ISSN 1023-9855

胸腔醫學

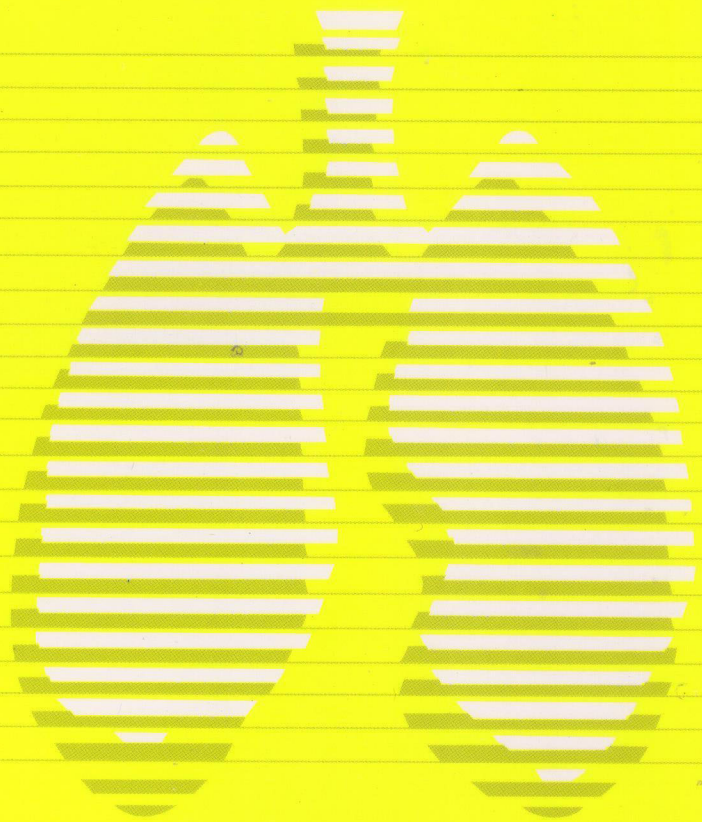
Thoracic Medicine

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

Vol.23 No.5 Oct. 2008

第二十三卷 第五期

中華民國九十七年十月



台灣胸腔暨重症加護醫學會

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ISSN 1023-9855

中華民國九十七年十月　第二十三卷　第五期

ISSN 1023－9855

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原著

病例報告

中華民國九十七年十月　第二十三卷　第五期

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

Orginial Articles

Case Reports

Resistance of *Mycobacterium tuberculosis* to Four First-line Anti-tuberculosis Drugs in a Referral Hospital in Northern Taiwan, 2002-2006

Shian-Jiun Lin, Fang-Lan Yu*, Jau-Ching Lee*, Kuan-Jen Bai, Chun-Nin Lee, Han-Lin Hsu, Ming-Chih Yu

Introduction: The purpose of this retrospective study was to investigate the drug resistance of *Mycobacterium tuberculosis* to 4 first-line anti-tuberculosis (TB) drugs (isoniazid (INH), rifampin (RIF), ethambutol (EMB), streptomycin (SM)) at Taipei Medical University-Wan Fang Hospital from 2002 to 2006.

Methods: From 1 January 2002 through 31 December 2006, drug susceptibility testing for first-line anti-TB drugs, including INH, RIF, EMB, and SM, was performed using the indirect agar proportion method. A retrospective review of medical records to define the drug resistance of new, previously treated, and combined cases was conducted.

Results: Of the 436 *M. tuberculosis* isolates, 343 were recovered from new cases and 93 from previously treated cases. The combined drug resistance rate to at least 1 drug was 17.6%. The drug resistance rate to at least 1 drug among new cases was 11.7% and among previously treated cases was 39.8%. The combined drug resistance rate to individual drugs was 12.4% to INH, 7.1% to RIF, 3.2% to EMB, and 9.2% to SM. The rates of combined multidrug resistance (resistance to at least INH and RIF), among new cases, and previously treated cases were 5.7%, 1.5%, and 21.5%, respectively.

