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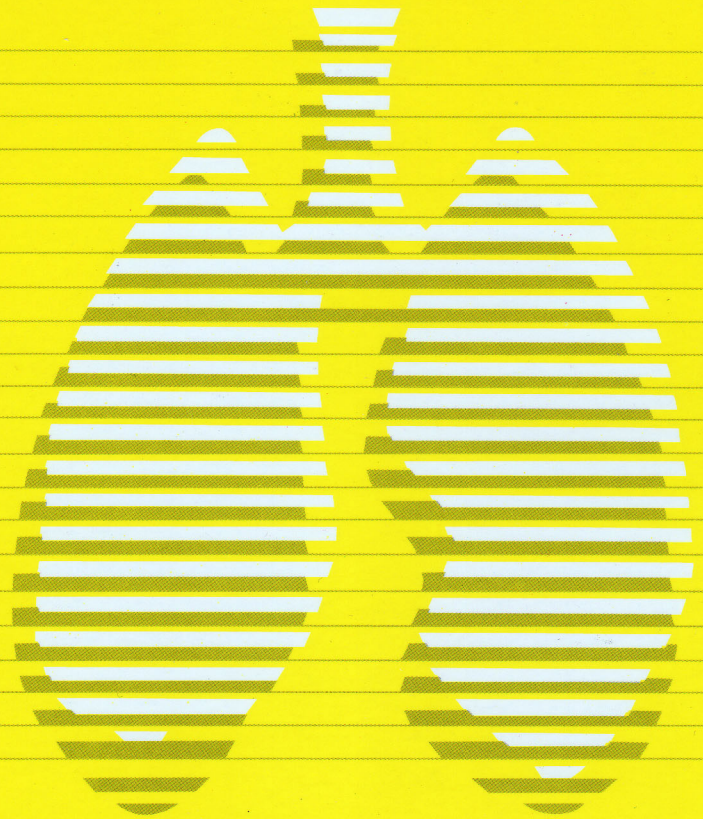

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Thoracic Medicine

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Orginial Articles

Case Reports

Prognosis of Surgical Management of Adult Patients with Empyema Thoracis Encountered at the Emergency Department

Yuan-Ming Tsai*, Chin-Ming Hsieh**, Kuan-Hsun Lin*, Ya-Ling Lin*, Hsu-Kai Huang*, Tsai-Wang Huang*, Shih-Chun Lee*, Hung Chang*,**

Introduction: Thoracic empyema is a complicated clinical problem in the emergency department (ED). Patients with empyema thoracis have a high risk of developing sepsis, resulting in substantial morbidity and mortality. However, predictors for empyema thoracis in ED adult patients have not been identified, and whether the thoracoscopic approach is effective for ED patients with empyema or complicated pleural effusion has not been fully investigated. The objective of the study was to investigate possible signs and the prognosis of ED adult patients with thoracic empyema undergoing thoracoscopic surgery, as well as to identify risk factors for mortality.

Methods: We retrospectively reviewed the clinical characteristics and treatment outcomes of patients diagnosed with empyema thoracis in the ED between 2007 and 2011. The prognostic values of age, sex, comorbidities, clinical presentations, and stage were assessed. Univariate analysis was performed, followed by multivariable modeling to determine significant risk factors for postoperative mortality.

Results: Records of a total of 161 patients were analyzed. Eleven patients died postoperatively. We divided the patients into survivors and non-survivors. Univariate analysis showed statistically significant differences in the stage of thoracic empyema (odds ratio, 9.14; 95% confidence interval, 2.21-37.86; p=0.002). Multivariate analysis revealed that female sex and stage III empyema independently predicted postoperative mortality.

Conclusion: Women with empyema thoracis in the ED had higher postoperative mortality rates after video-assisted thoracoscopic surgery. The other risk factor was stage III empyema. Further study is warranted to determine the cause of these differences and to determine their effect on survival. ***(Thorac Med 2017; 32: 64-71)***

Key words: emergency, women, empyema thoracis, video-assisted thoracoscopic surgery, mortality

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急診室膿胸成年病患經手術治療之預後因子探討

蔡遠明 *　謝志明 **　林冠勳 *　林雅玲 *　黃敘愷 *　黃才旺 *　李世俊 *　張宏 *,**

前言：膿胸病患可能合併敗血症導致併發症及死亡。目前尚無確定預後因子可針對膿胸病患經胸腔鏡手術後進行預測。本研究主要探討急診室膿胸成年病患經手術治療後死亡之可能危險因子。

