ISSN 1023-9855

胸腔醫學

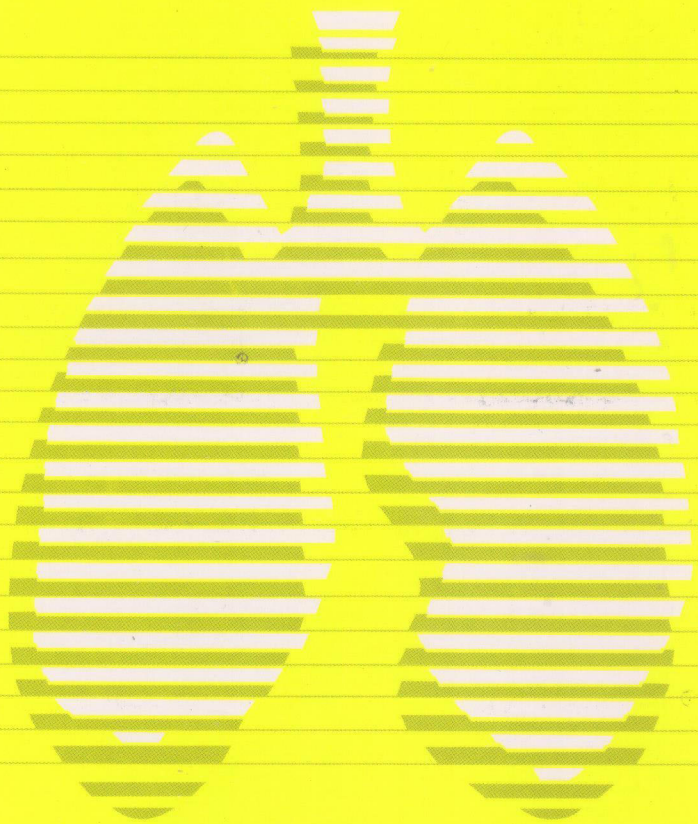
Thoracic Medicine

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

Vol.22 No.3 Jun 2007

第二十二卷 第三期

中華民國九十六年六月



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

中華民國九十六年六月　第二十二卷　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.22 No.3 June 2007

原著

病例報告

中華民國九十六年六月　第二十二卷　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.22 No.3 June 2007

Orginial Articles

Case Reports

Obstructive Sleep Apnea in Chronic Kidney Disease Patients

Chun-Chi Chang, Ching-Hsiung Lin, Bin-Chuan Ji, Jen-Ho Wen

Introduction: A high prevalence of sleep apnea, ranging from 45% to 80%, has been reported in dialysis patients. However, there are few data available on sleep-disordered breathing (SDB) in patients with dialysis-independent chronic kidney disease (CKD). The aim of this study was to identify the objective polysomnographic (PSG) features of consecutive CKD patients referred from the Nephrology Department that were clinically suggestive of sleep apnea.

Methods: From July 2002 to June 2005, 40 patients (24 males and 16 females) with CKD and clinical features suggestive of sleep apnea were referred from the Nephrology Department to the pulmonary physicians at Changhua Christian Hospital. Sleep history, the Epworth Sleepiness Scale (ESS) questionnaire, and in-hospital, attended full-night PSG were evaluated.

Results: Thirty-seven of 40 patients (92.5%) had an apnea-hypopnea index (AHI) of 5 or more, and were categorized as subjects with obstructive sleep apnea (OSA). The patients with a creatinine clearance rate (C_{CR}) ≤15ml/min had a shorter total sleep time (259.42±100.87 min vs. 359.09±115.35 min, *p*=0.0063), more wake time (83.02±62.51 min vs. 46.00±40.15 min, *p*=0.043), and poorer sleep efficiency (68.23±21.85% vs. 82.73±16.32%, *p*=0.0294) than those with C_{CR}>15 ml/min. Although the AHI was similar between the 2 groups, the mean time of apnea-hypopnea events was shorter in the group of patients with C_{CR}≤15 ml/min.

Conclusion: OSA clinically suggestive of SDB was very common in the CKD patients referred from the Nephrology Department, irrespective of CKD stages. Therefore, CKD patients with symptoms and signs suggestive of sleep apnea should be actively surveyed, especially those in ESRD. ***(Thorac Med 2007; 22: 153-161)***

Key words: obstructive sleep apnea, polysomnography, chronic kidney disease

Division of Chest Medicine, Department of Internal Medicine, Changhua Christian Hospital
Address reprint requests to: Dr. Bin-Chuan Ji, Changhua Christian Hospital, No.135 Nanshiao Road, Changhua City, 500, Taiwan

阻塞性睡眠呼吸中止症與慢性腎臟病

張竣期　林慶雄　紀炳銓　溫仁和

前言：接受透析治療的患者曾被報告過有高盛行率(45~80%)的睡眠呼吸中止症，然而卻只有少數資料關於睡眠呼吸障礙在慢性腎臟病人接受透析前之情形。本研究之目的在於探討腎臟科中慢性腎臟病患者，因臨床疑似有睡眠呼吸中止症而轉診後，藉由睡眠呼吸多項偵測儀檢查的客觀結果進行討論分析。