Conclusions: Drug resistance remains a serious problem in the treatment of TB in Taiwan. When treating a TB patient, drug resistance should be considered, especially in previously treated cases. ***(Thorac Med 2008; 23: 316-324)***

Key words: drug resistance, *Mycobacterium tuberculosis*

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北臺灣某後送醫院之四種第一線抗結核藥物抗藥性研究，2002-2006

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前言：探討2002至2006年，台北醫學大學˙萬芳醫院的結核菌對第一線抗結核菌藥物（isoniazid、rifampin、ethambutol及streptomycin）抗藥性情況。

方法：以回溯性方法來調查。從2002年1月至2006年12月，436株接受藥物敏感試驗之結核菌株被分析。藥物敏感試驗使用間接瓊脂比例法（indirect agar proportion method）。

結果：436株結核菌株中，343株來自於新病人，93株來自於曾經治療過的病人。全部菌株中，至少對一種抗結核菌藥物具抗藥性的比率為17.6%。新病人與曾經治療過病人中，至少對一種抗結核菌藥物具抗藥性的比率分別為11.7%與39.8%。全部菌株中，對個別抗結核菌藥物具抗藥性的比率分別為：isoniazid 12.4%、rifampin 7.1%、ethambutol 3.2%、streptomycin 9.2%。多重抗藥性（至少對isoniazid與rifampin具抗藥性）發生於全部病人、新病人、曾經治療過病人的比率分別為：5.7%、1.5%、21.5%。

結論：在臺灣，抗藥性的存在對治療結核病仍然是一嚴重問題。因此，在治療結核病時，特別對曾經使用過藥物的病人，應該要考慮到抗藥性問題。*(胸腔醫學* ***2008; 23: 316-324)***

關鍵詞：抗藥性，結核菌

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Respiratory Mechanics in a Mechanically-ventilated Patient with Developing Pneumothorax–A Case Report

Chu-Kuang Chen, Chang-Wen Chen, Meng-Yi Chou*

Pneumothorax that develops in intubated patients under volume-controlled ventilation (VCV) is usually associated with increased peak and plateau airway pressures [1-2]. We report the early evolutional changes in the respiratory mechanics of an intubated patient who developed pneumothorax immediately after a bronchoscopic examination while under volume-controlled ventilation. We found that the patient's airway plateau pressure did not increase in the early developing stage of pneumothorax, and that the decay of the plateau pressure was more pronounced. These findings may give us early warning signs of a developing pneumothorax in mechanically-ventilated patients. ***(Thorac Med 2008; 23: 325-329)***

Key words: pneumothorax, volume-controlled ventilation, airway pressure

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一個接受機械通氣的病人發生進展中氣胸的呼吸力學—個案報告

陳主光　陳昌文　周孟誼*

一個接受容積控制通氣模式的插管病人發生氣胸，通常其呼吸道峰值壓力與平原壓力會上升。而我們報導一位接受容積控制通氣模式之插管病人，於接受完支氣管鏡檢查後，隨即發生氣胸的早期呼吸力學變化，我們發現於其氣胸發展的早期，呼吸道平原壓力並沒有立即升高，而其平原壓力的衰減是較一般的情形要來得顯著，這些發現或許可以當作是使用呼吸器的病人發生氣胸的早期徵兆。*(胸腔醫學* ***2008; 23: 325-329****)*

關鍵詞：氣胸，容積控制通氣模式，呼吸道壓力

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Primary Malignant Fibrous Histiocytoma of the Lung with an Initial Presentation of Extremities Pain: A Case Report

Chao-Yang Hung, Yung-Wei Tung*, Ya-Chiung Chu, Shien-Tung Pan**

Primary malignant fibrous histiocytoma (MFH) of the lung is a very rare pulmonary malignancy. It is often diagnosed only after other primary origin of the tumor have been excluded. Thus, the patient must be carefully evaluated for possible metastasis. There is so far no documented benefit from adjuvant chemotherapy and radiotherapy. For this reason, the favorable outcome of the patient will primarily depend on an optimal surgical resection. We report herein, for the first time, a patient presenting with a bilateral lower leg pain that turned out to be a case of MFH. We noted that the patient presented with hypereosinophilia and bilateral lower leg hypertrophic pulmonary osteoarthropathy. Subsequently, the patient underwent surgery in order to complete the removal of the tumor. After the surgical procedure, the patient recovered dramatically, and was thoroughly monitored and followed-up for 15-months, during which, the patient remained disease-free and in good condition. ***(Thorac Med 2008; 23: 330-336)***