方法：回溯性收集 161 位經急診室診斷為膿胸住院後接受胸腔鏡手術病患的資料，包括年齡、性別、合併症、臨床表徵、期別等，分析是否有影響術後死亡率之危險因子。

結果：161 位病患中，男性有 119 位，女性有 42 位，術後死亡有 11 位。單變量分析發現期別和死亡率相關。多變量分析後發現性別，尤指女性及期別和死亡率相關。

結論：胸腔鏡手術為有效的治療策略，然而急診膿胸女性病患術後有較高死亡率，另一危險因子為膿胸期別，仍需更多研究來探討相關危險因子的關聯性。*(胸腔醫學 **2017; 32: 64-71**)*

關鍵詞：急診室，女性，膿胸，胸腔鏡手術，死亡率

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Multiple Pulmonary Metastases from Low-Grade Intracranial Meningioma: A Case Report and Literature Review

Tong-Hong Cheng, Hsin-Chung Lin**, Li-Fan Lin***, Wann-Cherng Perng*, Chih-Feng Chian*, Chih-Hao Shen*

Meningiomas, a group of slow-growing tumors, are generally considered to be benign, and their metastases are rare. We report the case of a 61-year-old woman who presented with chest tightness and productive cough for 1 week. She had suffered from a low-grade intracranial meningioma (angiomatous type, World Health Organization grade I) that was treated with surgical resection and CyberKnife stereotactic radiosurgery approximately 12 and 7 years ago, respectively. In addition to bronchiectasis, a chest computed tomography (CT) scan revealed multiple circumscribed nodules (maximum size: approximately 3.1 cm) in bilateral lung fields. A positron emission tomography/CT scan showed multiple pulmonary lesions that were moderately to intensely fludeoxyglucose-avid (maximum standard uptake value=10.2). Metastatic meningioma was diagnosed based on the histopathological testing of a sample taken by transthoracic lung biopsy. No surgical intervention was performed based on the recommendation of a multidisciplinary team. The patient remained in a stable condition during the 2-year follow-up period. ***(Thorac Med 2017; 32: 72-79)***

Key words: multiple pulmonary metastases, metastatic meningioma

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多發性肺部轉移源自低度惡性顱內腦膜瘤：病例報告與文獻回顧

鄭東鴻　林信仲 **　林立凡 ***　彭萬誠 *　簡志峯 *　沈志浩 *

腦膜瘤，一種生長緩慢的腫瘤，通常被認為是一種良性腫瘤，並且很少造成轉移。我們的案例報告是一個 61 歲的女性有腦膜瘤的病史並分別在 12 年前接受過腫瘤切除手術與 7 年前接受電腦刀立體定位放射手療。因胸悶及咳嗽有痰來求診。胸部電腦斷層除了有支氣管擴張症的發現外，在兩側肺野發現多顆節結。正子斷層造影顯示這些多顆肺節結有中度至強烈的氟 -18 去氧葡萄糖（FDG）吸收。斷層掃描定位經胸腫瘤穿刺結果為轉移性腦膜瘤。經過多科聯合討論會手術介入性治療並不建議。病患目前追蹤至今 2 年仍呈現穩定狀況。*(胸腔醫學 **2017; 32: 72-79**)*

關鍵詞：多發性肺部轉移，轉移性腦膜瘤

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Congenital Pulmonary Airway Malformation in an Adult: A Case Report and Review of the Literature

Cheng-Chieh Hsu, Yu-Chen Wang*, Wei-Chih Chen

Congenital pulmonary airway malformation (CPAM), previously known as congenital cystic adenomatoid malformation, is a rare congenital cystic lung disease of the lower respiratory tract. Most cases are found in neonates and infants using pre-natal ultrasound screening or on presentation of respiratory distress. However, a few cases are diagnosed in adults with or without respiratory symptoms. Some of the CPAM cases may be related to recurrent pulmonary infection or malignancies. Complete resection, such as lobectomy, is usually suggested for children and adults who are symptomatic. We report a case of CPAM in an adult female presenting as recurrent hemoptysis. The patient underwent video-assisted thoracic surgery (VATS) with lobectomy. She has been regularly followed up at the clinic, and has maintained a stable condition. In addition to reporting this case, we summarize previously published articles regarding the epidemiology, histopathological classification, clinical presentation, radiology, and treatment of CPPAM in adults. ***(Thorac Med 2017; 32: 80-86)***

Key words: congenital pulmonary airway malformation, congenital cystic adenomatoid malformation, hemoptysis, video-assisted thoracic surgery