方法：從 2002 年七月到 2005 年六月，彰化基督教醫院腎臟科共有 40 位(24 位男性和 16 位女性)臨床疑似有睡眠呼吸中止症的慢性腎臟病患者，被轉診到胸腔科做臨床評估和睡眠呼吸多項偵測儀檢查。詢問睡眠史、填寫嗜睡量表(Epworth Sleepiness Scale, ESS)問卷和住院接受整夜的呼吸多項偵測儀(polysomnography, PSG)檢查都被執行記錄。

結果：在 40 位病人中，有 37 位(92.5%)的呼吸中止指數(apnea-hypopnea index, AHI)大於 5 ，被歸類為患有阻塞性睡眠呼吸中止症。肌酐清除率(creatinine clearance rate, C_{CR})每分鐘小於等於 15 毫升的患者比起每分鐘大於 15 毫升的患者，有較短的全部睡眠時間(259.42±100.87 分鐘 vs. 359.09±115.35 分鐘，p=0.0063)、較多的清醒時間(83.02±62.51 分鐘vs. 46.00±40.15 分鐘，p=0.043)和較差的睡眠效率(68.23±21.85% vs. 82.73±16.32% ，p=0.0294)。雖然 AHI 在這兩群體中的分佈並無差異性，但是 C_{CR} 每分鐘小於等於 15 毫升的患者有較短的呼吸中止平均時間。

結論：腎臟科慢性腎臟病患者因臨床疑似有睡眠呼吸障礙而轉診，不論其慢性腎臟病分期，阻塞性睡眠呼吸中止症仍是非常普遍的。因此，對於疑似有睡眠呼吸中止症的慢性腎臟病患者，尤其是在末期腎臟病變時期，都應該要接受積極地調查。*(胸腔醫學 **2007; 22: 153-161**)*

關鍵詞：阻塞性睡眠呼吸中止症，睡眠呼吸多項偵測儀，慢性腎臟病

財團法人彰化基督教醫院　內科部胸腔內科
索取抽印本請聯絡：紀炳銓醫師，財團法人彰化基督教醫院　內科部胸腔內科，彰化市 500 南校街 135 號

Mixed Infection by Sulfamethoxazole-Resistant *Nocardia Asteroides* and Multidrug-Resistant *Mycobacterium Tuberculosis* — A Case Report

Cheng-Shiung Hsieh*, Shih-Ming Tsao*,**, Tzu-Chin Wu*

Pulmonary nocardiosis (PN) is an infrequent but severe infection that is found most commonly in immunocompromised patients. A correct diagnosis based on clinical and radiological features is difficult, since they are nonspecific. Combined PN and *Mycobacterium tuberculosis* (MTB) infection is even rarer. We report an unusual case of a patient with nephrotic syndrome who had received corticosteroid therapy and presented with multiple cavitary pulmonary nodules. Pus and sputum cultures yielded trimethoprim-sulfamethoxazole (TMP-SMX)-resistant *Nocardia asteroides*. Multidrug-resistant (MDR) MTB was formally reported 4 weeks later. The patient was finally treated with second-line anti-tuberculosis drugs. ***(Thorac Med 2007; 22: 162-167)***

Key words: pulmonary nocardiosis, *Mycobacterium tuberculosis*

Department of Internal Medicine, Division of Pulmonary Medicine*, Division of Infectious Disease**, Chung-Shan Medical and Dental University Hospital, Taichung, Taiwan
Address reprint requests to: Dr. Tzu-Chin Wu, Division of Pulmonary Medicine, Department of Internal Medicine, Chung-Shan Medical and Dental University Hospital, Taichung, Taiwan

磺胺類抗藥性土壤絲菌和多重抗藥性肺結核合併感染—病例報告

謝正雄 *　曹世明 *,**　吳子卿 *

肺部土壤絲菌症並不常見但會造成嚴重感染，最常在免疫失調病人身上被發現。土壤絲菌症造成的肺部感染由於臨床上及放射學上並無特異性而難以診斷出來。肺部土壤絲菌和肺結核合併感染更是罕見。我們報告一例並不尋常的病例在腎病症候群經類固醇治療後是以肺部多發性開洞性結節表現。膿瘍和痰液培養長出對磺胺類藥物具有抗藥性的土壤絲菌。在四週後的痰液培養正式報告，多重抗藥性的肺結核菌也被鑑定出來。抗生素治療在磺胺類抗藥性土壤絲菌和多重抗藥性肺結核合併感染方面值得加以討論並須要更多的研究。*(胸腔醫學 **2007; 22: 162-167**)*

關鍵詞：土壤絲菌症，肺結核

中山醫學大學附設醫院　內科部　* 胸腔科　** 感染科
索取抽印本請聯絡：吳子卿醫師，中山醫學大學附設醫院　內科部　胸腔科，台中市南區建國北路一段 110 號

Mixed Connective Tissue Disease Presenting with Chylothorax — A Case Report and Literature Review

Shung-Ru Chen, Min-De Hung*, Gwan-Han Shen, Jeng-Yuan Hsu

Mixed connective tissue disease (MCTD) was defined as a connective tissue disorder characterized by the presence of high titers of a distinct autoantibody in combination with clinical features commonly seen in systemic lupus erythematosus (SLE), scleroderma, and polymyositis (referred to as overlap syndrome).

