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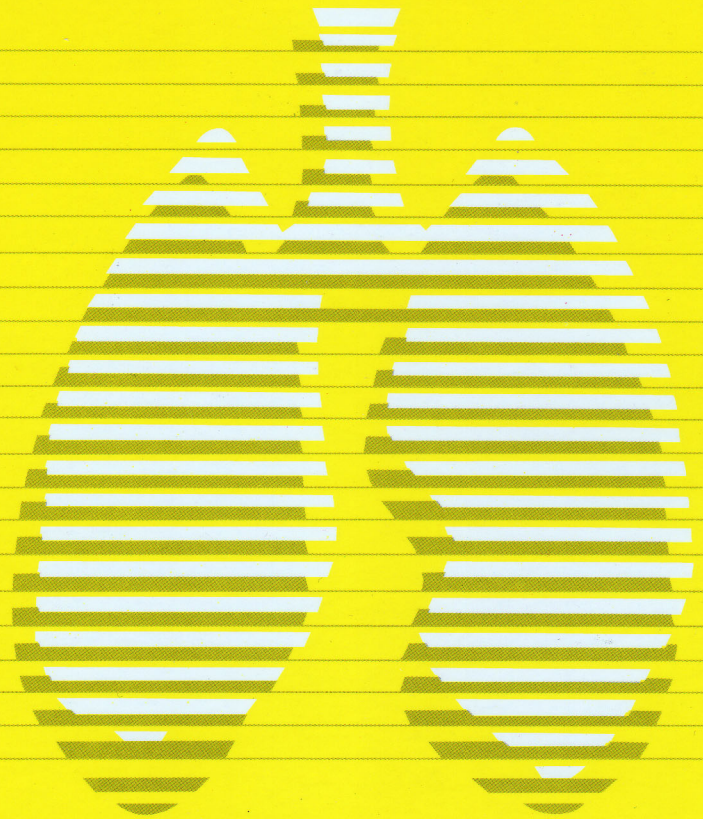

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Factors Affecting Cuff Leak Test Results of Adult Patients under Mechanical Ventilation

Hsu-Hui Wang, Shih-Chieh Chang*, Hou-Tai Chang, Cheng-Yu Chang

Introduction: The cuff leak test is a non-invasive clinical method used to evaluate the severity of post-extubation stridor. We used a prospective, clinical study design to investigate and analyze ICU patients undergoing the cuff leak test, as well as factors related to post-extubation laryngeal edema and their relevance.

Methods: One hundred ninety-two adult patients who underwent intubation and ventilator support for more than 3 days from April 2012 to December 2013 were included. The patients were scheduled for extubation, and cuff leak volume was measured after the balloon cuff of the endotracheal tube had been deflated with the ventilator set at a volume assist-control mode. We analyzed the clinical factors influencing the failure of the cuff leak test to predict post-extubation stridor and extubation failure accurately.

Results: Using univariate analysis, we identified significant risk factors of patients who failed to pass the cuff leak test, including female sex (100% vs. 27.1%; $P<0.001$), shorter physical stature (153.3±6.1 vs. 163.7±7.8 cm; $P<0.001$), and previous tracheostomy (16.7% vs. 0%; $P=0.020$).

Conclusion: Our findings suggest that female patients, those with a shorter physical stature, and those with previous tracheostomy should be monitored more carefully during extubation. ***(Thorac Med 2016; 31: 261-267)***

Key words: cuff leak test, post-extubation stridor, extubation failure

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影響成人使用呼吸器患者在氣囊漏氣測試評估的相關因子

王旭輝　張時杰 *　張厚台　張晟瑜

前言：氣囊漏氣測試評估是一種在臨床上用來評估拔管後喘鳴的非侵襲式測試方法。我們設計一個前瞻性觀察研究來探討影響成人使用呼吸器患者在氣囊漏氣測試評估的相關因子。

方法：從 2012 年 4 月到 2013 年 12 月，我們將 192 個使用呼吸器超過三天的成年病人，在他們拔管前在輔助型容積控制換氣模式下進行氣囊漏氣測試，並收集分析相關因子。

結果：經由我們分析未通過氣囊漏氣測試評估患者，顯著相關因子包括女性（100% vs. 27.1%; *P*<0.001），身高較矮（153.3±6.1 vs. 163.7±7.8 cm; *P*<0.001）及曾經接受氣切手術患者（16.7% vs. 0%; *P*=0.020）。