Key words: malignant fibrous histiocytoma, leg pain, hypereosinophilia, hypertrophic pulmonary osteoarthropathy

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原發性肺部惡性纖維組織瘤以雙下肢疼痛爲表現：病例報告

洪朝陽　童詠偉*　朱亞瓊　潘憲棠**

原發性肺部惡性纖維組織瘤為一類極罕見之肺癌。診斷為肺原發前必須先排除其他原發部位。必須檢查病人是否有轉移病灶。預後因素決定在手術切除範圍，目前沒有證據証明術後化學療法和放射療法之好處。本病例是首位以雙下肢疼痛表現之報告。病人一開始出現高嗜伊紅性血球症及雙下肢肥大性肺病骨關節病變，可是這些病徵在腫瘤切除後便消失。而且病人在術後十五個月持續表現良好。*(胸腔醫學 **2008; 23: 330-336**)*

關鍵詞：原發性肺部惡性纖維組織瘤，高嗜伊紅性血球症，肥大性肺病骨關節病變

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Thyroid Metastasis from Lung Adenocarcinoma: Report of a Case

Chung-Hsing Hsieh*, Chien-Da Huang*,***, Chih-Wei Wang **, Horng-Chyuan Lin*

Metastasis to the thyroid gland is rare, despite the rich vascular supply. Thyroid metastasis from lung carcinoma indicates a poor prognosis, and the average survival is 2 months. We report a 44-year-old woman with adenocarcinoma of the lung metastatic to the thyroid that responded poorly to tyrosine kinase inhibitor (TKI) target therapy. Ultimately, the patient succumbed to her disease. ***(Thorac Med 2008; 23: 337-343)***

Key words: lung cancer, thyroid gland, metastases

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肺腺癌轉移至甲狀腺：一病例報告

謝宗鑫*　黃建達*,***　王志偉**　林鴻銓*

轉移至甲狀腺是非常罕見的，既使它具有豐富的血管。來自肺癌的甲狀腺轉移是惡劣的預後指數而它的平均存活的時間是二個月。我們提出一44歲女性因肺腺癌轉移至甲狀腺接受酪胺酸kinase抑制劑（TKI）標靶治療。最後病人對標靶治療無效而死亡。*(胸腔醫學* ***2008; 23: 337-343)***

關鍵詞：肺癌，甲狀腺，腫瘤轉移

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Diffuse Pulmonary Nodules with Bilateral Hilar Lymphadenopathy as a Clinical Presentation of Primary Amyloidosis with Pulmonary Involvement: A Case Report

Hsien-Chih Huang, Jung-Sen Liu*, Yi-Ying Wu**, Chih-Yu Hsu

Amyloidosis is a relatively rare disease in clinical practice. However, pulmonary involvement in patients with amyloidosis is common. We report a 46-year-old female who presented chronic cough with mild dyspnea on exertion for about 5 weeks. Chest radiography showed diffuse pulmonary nodules with bilateral hilar lymphadenopathy. Serum protein electrophoresis followed by immunofixation electrophoresis revealed a monoclonal band of IgG-λ specificity, and multifocal amyloid deposits were found in the lung biopsy via video-assisted thoracoscopic surgery. A diagnosis of primary amyloidosis with pulmonary involvement was confirmed. ***(Thorac Med 2008; 23: 344-348)***

Key words: lung, primary amyloidosis

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以瀰漫性肺節結合併兩側肺門及縱隔腔淋巴結腫大做爲臨床表現的肺部類澱粉沈積症：一病例報告

黃憲治　劉榮森*　吳毅穎**　徐志育

類澱粉沈積症在臨床上被視為一種相對罕見的疾病，然而它對肺部的影響卻是很常見的。我們報告一位46歲的女性病患，以慢性咳嗽和輕微的氣促持續5週為其臨床表現。影像學顯示瀰漫性肺節結合併兩側肺門淋巴結腫大。血清蛋白的免疫電泳分析法（immunoelectrophoresis）及免疫固定電泳分析法（immunofixation electrophoresis）呈現特異性單源球蛋白IgG-λ，而肺部切片則顯示多處的類澱粉質沉積。此病灶證實為原發性肺部類澱粉沈積症。*(胸腔醫學 **2008; 23: 344-348**)*

