury to the rib under the pectus bar with active bleeding. ***(Thorac Med 2008; 23: 217-220)***

Key words: hemothorax, pectus excavatum, Nuss procedure

Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Address reprint requests to: Dr. Yeung-Leung Cheng, Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, No. 325, Cheng-Kung Rd, Sec 2, Taipei 114, Taiwan

延遲性大量血胸—罕見復發性漏斗胸經納氏矯正術術後之併發症

黃敘愷　陳仁智　張　宏　李世俊　程永隆

納氏矯正術是對胸廓畸形之漏斗胸的一種新式微創手術，延遲性之血胸是極少見的併發症，通常在術後一至二個月發生。緊急之胸管引流術為首要之治療，若病人之生命徵象或血行動力學狀態不穩定，手術確認並控制出血即為必要。本文報告一位十九歲男性漏斗胸復發病患，接受納氏矯正術六個月後併發大量血胸。原因是激烈運動後，固定矯正板之鋼絲斷裂，造成肋骨及肋間血管之傷害及活動性出血。病患接受胸管引流、輸血，微創開胸止血，並重新固定矯正板後出院。*(胸腔醫學* ***2008; 23: 217-220)***

關鍵詞：血胸，漏斗胸，納氏矯正術

三軍總醫院　外科部　胸腔外科
索取抽印本請聯絡：程永隆醫師，三軍總醫院　胸腔外科，台北市內湖區成功路二段325號

Occult Thyroid Cancer Presenting as Endotracheal Invasion Report of Two Cases and Literature Review

Min-Te Chien*, Chien-Hung Chin*, Tung-Ying Chao*,**, Hsuan-Ying Huang***, Meng-Chih Lin*,**

Occult thyroid cancer presenting initially as endotracheal invasion is extremely rare. Two patients presented to our chest clinic with hemoptysis and cough. The chest radiograph showed a filling defect in the tracheal air column. Physical examination of the neck and thyroid revealed unremarkable findings. An endotracheal tumor was noted by bronchoscopy. The pathologic examination of the surgical specimens confirmed the diagnosis of occult papillary thyroid carcinoma with transmural tracheal invasion. One patient had long-term survival after radical surgery, while the other expired because of the complication of progressive upper airway obstruction. No similar cases have been described in the literature. We believe endotracheal invasion by occult thyroid cancer should be considered in the differential diagnosis of endotracheal tumor. The absence of a clinically detectable thyroid abnormality does not exclude the possibility of locally advanced thyroid cancer. Aggressive surgical resection of the primary tumor and the involved trachea can provide the opportunity for long-term survival. ***(Thorac Med 2008; 23: 221-227)***

Key words: endotracheal invasion, endotracheal tumor, occult thyroid cancer, papillary thyroid carcinoma

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan
**Department of Respiratory Care, Chang Gung Institute of Technology, Chiayi, Taiwan
***Department of Pathology, Chang Gung Memorial Hospital-Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan
Address reprint requests to: Dr. Tung-Ying Chao, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital, 123, Dabi Road, Niaosung Shiang, Kaohsiung, Taiwan 833, R.O.C.

以氣管內侵襲爲起始表現的隱性甲狀腺癌 —二病例報告及文獻回顧

簡明德* 秦建弘* 趙東瀛*,** 黃玄贏*** 林孟志*,**

以氣管內侵襲(endotracheal invasion)為起始表現的隱性甲狀腺癌(occult thyroid cacner)極為罕見。我們提出兩個因為咳嗽與咳血的病例，胸部X光片顯示在氣管的部位有腫塊的陰影；頸部與甲狀腺的理學檢查並無異常的發現。支氣管鏡檢查發現有一氣管內腫瘤(endotracheal tumor)，手術與切片證實為甲狀腺乳突癌(papillary thyroid carcinoma)併發氣管內侵襲。其中一位病人在積極的外科治療後達到長期存活；然而另一位病人則因上呼吸道阻塞而死亡。回顧英文文獻，只有一個相似的病例被發表過。我們認為隱性甲狀腺癌應列入氣管內腫瘤的一個鑑別診斷。即使頸部的理學檢查缺乏明顯的甲狀腺異常，亦不能排除局部侵襲性甲狀腺癌的可能性。積極的外科治療，包括原發腫瘤與受影響氣管的局部切除，可以提供病人長期存活的機會。*(胸腔醫學* ***2008; 23: 221-227)***

關鍵詞：氣管內侵襲，氣管內腫瘤，隱性甲狀腺癌，甲狀腺乳突癌

高雄長庚紀念醫院 胸腔內科*，嘉義長庚技術學院 呼吸照護學系**，高雄長庚紀念醫院 病理科***
索取抽印本請聯絡：趙東瀛醫師，高雄長庚紀念醫院 胸腔內科，高雄縣鳥松鄉大埤路123號