結論：在女性，身高較矮及曾經接受氣切手術患者，需要在拔管後更加謹慎監測，以避免不必要的失敗。*(胸腔醫學 **2016; 31: 261-267**)*

關鍵詞：氣囊漏氣測試，拔管後喘鳴，拔管失敗

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Clinical Outcomes of Thoracoscopic Bullectomy for Giant Bullous Lung Diseaset

Jian-Xun Chen*, Ting-Yu Lu*, Hsin-Yuan Fang*,**, Yu-Sen Lin*

Introduction: Giant bullous lung disease is a rare occurrence. Various surgical procedures have been used, although little is known about the clinical outcomes of thoracoscopic bullectomy.

Methods: We reviewed the medical records of 28 patients (24 males and 4 females) with giant bullous lung disease who underwent thoracoscopic bullectomy from January 2010 to December 2014. Mean age was 50.4 years (ranging from 18 to 85 years). Twenty patients were heavy smokers, 7 had chronic obstructive pulmonary disease, and 5 had been treated for pulmonary tuberculosis. Dyspnea was the most common symptom.

Results: Eleven patients (39.9%) had postoperative complications, including pneumonia in 7 (25%), persistent air leakage in 3 (10.7%), respiratory failure in 3 (10.7%), and bleeding in 1 patient (3.6%). Mean postoperative hospital stay was 7.1 days. Dyspnea improved in 18 patients (64.3%), and 6 patients with preoperative pulmonary function tests showed obvious improvement postoperatively. Mean follow-up was 18.4 months (ranging from 1 day to 59 months).

Conclusion: Most patients had symptomatic relief after treatment. Previous pulmonary tuberculosis would increase treatment morbidity. Thoracoscopic bullectomy is a safe and advisable surgical procedure for giant bullous lung disease. ***(Thorac Med 2016; 31: 268-274)***

Key words: giant bullae, thoracoscopic surgery, bullectomy

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以胸腔鏡肺疱切除術治療巨大肺大疱疾病的臨床療效

陳建勳 *　呂庭聿 *　方信元 *,**　林昱森 *

前言：巨大肺大疱（giant bullous lung disease）是一種罕見的疾病。利用胸腔鏡行肺疱切除術為臨床上的治療方法之一。本研究的目的在於探討胸腔鏡肺疱切除術應用在巨大肺大疱疾病的臨床效益。

材料與方法：研究透過 2010 年一月至 2014 年十二月間，收集一共 28 位巨大肺大疱疾病的病人，其中 24 位為男性，4 位為女性。所有患者均接受胸腔鏡肺疱切除術。患者平均年齡為 50.4 歲，年齡分布從 18 歲到 85 歲。患者中有 5 位過去曾罹患肺結核疾病。

結果：11 位病患有術後的併發症產生，包括 7 位併發肺炎，3 位術後持續漏氣，3 位發生呼吸衰竭的情形，另有 1 位術後出血需要手術介入。患者平均住院天數為 7.1 天。18 位患者在接受過手術後主訴氣喘症狀有改善。6 位患者其術後的肺功能有顯著的進步。

結論：胸腔鏡肺大疱切除術對於巨大肺大疱患者的治療除了能有效改善患者症狀以外，同時也是一項安全可行的手術。*(胸腔醫學* ***2016; 31: 268-274)***

關鍵詞：巨大肺大疱，胸腔鏡手術，肺大疱切除術

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Bronchogenic Cyst Associated with Intralobar Pulmonary Sequestration Presenting as a Chimeric Mass

Ke-Chih Fang*, Nai-Chuan Chien**, Chih-En Tseng***,****, Chun-Liang Lai*,****, Yi-Chun Chu*, Kuo-Sheng Fan*