關鍵詞：肺部，原發性類澱粉沈積症

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Alpha-1-antitrypsin Deficiency in a Young Adult: The First Case Report in Taiwan and an Epidemiological Review of Asia

Lung-Yu Liu*, Yu-Chin Lee*,**, Diahn-Warng Perng*,**

The prevalence of Alpha-1-antitrypsin (α1AT) deficiency in Taiwan is not known as yet, since there are extremely rare case reports and the prevalence is normally lower among Asian countries than Western countries. We report an 18-year-old male non-smoker with the chief complaint of effort dyspnea. He was diagnosed as having α1AT deficiency-related emphysema, based on imaging studies, pulmonary function tests and the level of α1AT in the serum. This is the first case report of α1AT deficiency-related emphysema in a young adult in Taiwan. The incidence and contribution of α1AT deficiency to the development of chronic obstructive pulmonary disease among nonsmokers, and the prognosis, need further investigation in Asia. ***(Thorac Med 2008; 23: 349-354)***

Key words: alpha-1-antitrypsin, emphysema, chronic obstructive pulmonary disease, prevalence

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年輕男性的甲1型抗胰蛋白腖缺乏症：台灣第一例病例報告及亞洲的流行病學的文獻回顧

劉龍宇*　李毓芹*,**　彭殿王*,**

甲1型抗胰蛋白酶缺乏症在台灣的盛行率不明而病例報告極為罕見，亞洲國家相較於西方國家的盛行率較低。我們報告一位18歲非抽煙的男性主訴運動時呼吸困難。根據影像學檢查、肺功能及甲1型抗胰蛋白腖的濃度，他被診斷為甲1型抗胰蛋白腖缺乏症引起的肺氣腫。這是台灣第一例發生在年輕男性甲1型抗胰蛋白腖缺乏症引起肺氣腫的病例報告。在亞洲，甲1型抗胰蛋白腖缺乏症非吸煙者之間的發生率及對形成肺氣腫的貢獻及預後需要進一步的研究。*(胸腔醫學* ***2008; 23: 349-354)***

關鍵詞：甲1型抗胰蛋白腖，肺氣腫，慢性阻塞性肺病，盛行率

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Anterior Mediastinal Type B3 Invasive Thymoma with Multiple Intrapulmonary Metastases: A Case Report

Hsin-Kai Huang, Chih-Hsiung Chen, Shian-Chin Ko, Kuo-Chen Cheng, Jiunn-Min Shieh, Kuo-Hwa Chiang

Almost all metastatic lesions from thymomas invade adjacent organs or spread along the pleura or pericardium. Intrapulmonary metastases are rare, and extensive multiple intrapulmonary metastases are extremely rare. We report the case of an invasive thymoma with multiple lung metastases in an asymptomatic 45-year-old woman. Her chest computed tomographic (CT) scan showed an irregular-shaped calcified tumor in the anterior mediastinum and multiple well-defined variable-sized tumors in both lung parenchymas. She underwent a CT-guided biopsy of the retrocardial metastatic lesion. The morphology was spindle-shaped, which was once considered to be type A thymoma according to the World Health Organization classification. The anterior mediastinal tumor was resected and proved to be type B3. Differences in the histology between the main tumor and the deep-seated metastatic lesions are possible, depending on the choice of diagnostic tools. Thymoma with extensive multiple intrapulmonary metastases is extremely rare. It should be emphasized that thymectomy is necessary to achieve a correct diagnosis in this condition. The influence of the differences on invasiveness, best treatment, and long-term outcome remains unclear. ***(Thorac Med 2008; 23: 355-361)***