The early clinical features of MCTD are nonspecific, and may consist of general malaise, arthralgias, myalgias, and low-grade fever. A specific clue that these symptoms are caused by a connective tissue disease is the discovery of a positive antinuclear antibody (ANA) and high RNP (ribonucleoprotein). The lung is usually involved, but pleural involvement is rare, and chylothorax has not been reported before.

The etiologies of chylothorax are: tumor (54%, with lymphoma responsible for three-quarters), trauma (25%, with surgical trauma responsible for most), idiopathic (15%), and miscellaneous (6%). Rheumatoid arthritis and systemic lupus erythematosus have been reported to have chylothorax, but in only a limited number of cases. Herein, we report a case of MCTD presenting with chylothorax, which should be considered in the differential diagnosis of chylothorax. ***(Thorac Med 2007; 22: 168-173)***

Key words: chylothorax, MCTD (mixed connective tissue disease), SLE (systemic lupus erythematosus), autoimmune disease

Division of Respiratory and Critical Care Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; *Division of Respiratory and Critical Care Medicine, Department of Internal Medicine, Provincial Fon Wein Hospital, Taiwan

Address reprint requests to: Dr. Gwan-Han Shen. Division of Respiratory and Critical Care Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, No. 160, Section 3, Chung-Kang Road, Taichung, Taiwan

混合性結締組織疾病合併乳糜胸—病例報告及文獻回顧

陳相如　洪敏德 *　沈光漢　許正園

混合性結締組織疾病是一種結締組織異常的疾病，合併有高價且明確的自體抗體,臨床上常有類似全身性紅斑性狼瘡，硬皮症及多發性肌炎的表現.。

混合性結締組織疾病早期的表現並不具特異性，常只是全身倦怠，關節肌肉酸痛及低熱,較特異的發現是抗核抗體的產生。肺部的浸潤相當常見(85%)，但少見肋膜侵犯。而以乳糜胸來表現的，在目前文獻中仍未被報導。

乳糜胸的病因如下：腫瘤(54% ，其中淋巴腫瘤占四分之三)，創傷(25% ，手術占大部分)，原因不明(15%)，其它病因(6%)。本篇報告一個呈現乳糜胸的混合性結締組織疾病病案，在以前的文獻中，鮮見類似個案的報導。乳糜胸的鑑別診斷中必須將混合性結締組織疾病納入考慮。*(胸腔醫學* ***2007; 22: 168-173)***

關鍵詞：乳糜胸，混合性結締組織疾病，全身性紅斑性狼瘡，自體免疫疾病

台中榮民總醫院　內科部　胸腔內科，* 署立豐原醫院　內科部　胸腔內科
索取抽印本請聯絡：沈光漢醫師，台中榮民總醫院　內科部　胸腔內科，台中市中港路三段 160 號

Dalteparin for Severe Central Venous Catheter-Related Thrombosis in an Adult with Septic Shock: A Successful Treatment Experience

Chih-Hsiung Chen*, Han-Siong Toh*, Wen-Liang Yu*,**, Chin-Ming Chen*, Che-Kim Tan*, Kuo-Chen Cheng*

Central venous thrombosis after central venous catheter indwelling is an underestimated complication. There are far fewer reports on the clinical significance of catheter-related thrombosis in septic adults, than in hemato-oncologic, pediatric, and hemodialytic patients. Sepsis has impacts on the systemic coagulation mechanism that differ from the above diseases, and potentiates thrombosis formation. Severe catheter-related thrombosis manifesting as central venous occlusion is very rare. The safety of warfarin, thrombolytic agents, and recombinant human activated protein C in septic patients remains unclear; therefore, the treatment of choice is not well established. With the increased sepsis incidence and widespread use of central venous catheters in these patients, catheter-related thrombosis should be given more attention and discussion. We report a septic shock patient with severe femoral venous thrombosis after central venous catheter implantation. A lower extremity duplex ultrasonogram confirmed the diagnosis. The patient was treated with dalteparin subcutaneously. The endovascular thrombosis resolved completely 7 days later. This treatment experience suggests that dalteparin is safe and cost-effective for catheter-related thrombosis. ***(Thorac Med 2007; 22: 174-181)***

Key words: catheter-related thrombosis, complication, dalteparin

*Department of Critical Care Medicine, Chi Mei Foundation Medical Center, Tainan; **Department of Medicine, Taipei Medical University, Taipei, Taiwan
Address reprint requests to: Dr. Che-Kim Tan, Department of Intensive Care Medicine, Chi Mei Foundation Medical Center, 901 Chung-Hwa Road, Yung Kang City, Tainan 710, Taiwan, R.O.C.