Bronchopulmonary anomalies are rare and vary in clinical presentation, with bronchogenic cysts (BC) and pulmonary sequestration (PS) the most common in adults. BC are usually separated from the tracheobronchial tree and can be mediastinal or intrapulmonary. PS are classified as intralobar (ILPS) or extralobar (ELPS). We describe the case of a 25-year-old woman who presented with a solitary lung mass that proved to be an unusual association of BC and ILPS. To the best of our knowledge, only 17 cases of this rare association have been reported. Of these 17 patients, 9 for whom gender information was available were female. A PS site was documented in 10 cases: 7 were ILPS and 3 were ELPS. The most commonly involved site was the RLL; only 4 involved the same lobe as in our case. The association of multiple anomalies and exclusive female gender suggests that these malformations are congenital, having a common embryological origin, and are possibly genetically related. ***(Thorac Med 2016; 31: 275-280)***

Key words: bronchogenic cyst, pulmonary sequestration

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支氣管囊腫合併肺葉內游離肺，以一嵌合性的腫塊爲表現

方科智 *　簡迺娟 **　曾志恩 ***, ****　賴俊良 *, ****　朱逸羣 *　范國聖 *

支氣管肺系統先天異常很罕見，且在臨床的表現差異也相當大。在成人的支氣管肺先天異常個案中，支氣管囊腫以及游離肺最為常見。支氣管囊腫通常與氣管支氣管分開，位置在縱膈腔或肺內。游離肺分為肺葉內游離肺或肺葉外游離肺。我們描述了一位 25 歲女性個案，表現為單一肺腫塊罕見地由支氣管囊腫及游離肺構成。我們回顧文獻發現 17 位這種罕見病例報告。這些文獻中，已知性別的 9 位個案全是女性；確認游離肺位置的 10 人中，有 7 位肺葉內游離肺，3 位肺葉外游離肺。最好發的位置是右下肺葉；和我們個案一樣僅 4 位發生在同一葉。併發多種異常與女性獨有的這種特性，意味著這些畸形變化是先天的，有共同的胚胎起源，且可能與基因有關。*(胸腔醫學 **2016; 31: 275-280**)*

關鍵詞：支氣管囊腫，游離肺

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Pulmonary Artery Intimal Sarcoma Presenting as Acute Pulmonary Embolism – A Case Report

Yi-Hsin Lee*, Chien-Te Pan**, Ta-Chung Shen***, Chun-Yao Huang****, Chung-Tai Yue*,*****, Ya-Ting Chen******, Shiu-Feng Huang*,*****,******

Pulmonary artery sarcomas are very rare and highly malignant tumors. Most are considered to arise from the pluripotent intimal cells of the pulmonary artery. The clinical symptoms/signs and radiological features of pulmonary artery intimal sarcoma are very similar to those of pulmonary thromboembolism, so it is very difficult to diagnose in the early stage. Here, we presented the case of a 57-year-old man who visited the hospital's Emergency Service due to a sudden onset of cough with chest tightness and blood-tinged sputum. The laboratory data were within normal limits. However, chest X-ray showed multiple nodular lesions at bilateral lung fields and CT scan revealed bilateral lung nodules and multiple filling defects in the pulmonary trunk. Acute pulmonary embolism or metastatic tumors with tumor thrombi in the pulmonary arteries were suspected. CT-guided biopsy of the lung nodule revealed an undifferentiated sarcoma of uncertain origin. Complete excision of the pulmonary trunk tumor and wedge resection of the lung nodules were performed. The diagnosis was pulmonary artery intimal sarcoma with multiple lung extensions. Chemotherapy, additional lobectomy, and radiotherapy to the brain for the metastatic tumors were all tried, but the tumor progressed and the patient expired 13 months after the initial presentation. ***(Thorac Med 2016; 31: 281-287)***

Key words: pulmonary artery intimal sarcoma, pulmonary thromboembolism

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臨床表現爲急性肺栓塞之肺動脈內膜肉瘤－病例報告

李懌鑫 *　盤建德 **　諶大中 ***　黃俊耀 ****　余忠泰 *,*****
陳雅婷 ******　黃秀芬 *,*****,******

肺動脈肉瘤是非常罕見且高度惡性之腫瘤。大部份是起源於肺動脈的內膜細胞。肺動脈內膜肉瘤的臨床表現及放射線的特徵和急性肺栓塞非常相似，因此在早期，兩者非常難做鑑別診斷。在此，我們報告一個 57 歲的男性病患，因為突發性咳嗽，胸悶，痰內有血絲等症狀，而來急診就醫。生化及血液檢查結果都正常。但是胸部 X 光發現兩側肺部有多顆結節。電腦斷層顯示除了肺部結節外，肺動脈主幹有充盈缺損。懷疑是急性肺栓塞或是在肺動脈的轉移性癌症。電腦斷層導引切片的病理報告為不明來源的惡性肉瘤。病人接受肺動脈腫瘤切除及肺部結節楔型切除。最後病理診斷為肺動脈內膜肉瘤。之後病人接受化療，肺葉切除，及腦部轉移腫瘤的放射治療。但是病人情況持續惡化，在初步表現症狀後 13 個月後過世。*(胸腔醫學 **2016; 31: 281-287**)*