Key words: invasive thymoma, type B3, type A, multiple intrapulmonary metastases

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前縱膈B3侵犯型胸腺瘤伴隨多處肺部轉移

黃信凱　陳志雄　柯獻欽　鄭高珍　謝俊民　江國華

幾乎從胸腺腫瘤轉移來的病灶都會侵入鄰近的器官或沿著肋膜或心包膜散佈。肺內轉移很少見而且大量多處的肺內轉移更是少見。我們將報告一位45歲沒有症狀的女性，她有侵襲性胸腺瘤伴隨多處肺部轉移。她的胸部電腦斷層掃描顯示前縱膈腔內有一個不規則形狀的鈣化腫瘤，而且在兩側肺實質內有多處的界線明顯而不同大小的腫瘤。她接受針對心臟後的轉移病灶做電腦斷層導向的切片檢查，細胞形態學上是紡錘型。根據世界衛生組織的分類一度被認為是A型胸腺腫瘤，前縱膈腔的腫瘤被切掉且被證實是B型。因為選擇不同的診斷工具，主要腫瘤和深部轉移的病灶其組織學上會不同是有可能的。胸腺腫瘤半隨大量多處的肺內轉移是相當少見的。要強調的是在這種情況下，胸腺切除來達成正確的診斷是必須要的。至於對侵襲性，最適宜的治療和長期的結果其不同處的影響仍然是未知的。*(胸腔醫學* ***2008; 23: 355-361)***

關鍵詞：侵襲性胸腺瘤，多處的肺內轉移

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Unilateral Choroid Metastasis as an Initial Presentation of Lung Cancer – Two Case Reports

Shieh-Yi Shen*, Ruay-Sheng Lai*,**, Kuo-An Chu*,**, May-Ching Hong***

Lung cancer is 1 of the major health problems in the world and the leading cause of cancer death in Taiwan. Well-known metastatic sites of lung cancer include the lung, lymph nodes, brain, bone, liver, etc. Choroid metastasis is rare and the diagnosis is based primarily on clinical findings supplemented by imaging studies. However, clinicians do not routinely evaluate the possibility of intraocular metastasis, mainly because of the low incidence of asymptomatic choroid metastasis. The most commonly used treatment in patients with symptomatic intraocular metastasis is radiotherapy. Herein, we report the cases of 2 patients who had blurred vision as the initial presentation, and were diagnosed with adenocarcinoma of the lung with brain and choroid metastasis. They refused radiotherapy of the eye, and commenced systemic chemotherapy and brain radiation therapy. One received plaxitaxel and the other received vinorelbine. Throughout serial follow-ups, their visual acuity subjectively improved, along with a reduction in the size of the intraocular tumor, as seen by ophthalmoscopic examination in 1 case. ***(Thorac Med 2008; 23: 362-368)***

Key words: choroid metastasis, lung cancer

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肺癌合併脈絡膜轉移—兩病例報告

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癌症是台灣2004年十大死因之首，而肺癌則佔癌症死亡原因的第一位，故肺癌已成為國人重大健康問題之一。而肺癌常見的遠處轉移包括了腦部、骨頭、肝臟以及腎上腺，眼球脈絡膜則是較罕見的轉移位置，而其診斷主要是根據症狀及影像學之表現。然而，臨床上我們並不常規篩選病人是否有脈絡膜轉移，主要是因為無症狀之脈絡膜轉移病人比例甚低。對於已經有眼睛症狀的病人，考慮到其生活品質，正確診斷及積極治療是必須的，而放射線治療是目前最常選用的治療方式。在此我們報告兩位病人，他們皆以視力模糊作為最初之表現，最後診斷為肺癌合併腦部及脈絡膜轉移。在這兩個案例中，病人皆拒絕眼部之放射治療而選擇全身性化學治療及頭部之放射線治療，並且得到主觀之視力改善，且其中一病例於眼底鏡檢查下顯示腫瘤縮小。*(胸腔醫學* ***2008; 23: 362-368)***

關鍵詞：脈絡膜轉移，肺癌

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Synchronous Lung Squamous Cell Carcinoma and Carcinoid Tumor