在一敗血症成年病人使用 Dalteparin 治療中央靜脈導管引起的嚴重血栓併發症：病例報告

陳志雄 *　杜漢祥 *　余文良 *,**　陳欽明 *　陳志金 *　鄭高珍 *

中央靜脈導管造成的中央靜脈血栓是一個被低估的併發症。相較於血液腫瘤科、小兒科、和洗腎病人等，在敗血症病人這一部分，只有非常少的文獻討論放置中央靜脈導管後的血栓併發症。敗血症對於全身凝血會有影響，不只和上述疾病的機制不一樣，並且會促成血栓的形成。造成中央靜脈阻塞的嚴重中央靜脈導管血栓併發症是相當罕見的，傳統如 warfarin 和血栓溶解劑以及新一代的 recombinant human activated protein C 用於敗血症病人的安全性未明，故目前仍無確定的治療準則。隨著敗血症發生率上升和廣泛使用中央靜脈導管，中央靜脈導管血栓症值得多加注意和討論。本文報告一個罹患敗血症的成人於股靜脈處放置中央靜脈導管後出現嚴重的股靜脈血栓，使用下肢 duplex 超音波確定診斷後，在採用皮下注射 dalteparin 治療病人七天之後血管內血栓完全消除。本病例經驗指出，使用 dalteparin 治療中央靜脈導管血栓併發症是安全、方便、以及經濟有效的。*(胸腔醫學 **2007; 22: 174-181**)*

關鍵詞：中央靜脈導管，血栓併發症， dalteparin

* 財團法人奇美醫學中心加護醫學部， ** 台北醫學大學醫學系
索取抽印本請聯絡：陳志金醫師，奇美醫學中心加護醫學部， 701 台南縣永康市中華路 901 號

Respiratory Failure Induced by Myxedema — A Case Report

Yen-Wen Chen, Jia-Horng Wang

Respiratory failure in myxedema is a complex medical emergency and may require prolonged ventilatory assistance. Chronic hypothyroidism is easily neglected by clinician due to the lack of specific symptoms and signs. It is also easily misdiagnosed as heart failure. We report a 55-year-old woman with chronic hypothyroidism. She had been treated for congestive heart failure for years. Myxedematous coma was not diagnosed until respiratory failure occurred. After replacement with levothyroxine, she was successfully weaned from prolonged mechanical ventilation. ***(Thorac Med 2007; 22: 182-186)***

Key words: myxedema hypothyroidism respiratory failure

Department of Respiratory Therapy, Taipei Veterans General Hospital
Address reprint requests to: Dr. Jia-Horng Wang, Department of Respiratory Therapy, Taipei Veterans General Hospital, No. 201, Sec 2, Shih-Pai Road Taipei, Taiwan

黏液水腫導致呼吸衰竭—病例報告

陳燕溫　王家弘

呼吸衰竭發生在黏液水腫的病人身上是極具複雜性的急症而且治療需要長期的呼吸器協助。慢性甲狀腺功能低下由於沒有明顯的症狀，常常被臨床醫師忽略，並以心臟衰竭的藥物來治療。我們報告一個 55 歲女性病人因為長期慢性甲狀腺功能低下，卻以心臟衰竭藥物來治療，直到呼吸衰竭，意識不清，插管治療並使用呼吸器後才診斷出來。經過荷爾蒙的補充及長期時間呼吸器輔助,我們成功的將她脫離呼吸器。*(胸腔醫學* ***2007; 22: 182-186)***

關鍵詞：黏液水腫，甲狀腺功能低下，呼吸衰竭

台北榮民總醫院　呼吸治療科
索取抽印本請聯絡：王家弘醫師，台北榮民總醫院　呼吸治療科，台北市北投區石牌路二段 201 號 13 樓

Clubbing Fingers in a Patient as an Initial Presenting Symptom of Lung Adenocarcinoma — A Case Report

Hugo You-Hsien Lin, Inn-Wen Chong, Tung-Heng Wang, Mee-Sun Tsai, Ming-Shyan Huang, Jhi-Jhu Hwang

Clubbing finger is a characterized physical finding in many diseases. Its pathophysiology is still uncertain. But this striking symptom and sign gives the physician an important clue to make the differential diagnosis. We report the case of a 57-year-old female who was admitted to our hospital with chief complaint of clubbing fingers and bone pain. The serial examinations showed possible hypertrophic pulmonary osteoarthropathy (HPOA) throughout the bilateral pelvic bones and the long bones of both lower limbs, with a lobulated nodule in the right middle lung and multiple small nodules in both lung fields. The CT-guided biopsy pathologic study of this pulmonary nodule was adenocarcinoma. Due to the advanced stage of the lung cancer, she received chemotherapy, after which, the clubbing fingers improved. We conclude that the HPOA of this patient was probably caused by the lung cancer. ***(Thorac Med 2007; 22: 187-192)***