關鍵詞：肺動脈內膜肉瘤，急性肺栓塞

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Tracheal Fibroepithelial Polyp Treated with Endobronchial Cryotherapy Combined with Argon Laser: A Case Report and Literature Review

Yao-Jian Hsieh*, Ying-Chieh Su**, Shyh-Ren Chiang*, Khin-Than Win***, Chia-Hui Chen****, Jiunn-Min Shieh*

A 67-year-old male presented with breathlessness and wheezing. On chest computed tomography (CT), a polyp-like tracheal tumor with partial stenosis of the lumen was detected. Routine chest X-ray did not detect the tumor. Diagnosis via flexible bronchoscopy might have potentially induced bleeding and further compromised the airway; therefore, a thoracic surgeon was consulted. The tumor, with an unknown origin and obstructive symptoms, was removed by cryotherapy combined with argon laser via rigid bronchoscopy, rather than by tracheal resection with reconstruction. The tumor was identified as a benign fibroepithelial polyp, which required no further therapy. A follow-up bronchoscopy 3 months later showed no recurrence. ***(Thorac Med 2016; 31: 288-293)***

Key words: trachea, fibroepithelial polyp, cryotherapy, laser therapy, endobronchial

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氣管纖維上皮息肉經支氣鏡內冷凍療法及合併氬雷射治療：病例報告和文獻綜述

謝曜鍵 *　蘇英傑 **　蔣士仁 *　葉麗青 ***　陳佳慧 ****　謝俊民 *

氣管纖維上皮息肉是一罕見但良性的腫瘤，過去都以電燒或手術切除腫瘤，在這篇文章裡，我們呈現一位 67 歲男性罹患氣管纖維上皮息肉，接受支氣管鏡下使用冷凍療法合併氬雷射切除腫瘤，術後追蹤 3 個月仍無復發。*(胸腔醫學 **2016; 31: 288-293**)*

關鍵詞：氣管，纖維上皮息肉，冷凍療法，雷射治療，支氣管內

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Docetaxel-Induced Pneumonitis Following Chemotherapy for Non-Small-Cell Lung Cancer: A Case Report and Literature Review

Shang-Fu Hsu*, Jiunn-Song Jiang*,**

Docetaxel-induced pneumonitis is a rare side effect, with only a few brief case reports in the literature, but the mortality rate can be high. We herein present the case of 67-year-old male diagnosed with stage IIA squamous cell lung cancer in the right lower lobe. He underwent right lower lobe lobectomy and lymph node dissection with adjuvant chemotherapy. However, he was found to have lung cancer recurrence with liver metastases during follow-up. He then received laparoscopic hepatectomy and chemotherapy with weekly docetaxel. After 2 courses of chemotherapy, he became extremely dyspneic. Docetaxel-induced pneumonitis was highly suspected, so the docetaxel was withdrawn and oral prednisolone was prescribed. His dyspnea improved significantly after treatment. This case report can serve as a reminder to physicians of the adverse effects of docetaxel, so that in the event of their occurrence, counteracting treatment can be initiated as soon as possible. ***(Thorac Med 2016; 31: 294-299)***

Key words: non-small-cell lung cancer, docetaxel, pneumonitis

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非小細胞肺癌化學治療後併發 Docetaxel 引起之過敏性肺炎：病例報告以及文獻回顧