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We report the synchronous presence of lung squamous cell carcinoma and a carcinoid tumor in a 55-year-old male smoker. The patient presented with hemoptysis. The chest images and bronchoscopic washing cytology showed bilateral lung involvement, so chemotherapy was prescribed, as stage IV non-small cell lung cancer (NSCLC) with lung-to-lung metastasis was suspected. After 3 cycles of chemotherapy with docetaxol and carboplatin, the bilateral lung tumors responded discordantly. An aggressive surgical intervention was performed, and the pathology showed synchronous squamous cell carcinoma and a carcinoid tumor. We concluded that multiple lung lesions should be carefully interpreted, and different diseases occurring synchronously should be kept in mind. Aggressive intervention for diagnosis or treatment may be indicated, especially for the those with multiple lesions with different characteristics. ***(Thorac Med 2008; 23: 369-374)***

Key words: lung cancer, carcinoid, neoadjuvant chemotherapy

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合併肺部鱗狀上皮癌及類癌之病歷報告

吳尚俊　余忠仁　楊泮池

我們報告一位55歲抽菸的男性，同時合併有肺部鱗狀上皮癌及類癌。病人一開始以咳血表現，因為胸部影像學檢查及支氣管鏡抽洗液細胞學檢查顯示兩側肺部皆有癌侵犯，所以在第四期非小細胞肺癌合併有肺部轉移的情形下開始接受化學治療，經過三個療程的剋癌易及卡鉑之化學治療，兩側肺腫瘤的反應不一致，因此採取積極的手術處理，而病理報告顯示兩側肺部腫瘤分別為鱗狀上皮癌及類癌。結論是對於多發性肺部病灶應謹慎判讀，考慮不同疾病並存的可能性，必要時採取積極的處理介入以便診斷或治療，尤其是具有不同影像或生物學特徵的多發性病灶。*(胸腔醫學* ***2008; 23: 369-374****)*

關鍵詞：肺部鱗狀上皮癌，類癌，前導性化學治療

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Mediastinal Parathyroid Adenoma: Report of a Case Treated Successfully by Video-Assisted Thoracoscopic Surgery

Chen-Chi Liu, Chien-Ying Wang, Wen-Hu Hsu

Herein, we report a rare case of mediastinal ectopic parathyroid adenoma successfully treated by video-assisted thoracoscopic surgery (VATS). A 71-year-old female initially presented with general weakness and consciousness change. Biochemical examination revealed hypercalcemia and an elevated intact parathyroid hormone (i-PTH) level. 99mTc-sestamibi (MIBI) scintigraphy revealed an ectopic parathyroid gland in the anterior mediastinum. Chest computed tomography (CT) scan revealed a relatively well-defined soft tissue mass at the right anterior mediastinum, that was successfully treated with a video-assisted thoracoscopic surgerical approach. The postoperative course was uneventful, and her serum calcium and i-PTH levels returned to a normal range after operation. The pathologic report confirmed ectopic parathyroid adenoma. We report this case with a review of the literature. ***(Thorac Med 2008; 23: 375-380)***

Key words: mediastinal parathyroid adenoma, video-assisted thoracoscopic surgery (VATS)

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縱膈腔副甲狀腺腺瘤—成功以胸腔鏡手術治療之病例報告

劉鎮旗　王鑑瀛　許文虎

縱膈腔異位性副甲狀腺腺瘤是一種罕見的縱膈腔腫瘤，臨床上通常以高血鈣症及副甲狀腺素過高來表現，治療以手術切除為主。在此一病例報告中，我們呈現一位71歲女性病患因全身無力及意識昏迷至醫院就診，實驗室檢查發現有原發性副甲狀腺機能亢進的現象，副甲狀腺核醫掃瞄及胸腔電腦斷層顯現前縱膈腔有一功能亢進之病灶。病患接受胸腔鏡手術摘除此一病灶，病理檢查報告為一副甲狀腺腺瘤。病患術後恢復良好，在術後1個月及6個月追蹤並無發現高血鈣之情形。除了報告此一罕見病例外，我們也回顧縱膈腔副甲狀腺腺瘤的治療方式。*(胸腔醫學* ***2008; 23: 375-380****)*

關鍵詞：縱膈腔副甲狀腺腺瘤，胸腔鏡手術

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Primary Synovial Sarcoma of the Mediastinum: A Case Report