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成人先天性肺氣道畸型－病例報告及文獻回顧

許政傑　王予辰*　陳威志

先天性肺氣道畸型（原名為先天囊狀類腺畸型）為罕見之先天肺部囊泡性疾病，主要發生於下呼吸道。大部份的病例為新生兒或嬰兒，乃經過產前超音波檢查或呼吸窘迫的症狀而被發現。然而少部份病人直至成人時期才被診斷，且不一定有症狀。一部份的病例可能會有反覆性的肺部感染，甚至是衍生出惡性腫瘤。因此，建議完全切除病灶，如肺葉切除手術，尤其針對已經有症狀的小孩或成人。我們在此報告一例成人之先天性肺氣道畸型，以反覆咳血為表現。經胸腔內視鏡輔助肺葉切除手術後，目前追蹤情況穩定。最後我們針對此病之流行病學、組織病理分類、臨床表現、放射線學變化與成人案例的處置等，回顧並整理過去的文獻以提出此報告。*(胸腔醫學 **2017; 32: 80-86**)*

關鍵詞：先天性肺氣道畸型，先天囊狀類腺畸型，咳血，胸腔內視鏡輔助手術

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Salmonella Pericarditis-Induced Cardiac Tamponade Mimicking Malignant Pericarditis: A Case Report

Chen-Ping Hsieh, Yi-Cheng Wu, Yun-Hen Liu, Ming-Ju Hsieh, Yin-Kai Chao, Ching-Yang Wu, Chien-Hung Chiu

Non-typhoidal salmonella (NTS) is usually limited to the gastrointestinal tract. Cardiovascular manifestations of Salmonella infection are rare. We report the case of a 62-year-old female who had a history of left ovary adenocarcinoma with metastasis to multiple sites under chemotherapy, who was diagnosed with salmonella pericarditis-induced cardiac tamponade mimicking malignant pericarditis. The key to recovery involves aggressive treatment, including surgical drainage and antibiotics. ***(Thorac Med 2017; 32: 87-90)***

Key words: salmonella pericarditis, cardiac tamponade, pericarditis

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沙門桿菌感染之心包膜炎類似於惡性心包膜炎：病例報告

謝陳平　吳怡成　劉永恆　謝明儒　趙盈凱　吳青陽　邱健宏

沙門桿菌之感染常侷限於腸胃道，以心血管症狀表現之沙門桿菌感染是很少見的。本文提出一位 62 歲患有右側卵巢惡性腫瘤的女性病人，因沙門桿菌感染之心包膜炎引起之心包膜填塞求診，臨床上相當類似於惡性腫瘤引起之惡性心包膜炎。我們透過心包膜切開手術及抗生素治療而使病人有顯著的改善。*(胸腔醫學* ***2017; 32: 87-90)***

關鍵詞：沙門桿菌感染心包膜炎，心包膜填塞，心包膜炎

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Passive Smoking-Related Desquamative Interstitial Pneumonia: A Case Report

Chun-Han Wu, Shan-Yueh Chang, Hong-Wei Gao*, Shih-En Tang, Chen-Liang Tsai, Chih-Feng Chian, Wann-Cherng Perng

Desquamative interstitial pneumonia is an idiopathic interstitial pneumonia and a smoking-related interstitial lung disease. It causes respiratory symptoms including cough and dyspnea. There are non-specific findings in the blood test and chest radiograph. Diagnosis requires high-resolution computed tomography and lung biopsy. We describe a case of passive smoking-related desquamative interstitial pneumonia diagnosed by lung biopsy. Improvement was achieved after methylprednisolone treatment. ***(Thorac Med 2017; 32: 91-97)***

Key words: desquamative interstitial pneumonia, interstitial lung disease, smoking

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二手菸相關脫屑性間質性肺炎：病例報告

吳俊漢　張山岳　高鴻偉 *　唐士恩　蔡鎮良　簡志峯　彭萬誠

脫屑性間質性肺炎（desquamative interstitial pneumonia）為特發性間質性肺炎及吸菸相關間質性肺病之一。它會導致呼吸道症狀，包括咳嗽及呼吸困難。抽血檢驗和胸部 X 光片並無特異性之發現。診斷需要依靠高解析度電腦斷層掃描及肺部切片。我們提出的病例報告為一位 65 歲女性，長期處於二手菸之環境中，因不明原因持續性咳嗽及漸進性活動喘，合併發燒之情形，轉至本院接受進一步檢查，經肺部切片證實為脫屑性間質性肺炎，經類固醇治療後而得到改善。*(胸腔醫學 **2017; 32: 91-97**)*

關鍵詞：脫屑性間質性肺炎，間質性肺病，抽菸

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Pulmonary Kaposi Sarcoma Associated with Immune Reconstitution Inflammatory Syndrome after Treatment for Pneumocystis Jiroveci Pneumonia and HIV Infection – A Case Report