Key words: clubbing finger, hypertrophic pulmonary osteoarthropathy (HPOA), adenocarcinoma

Division of Chest Medicine, Department of Internal Medicine, Chung-Ho Memorial Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan
Address reprint requests to: Dr. Jhi-Jhu Hwang, Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Medical University, Kaohsiung, 807, Taiwan

肺腺細胞癌病人以杵狀指爲初始表現—個案報告

林祐賢　鍾飲文　王東衡　蔡米山　黃明賢　黃吉志

杵狀指在許多疾病中是個極有特色的理學徵像，它的病理生理學機轉依然未獲定論，但這個極富特色的症狀提供臨床醫師一個重要的線索來做鑑別診斷。我們報告一位 57 歲女性因為杵狀指，合併骨頭疼痛而住院。經詳細檢查，發現骨骼掃描呈現兩邊骨盆以及下肢長骨骨增生性病變，並且在胸部 X 光以及斷層掃描發現右上胸肺葉有一小葉狀腫瘤與數個小結節遍布兩邊肺葉。病理檢查報告為腺細胞癌，由於肺癌後期，經過了化學治療，杵狀指獲得了改善，因此我們認為造成此病患處狀指的病因是肺癌。*(胸腔醫學* ***2007; 22: 187-192)***

關鍵詞：杵狀指，增生性肺性骨關節病，腺癌

高雄醫學大學附設中和紀念醫院　胸腔內科
索取抽印本請聯絡：黃吉志醫師，高雄醫學大學附設中和紀念醫院　胸腔內科，高雄市自由一路 100 號

Primary Endobronchial Minute Leiomyoma — A Case Report

Chin-Chou Wang*, Chien-Hao Lie*, Fang-Ying Kuo**, Meng-Chih Lin*,***

Primary endobronchial minute leiomyoma is a rare benign tumor of the lung. In this report, we discuss a case of this rare tumor in a 78-year-old male who presented with hemoptysis and was diagnosed as endobronchial leiomyoma based on the histopathological examination of a bronchial biopsy from the posterior segmental bronchus of the left upper lobe. Bronchofiberscopy revealed a polypoid tumor (0.1 × 0.1 cm) in the posterior segmental bronchus of the left upper lobe, which was easily extirpated by transbronchial forceps biopsy. We could not find another primary lesion or metastases in any other organ. Following treatment, this patient has been asymptomatic with no recurrence of haemoptysis. ***(Thorac Med 2007; 22: 193-197)***

Key words: bronchofiberscopy, primary endobronchial leiomyoma, pulmonary leiomyoma

*Division of Pulmonary & Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital - Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan; **Department of Pathology, Chang Gung Memorial Hospital - Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan; ***Department of Respiratory Care, Chang Gung Memorial Hospital - Kaohsiung Medical Center, Chang Gung Institute of Technology, Kaohsiung, Taiwan

Address reprint requests to: Dr. Meng-Chih Lin, Division of Pulmonary & Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital - Kaohsiung Medical Center, Chang Gung University College of Medicine, Kaohsiung, Taiwan, 123 Dabi Road, Niaosung Shiang, Kaohsiung, Taiwan

原發性支氣管內細平滑肌瘤—病例報告

王金洲 *　賴建豪 *　郭芳穎 **　林孟志 *,***

原發性支氣管內平滑肌瘤為一罕見的肺部良性腫瘤，我們在此報告一位罹患原發性支氣管內平滑肌瘤的 78 歲男性病人。病人因為咳血至醫院求診，給與安排支氣管內視鏡檢查，於左上肺葉的位置發現一個 0.1 × 0.1 公分的囊性腫瘤，病理報告為一“平滑肌瘤”。此一個囊性腫瘤於支氣管內視鏡下，利用 forceps 完整將其完全切除。我們給與進一步的檢查，並沒有發現其他原發性或轉移病灶，故確定此囊性腫瘤為一個原發性支氣管內平滑肌瘤。經過支氣管內視鏡下切除此囊性腫瘤，病人不再發生咳血現象。*(胸腔醫學* ***2007; 22: 193-197)***

關鍵詞：支氣管內視鏡，原發性支氣管內平滑肌瘤，肺平滑肌瘤

* 高雄長庚紀念醫院　內科部胸腔內科，** 高雄長庚紀念醫院　病理科，*** 長庚技術學院　呼吸照護學系
索取抽印本請聯絡：林孟志醫師，高雄長庚紀念醫院　內科部胸腔內科，高雄縣鳥松鄉大倉路 123 號

Prostate Adenocarcinoma with Pleural Metastasis: A Case Report

Chao-En Huang*, Yi-Hsi Wang*, Meng-Chih Lin*,**

Tumors of the pleural space can be of primary or secondary origin. Pleural mass is a rare presentation of metastatic adenocarcinoma of the prostate.