Yu-Sen Lin, Wen-Hu Hsu

Synovial sarcoma is a malignant neoplasm predominantly affecting the soft tissues of the extremities of adolescents and young adults. Primary mediastinal synovial sarcomas are rare and have been recognized only recently. We report a case of this rare disease with the initial presentation of back pain. Chest plain film and computerized tomography revealed a huge right-side tumor mass with pleural effusion. Computerized tomography-guided biopsy disclosed synovial sarcoma. A general survey showed no evidence of distal metastasis. The patient received palliative debulking surgery, had a poor response to adjuvant radiotherapy and chemotherapy, and expired 6 months after operation. Due to the rarity of primary mediastinal synovial sarcoma, there is no standardized therapy. Broad surgical resection is the cornerstone of therapy. We report a patient with this rare disease and review the literature. ***(Thorac Med 2008; 23: 381-385)***

Key words: mediastinal tumor, synovial sarcoma

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原發性縱膈腔滑膜肉瘤—病例報告

林昱森　許文虎

滑膜肉瘤是一種影響四肢軟組織的惡性腫瘤，通常發生在青少年或年紀輕的成人。原發性縱膈腔滑膜肉瘤甚為罕見且最近才被報告。我們報告一個一開始是以背痛來表現的病例。胸部X光片和電腦斷層均顯示右側巨大腫瘤併肋膜積液。電腦斷層導引切片診斷為原發性縱膈腔滑膜肉瘤，全身性檢查顯示無遠端轉移跡象。病人接受姑息性切除性手術，但對於術後之放射線治療和化學藥物治療反應不佳。病人於術後六個月死亡。原發性縱膈腔滑膜肉瘤相當罕見，目前並無標準的治療方法。廣泛性的切除是最重要的治療方式。我們報告此一罕見疾病並回顧相關文獻。*(胸腔醫學 **2008; 23: 381-385**)*

關鍵詞：縱膈腔腫瘤，滑膜肉瘤

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Hyperbaric Oxygen Therapy as an Adjunct Treatment for Patients with Sternal Infection, Osteomyelitis and Mediastinitis – A Case Report

Wen-Kuang Yu, Jia-Horng Wang

Sternal infection and mediastinitis are uncommon but serious complications after cardiothoracic surgery via median sternotomy. They increase postoperative mortality, morbidity and overall cost. Early aggressive debridement and empiric antibiotic use are the primary treatment. The postulated mechanism of ischemia and hypoxia resulting in the development of sternal infection and mediastinitis provides a theoretical basis for the use of hyperbaric oxygen therapy (HBO). A review of case reports and some nonrandomized studies found that they all supported the use of HBO for sternal infection after cardiothoracic surgery. We report a case of sternal wound infection and osteomyelitis after median sternotomy. The patient received wound debridement and antibiotic treatment but without effect. After adjunct hyperbaric oxygen therapy, the sternal infection and mediastinitis improved dramatically and the patient was discharged without co-morbidity. We concluded that HBO therapy may be a variable adjunct treatment for sternal infection and mediastinitis after sternotomy. ***(Thorac Med 2008; 23: 386-392)***

Key words: hyperbaric oxygen therapy, sternal osteomyelitis, mediastinitis, sternotomy

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高壓氧治療做爲胸骨切開手術術後併發骨髓炎與縱膈腔發炎之輔助治療病例報告與文獻回顧

余文光　王家弘

因心臟胸腔手術而併發胸骨骨髓炎與縱膈腔炎在臨床上並不常見，然而此併發症會提高死亡率、住院天數與醫療費用。積極地清瘡手術與使用廣效性抗生素為目前主要治療方法。手術部位局部缺氧與缺血的致病機轉理論提供了使用高壓氧治療作為輔助治療之根據。我們在此提出一位因胸腺瘤開刀切除病灶而引發胸骨骨髓炎，縱膈腔炎傷口裂開之病例報告，經過清瘡手術與抗生素治療後仍無法有效控制傷口與感染情況，在使用高壓氧作為輔助治療後，整體情況進步迅速。之後病人接受皮瓣重建手術並且順利出院。我們提出此病例報告並做相關文獻回顧。*(胸腔醫學* ***2008; 23: 386-392)***

關鍵詞：高壓氧治療，胸骨骨髓炎，縱膈腔炎，胸骨切開術

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