徐上富 *　江俊松 *,**

Docetaxel 引起之過敏性肺炎是一較罕見的副作用，目前只有少數的文獻報告。但此副作用所造成的致死率是不可輕忽的。我們報告一個 67 歲男性的病例：他是一位第二期非小細胞肺癌的病患，一開始接受肺葉切除手術和術後的輔助性化學治療。在後續追蹤的過程中發現有肝臟轉移。所以又接受了肝葉切除手術和 docetaxel 的化學治療。做了兩次化療後，因感到呼吸困難來門診就醫，經一系列檢查後，被診斷為 docetaxel 引起之過敏性肺炎。因此立刻停止 docetaxel 的使用，並投予 prednisolone 治療，病患的症狀在治療後有明顯地改善。此案例報告提醒內科醫師需注意 docetaxel 可能引起的過敏性肺炎，能做到早期診斷和早期治療，期望能得到較佳的預後。*(胸腔醫學 **2016; 31: 294-299**)*

關鍵詞：非小細胞肺癌，docetaxel，過敏性肺炎

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Pulmonary Truncal Fistula Presenting with Cervical Pneumatocele: Late Complication of Vesicant Extravasation

Shun-Mao Yang*, Hsao-Hsun Hsu*, Jin-Shing Chen*,**

Pulmonary truncal fistula is a rare occurrence, and may remain asymptomatic unless the pneumatic fistula progresses to a pneumatocele that can be identified easily. We report a case in which a patient who had previously undergone Port-A-Cath implantation via the right subclavian route developed a pulmonary truncal fistula that presented with a cervical pneumatocele caused by extravasation of the chemotoxic agent from the catheter. This case was successfully managed with thoracoscopic pulmonary fistulectomy with neck debridement. ***(Thorac Med 2016; 31: 300-304)***

Key words: pulmonary fistula, pneumatocele, vesicant extravasation, thoracoscopy

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化療藥劑滲漏併發慢性胸壁肺臟廔管及頸部氣瘤之外科處置－病例報告

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肺臟體壁廔管（pulmonary truncal fistula）是臨床上少見的併發症，通常沒有症狀，除非病程進展至出現體表氣瘤（pneumatocele）以致在外觀上可被察覺。本案例為一接受右鎖骨下靜脈人工血管置放之患者，因化療藥劑滲漏所導致局部慢性發炎併發肺臟體壁廔管，後續進展成為頸部氣瘤因而就診。患者同時接受胸腔鏡肺部廔管切除以及頸部清創後痊癒，後續追蹤並無復發。*(胸腔醫學* ***2016; 31: 300-304)***

關鍵詞：肺廔管，氣瘤，化療藥劑滲漏，胸腔鏡手術

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A Case of Cryptogenic Hemoptysis after General Anesthesia

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Hemoptysis after general anesthesia is common, and is believed to be a consequence of surgical error or the anesthesia itself. Despite complete evaluation, 20-30% of cases of hemoptysis remain without an identified etiology and are considered cryptogenic hemoptysis. Perioperative cryptogenic hemoptysis has rarely been reported in the literature. Herein, we report the case of a patient who expectorated fresh blood intermittently, and a large blood clot after an uneventful cervical spine surgery under general anesthesia. Extensive evaluation including chest X-ray, computed tomography (CT), and bronchoscope identified active oozing from the left lingual segmental bronchus only. The differential diagnosis of perioperative hemoptysis and its management are discussed. The prognosis of cryptogenic hemoptysis is favorable, but hemoptysis may recur. Complete prompt evaluation is important, especially for patients with a risk of malignancy. ***(Thorac Med 2016; 31: 305-310)***

Key words: cryptogenic hemoptysis, general anesthesia

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全身麻醉後發生隱源性咳血之病例報告

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全身麻醉後發生咳血在病例報告中是常見的，大部分被認為和手術及麻醉相關，儘管經過完整的評估，仍有 20-30% 是沒有明確的病因，被定義為隱源性咳血。手術期間發生隱源性咳血極少被報導，在此我們報告一位病例，在全身麻醉下順利完成頸椎手術後，開始出現間歇性咳出鮮血及血塊，經過胸腔 X 光、電腦斷層及支氣管鏡檢查，僅發現在左側小支氣管正在滲血。手術週期發生咳血原因及處置都在文中討論，而隱源性咳血的預後是很好的，但有復發咳血的可能，完整適當的咳血評估是很重要的，尤其是有潛在惡性腫瘤危險因子的病人。*(胸腔醫學 **2016; 31: 305-310**)*

關鍵詞：隱源性咳血，全身麻醉

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