We report the case of an 84-year-old male, a patient with a history of end-stage renal disease (ESRD) and pulmonary tuberculosis. He suffered from progressive dyspnea for several months, and the chest radiograph revealed a left pleural mass. The diagnosis of prostatic adenocarcinoma with pleural metastasis was made after true-cut biopsy from the mass. We treated the patient with diethylstilbesterol and the pleural lesion resolved after 6 weeks of hormonal therapy. Prostate adenocarcinoma is often asymptomatic in patients with ESRD, however, we should not ignore this disease in these patients with a pleural mass. ***(Thorac Med 2007; 22: 198-202)***

Key words: pleural mass, prostatic adenocarcinoma

*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. Yi-Hsi Wang, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital, #123, Ta Pei Road, Niao Sung Hsiang, Kaohsiung, Taiwan

攝護腺癌合併肋膜腔轉移；罕見的肋膜腔積水及腫瘤之致病因—一個案例報告

黃照恩 *　王逸熙 *　林孟志 *,**

肋膜腔腫瘤的成因大多數是轉移性的癌症，這些病人常合併有肋膜積水以及肋膜腫瘤，並造成呼吸困難以及咳嗽等症狀。攝護腺癌合併肋膜腔轉移非常罕見。我們報告的這位病人本身是末期腎臟病須長期血液透析的病人，病人一開始的表現是以呼吸困難為主，影像學診斷發現有肋膜積水以及肋膜腫瘤,經切片診斷為轉移性攝護腺癌。

雖然末期腎病的病人通常不會表現出泌尿道方面的症狀，但是我們藉由這位病人臨床上的表現，彰顯出來攝護腺腫瘤在肋膜轉移時所表現的症狀以及將攝護腺癌列入鑑別診斷的重要性。*(胸腔醫學 **2007; 22: 198-202**)*

關鍵詞：肋膜腔腫瘤，攝護腺癌

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

Thoracic Endometriosis — A Case Report and Literature Review

Jiun-Ting Wu*, Meng-Chih Lin*,**, Chien-Hao Lai*, Chao-Chien Wu*, Yung-Che Chen*

Hemoptysis can be caused by a variety of pulmonary diseases, including infection, cardiovascular disorders, systemic disorders, trauma and malignancy. If it recurs and correlates with the time of menstruation in a pre-menopausal woman, a diagnosis of thoracic endometriosis should be highly suspected. We report the case of 49-year-old woman who presented with recurrent episodes of hemoptysis and dyspnea, coincident with the time of menstruation, for 1 year. Chest X-ray and computed tomography (CT) yielded significant right-sided hydropneumothorax. Thoracentesis revealed bloody pleural effusion. An elevated tumor marker cancer antigen-125 (CA-125) level was noted. Chest echo-guided pleural biopsy and thoracotomy led to a diagnosis of endometriosis. The patient underwent decortication of the right involved pleura and received danazol (Ladogal®) treatment after surgery. No recurrence of hemoptysis was noted during 6 months of follow-up. In this report, we also review the various presentations, pathogeneses and therapies of thoracic endometriosis, and discuss the role of CA-125 in thoracic endometriosis. ***(Thorac Med 2007; 22: 203-208)***

Key words: thoracic endometriosis, catamenial hemoptysis, hemothorax, pneumothorax

*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. Yung-Che Chen, 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, No.123, Ta-Pei Road, Niao-Sung Hsiang, Kaohsiung Hsien, Taiwan

胸腔子宮內膜異位症—病例報告及文獻回顧

吳俊廷 *　林孟志 *,**　賴建豪 *　吳沼漪 *　陳永哲 *

咳血是肺部疾病非特異性的徵象。但若其發生於停經前婦女且與經期相關，則需考慮胸腔子宮內膜異位症之可能性。胸腔子宮內膜異位症是一種罕見疾病。依據子宮內膜異位的位置可區分為肺實質及肋膜子宮內膜異位。臨床及影像上主要的表現，包括：月經性氣胸、月經性血胸、月經性咳血及肺結節。治療的方法仍未有定論，在所有文獻報告中，目前仍然是以手術治療，以及術後合併使用荷爾蒙治療以抑制排卵及子宮內膜的活性最為有效。在此，我們報告一位 49 歲的女性病人以月經性咳血和呼吸困難為最初表現，影像上呈現右側氣胸併肋膜積水，同時血中 CA-125 上升。經一系列檢查及手術肋膜切片，證實為胸腔子宮內膜異位症。在本文中同時回顧胸腔子宮內膜異位症的臨床表現、病理機轉及治療策略，並探討 CA-125 在胸腔子宮內膜異位症的相關角色。*(胸腔醫學* ***2007; 22: 203-208)***