Wen-Jui Wu, Li-Kuo Kuo , Chao-Hsien Lee, Chien-Liang Wu, Rong-Luh Lin

Rapidly progressive Kaposi sarcoma (KS) may occur after treatment of HIV infection, despite an increased $CD4^+$ lymphocyte count. KS is associated with immune reconstitution inflammatory syndrome. Steroid treatment was also reported to increase the risk of KS. Pulmonary KS is associated with a high mortality rate if it is not diagnosed and treated correctly. We reported the case of a patient who developed pulmonary and skin KS 2 months after treatment of HIV infection and Pneumocystis jiroveci pneumonia. Pulmonary KS led to respiratory failure in this patient and was successfully treated with chemotherapy. ***(Thorac Med 2017; 32: 98-104)***

Key words: pulmonary Kaposi sarcoma, immune reconstitution inflammatory syndrome, HIV, steroid

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治療愛滋病及肺囊蟲肺炎後出現與免疫重建發炎症候群相關的肺部卡波西氏肉瘤－病例報告

吳玟叡　郭立國　李昭賢　吳健樑　林榮祿

治療愛滋病毒感染之後，即使 CD4 淋巴球在治療後有明顯上升。卡波西氏肉瘤可能會發生快速進展。這樣的進展，跟免疫重建發炎症候群（Immune reconstitution inflammatory syndrome, IRIS）有關。另外，類固醇也認為可能增加卡波西氏肉瘤的發生。肺部的卡波西氏肉瘤，若是沒有正確的診斷及治療，會有很高的死亡率。我們在此報告了一個在治療愛滋病毒感染及使用類固醇治療肺囊蟲肺炎二個月後，肺部及皮膚出現卡波西氏肉瘤的病例。這個病例，肺部的卡波西氏肉瘤導致了呼吸衰竭，並且成功得使用化學治療改善病人的症狀。*(胸腔醫學 **2017; 32: 98-104**)*

關鍵詞：肺部卡波西氏肉瘤，免疫重建發炎症候群，類固醇，愛滋病毒

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Immunoglobulin G4-Related Disease with Isolated Lung Involvement: A Case Report and Literature Review

Yen-Lin Chen, Chun-Kai Huang, Mei-Fang Cheng*, Jann-Yuan Wang

Immunoglobulin G4-related disease (IgG4-RD) is a new concept in systemic disease. Isolated lung involvement is, however, rarely reported. In this report, we describe a 64-year-old man with chronic cough and worsened dyspnea. Chest computed tomography (CT) revealed multiple areas of consolidation in bilateral lung fields. The pathological report on the tissue biopsy from the left lower lung indicated a dense lymphoplasmacytic infiltrate rich in IgG4-positive plasma cells and obliterative phlebitis, which met the diagnostic criteria of IgG4-RD. Positron emission tomography (PET) and abdominal magnetic resonance imaging excluded extra-thoracic organ involvement. Through our report of this case and the literature review, we emphasize the concept of IgG4-RD having a broad spectrum of manifestation, including targeting of the lung as the primary organ. A thorough investigation via high-yield tools, such as PET, can assist in evaluating disease extent, and in clinical decision-making for treatment and follow-up. ***(Thorac Med 2017; 32: 105-114)***

Key words: IgG4, lung involvement, positron emission tomography

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IgG4 相關性疾病僅侵犯肺部之病例報導與文獻回顧

陳彥霖　黃俊凱　鄭媚方 *　王振源

免疫球蛋白 G4 相關性疾病（IgG4-related disease）是近年發現的一種系統性疾病。其中僅以肺部作為單一侵犯器官之臨床案例極少。此報導病例為一位六十四歲男性，主訴慢性咳嗽與日漸嚴重之呼吸困難，經胸部電腦斷層檢查發現雙側肺葉多處實質化病灶，經左下肺病灶切片檢查後，病理報告顯示為緻密的淋巴漿細胞浸潤（dense lymphoplasmacytic infiltrate），其中以富含 IgG4 陽性的漿細胞為主，同時亦發現阻塞性靜脈炎（obliterative phlebitis）。上述發現均符合 IgG4 相關性疾病之診斷，病人並接受正子攝影與腹部核磁共振檢查，確定無胸腔外器官受到侵犯。藉由此病例報導與文獻回顧，我們確認 IgG4 相關性疾病的不同病程中，可以僅以肺部為唯一侵犯器官。透過如正子攝影等有效的全身評估工具，臨床醫師能更加瞭解病人疾病侵犯範圍，以協助擬定臨床治療與追蹤方針。*(胸腔醫學 **2017; 32: 105-114**)*

關鍵詞：免疫球蛋白 G4，肺侵犯，正子攝影

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