關鍵詞：胸腔子宮內膜異位症，月經性咳血，血胸，氣胸

* 高雄長庚紀念醫院　胸腔內科，** 嘉義長庚技術學院　呼吸治療系
索取抽印本請聯絡：陳永哲醫師，高雄長庚紀念醫院　胸腔內科，高雄縣鳥松鄉大埤路 123 號

Morgagni Hernia Presenting as Heart Failure: A Case Report

Pai-Hsi Chen, Hung-Chang Liu, Wen-Chieh Huang, Chao-Hung Chen, Charng-Jer Huang

Morgagni hernia is a subcostosternal diaphragmatic hernia, and is the rarest form of disease related to diaphragmatic defects. Most Morgagni hernias are congenital, but are rarely diagnosed in childhood. Specific examinations are needed because of reducible symptoms and herniation. Surgical correction is the golden rule for cure of this complicated disease. We report a 57-year-old male patient with diabetic obesity and Morgagni hernia who presented as heart failure and acute renal insufficiency. Dramatic recovery of clinical symptoms and systemic complications occurred after surgical repair. Roentgenographic studies and operative findings are demonstrated as well. ***(Thorac Med 2007; 22: 209-214)***

Key words: Morgagni hernia, systemic complications, surgical repair

Division of Thoracic Surgery, Department of Surgery, Mackay Memorial Hospital, Mackey Junior College of Nursing
Address reprint requests to: Dr. Hung-Chang Liu,Division of Thoracic Surgery, Mackey Memorial Hospital, #92, Sec. 2, Chung-Shan N. Rd., Taipei 104, Taiwan

以心臟衰竭表現之 Morgagni 橫隔疝氣—病例報告

陳百璽　劉洪彰　黃文傑　陳兆弘　黃常哲

Morgagni 疝氣唯一少見之橫隔膜缺損疾病，大多數病因為胚胎時期橫隔膜封閉不全所導致的橫隔缺損，少數病患為後天因素所造成，例如：創傷、肥胖等。此病的臨床表現，多半以呼吸道和腸胃道的癥狀為主。也由於症狀不明顯，且缺乏特異性，因此在診斷上添加了困難度。一般來說，此疾病常因影像學檢查而偶然發現。我們在此報告一個 57 歲的肥胖男性，因出現心衰竭併急性腎衰竭入院求診。在常規的胸部影像學檢查中發現右下肺野大區塊之不透亮陰影；胸部電腦斷層掃瞄確立 Morgagni 疝氣之診斷，且心臟因為疝氣的存在而造成明顯的左側偏移。病患在接受開腹手術修補 Morgagni 疝氣後，其腎衰竭及心衰竭症狀皆獲得顯著的改善。我們回顧並整理過去的相關文獻提出此報告。*(胸腔醫學 **2007; 22: 209-214**)*

關鍵詞：Morgagni 疝氣，全身性併發症，外科修復

馬偕紀念醫院　外科部　胸腔外科
索取抽印本請聯絡：劉洪彰醫師，馬偕紀念醫院　胸腔外科，台北市中山北路二段 92 號

Acute Respiratory Distress Syndrome Caused by *Mycoplasma Pneumoniae* Infection: A Case Report

Chih-Hsiung Chen, Jiunn-Min Shieh, Lien-Hui Hsu, Hsiu-Nien Shen*,
Kuo-Chen Cheng*, Shian-Chin Ko

The clinical course of *Mycoplasma pneumoniae* (*M. pneumoniae*) pneumonia is generally benign. Unfavorable outcomes have been reported in some patients, and most of them have involved extrapulmonary sites. Acute respiratory distress syndrome (ARDS) caused by *M. pneumoniae* infection is very rare; only a few cases have been reported in the literature. This type of ARDS has a different clinical course from other bacteria-induced ARDS. In this report, a 40-year-old previously healthy woman with initial right lower lung pneumonia and parapneumonic effusion is presented. Moxifloxacin was administered after she had been hospitalized, but ARDS developed on the fifth hospital day. Two weeks later, *M. pneumoniae* antibodies were present at a titer of 1:640, a 4-fold increase compared to the serologic test before hospitalization. Although the patient was discharged and her condition remained uneventful, moderately restrictive ventilatory impairment and moderately reduced gas exchange were noted in the lung function test during the chest clinic follow-up. *M. pneumoniae* should be considered as a possible pathogen in a slowly progressing course of ARDS after community-acquired pneumonia. ***(Thorac Med 2007; 22: 215-221)***

Key words: *Mycoplasma pneumoniae*, acute respiratory distress syndrome

Division of Chest Medicine, Department of Internal Medicine; *Department of Critical Care Medicine; Chi Mei Foundation Medical Center, Tainan
Address reprint requests to: Dr. Shian-Chin Ko, Division of Chest Medicine, Department of Internal Medicine, Chi Mei Foundation Medical Center, 901 Chung-Hwa Road, Yung Kang City, Tainan 710, Taiwan, R.O.C.

肺炎黴漿菌感染引起的急性呼吸窘迫症：病例報告

陳志雄　謝俊民　許聯輝　沈修年＊　鄭高珍＊　柯獻欽

肺炎黴漿菌的臨床病程一般比較良性。曾有文章報告過不佳的預後，大部分是肺臟外面的表現。肺炎黴漿菌感染所引起的急性呼吸窘迫症相當罕見，過去只有幾個病例報告過。在本篇文章，我們報告一個過去身體健康的 40 歲女性，因為右下葉肺炎合併肺炎積水而住院。儘管給予有效的抗生素 moxifloxacin ，病人依然在住院後第五天發生急性呼吸窘迫症。兩個星期後肺炎黴漿菌的血清抗體值高達 1:640 ，和住院前追蹤的血清抗體值有四倍以上的上升。這是一個相當罕見的肺炎黴漿菌感染所引起的急性呼吸窘迫症。雖然病人最後出院並且無嚴重不適發生，在胸腔科門診追蹤的肺功能檢查仍然有中等程度侷限性換氣功能和氣體交換能力的下降。我們認為在一個相對上病程進行比較緩慢的急性呼吸窘迫症，應該要考慮肺炎黴漿菌感染是一個可能原因。*(胸腔醫學* ***2007; 22: 215-221)***

關鍵詞：肺炎黴漿菌，急性呼吸窘迫症

財團法人奇美醫學中心　胸腔內科　加護醫學部＊
索取抽印本請聯絡：柯獻欽醫師，奇美醫學中心　胸腔內科，701 台南縣永康市中華路 901 號

The Diagnosis of Pulmonary Arteriovenous Malformation by Multi-Detector Computed Tomography — A Case Report and Literature Review

Hong-Ching Lin*,*** Tsung-Ying Yang*, Jen-I Hwang**, Jeng-Yuan Hsu*

Owing to advances in computer technology, non-invasive examinations for diagnosing diseases have been further developed. The previous diagnostic procedure for pulmonary arteriovenous malformation (PAVM) was pulmonary angiography, but multi-detector computed tomography (MDCT) of the chest, which can display pulmonary vascular disease clearly, is now used. MDCT was used for diagnosing coronary artery disease initially and then for studying other aspects, including pulmonary physiologic problems and pulmonary vascular diseases. Herein, we present a 55-year-old woman who was found unintentionally by chest X-ray to have a lung mass. Physical examination of the chest revealed a bruit in the left posterior lower lung field, and a PAVM was highly suspected. The PAVM with feeding artery and drainage vein was diagnosed clearly by MDCT. The patient received a transcatheter embolism with metallic coils, which treated the PAVM successfully.

After patients with PAVMs are diagnosed, their family history of hereditary hemorrhagic telangiectasia (HHT) must be traced carefully. Although the PAVM is a benign lesion, its behavior is not benign. There are some complications of PAVMs, including brain abscess and embolic stroke, so PAVMs should be treated aggressively. ***(Thorac Med 2007; 22: 222-228)***

Key words: pulmonary arteriovenous malformation, multi-detector computed tomography

*Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; **Division of Radiology Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung, Taiwan; ***Division of Medicine, Fong Yuan Hospital, Department of Healthy, Executive Yuan, Taiwan, R.O.C.
Address reprint requests to: Dr. Hong-Ching Lin, Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital. No. 160, Section 3, Chung-Kang Road, Taichung, Taiwan, R.O.C. 40705

肺動靜脈畸型之診斷的新工具—病例報告

林鴻慶 *,*** 楊宗穎 * 黃振義 ** 許正園 *

由於時代的進步，很多儀器及科技的研發都是為了減少病人暴露在危險的環境及提高準確性。以前診斷肺動靜脈畸型(PAVM)需要做血管攝影，危險性較大，目前電腦斷層檢查大大減低其危險性，而多切面電腦斷層(MDCT)則提供更準確的資訊，有關於 MDCT 的使用，它最早是運用在冠狀動脈疾病的診斷，之後有人將它推廣運用在其他方面，如：肺生理的研究及肺血管疾病的診斷。在本報告病例為一最近罹患中風的病人，其胸部 X 光意外發現一顆腫瘤，而在胸部理學檢查中發現有 bruit 雜音，由此高度懷疑病人患有 PAVM ，在 MDCT 的影像上可以很清楚的看出支配的肺動脈、肺動靜脈畸型本身及輸出的肺靜脈，之後病人接受血管栓塞治療。 PAVM 的病人很多都是沒有症狀，診斷出 PAVM 時，要再仔細問家族史及過去病史，因為 PAVM 有一部份會同時合併有 HHT (hereditary hemorrhagic telangiectasia)。而雖然 PAVM 不是惡性腫瘤，但是它的行為卻不是良性，沒有處理的 PAVM 會有很高的比例產生併發症，如：腦膿瘍。所以 PAVM 診斷後不能只做觀察的動作，一般仍建議使用栓塞甚至是手術的方式來治療。*(胸腔醫學* ***2007; 22: 222-228)***

關鍵詞：肺動靜脈畸型，多切面電腦斷層

* 台中榮總內科部 胸腔內科， ** 放射線部， *** 衛生署豐原醫院 內科部
索取抽印本請聯絡：林鴻慶醫師，台中榮總內科部 胸腔內科， 40705 台中市台中港路三段 160 號