Pulmonary *Mycobacterium avium* Complex (MAC)-Analysis of 124 Cases in a Medical Center in Taiwan

Chuang-Chou Tu, Gwan-Han Shen, Jeng-Yuan Hsu

One hundred twenty-four cases with positive sputum *Mycobacterium avium* complex (MAC) cultures at a medical center in Taiwan were reviewed retrospectively. Seventeen of the caases fulfilled the criteria of pulmonary MAC, according to the guidelines published in 1997 by the American Thoracic Society (ATS). These patients were analyzed on the basis of: (1) age and sex distribution; (2) underlying co-morbidity; (3) radiographic pattern and location of the lesions; (4) the hospital sections that the patients visited and the treatment rate in each section; and (5) treatment regimens, duration of therapy, and treatment results. The pulmonary MAC patients in this hospital were predominantly males.

Most of the patients in the male group were elderly and had underlying chronic lung disease or other systemic diseases, while those in the elderly female group denied any underlying lung or systemic disease. The cases of 2 elderly female patients reviewed for analysis revealed an atypical presentation of pulmonary MAC disease that fulfilled the criteria of “Lady Windermere’s syndrome”, which include: (1) middle or lingular lobes infiltrates; (2) no underlying lung disease or history of smoking; and (3) elderly women exclusively. The treatment rate of these patients was low, whether in the chest medicine or other sections, and the treatment outcome was poor. This result indicates that hospitals should pay much more attention to the education of doctors and patients regarding pulmonary MAC disease, in order to improve disease management and patient compliance. With a greater awareness of this disease, an earlier correct diagnosis can be achieved and proper therapy initiated. ***(Thorac Med 2006; 21: 133-140)***

Key words: *mycobacterium avium* complex

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肺部鳥型分枝桿菌感染—台灣一醫學中心之病例分析

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我們以回朔的方式，回顧124位痰液培養為鳥型分枝桿菌的病人，發現其中有17位病人符合1997年美國胸腔醫學會診斷肺部鳥型分枝桿菌感染之條件。我們將這17位病患依照年齡及性別之分佈、本身原來之疾病、肺部X光之型態及分佈、病患看診之科別及各科治療率、治療之藥物及治療療程和結果來做分析。結果發現本院之病患大部份為男性，且大部份為老年有肺部或全身性之疾病之病人，而老年女性病患則無其它疾病且符合“Lady Windermere”症候群之診斷要件。在本院不管是胸腔科或其他科別對於此疾病之治療律都偏低且預後都不佳。所以，我們要注意來教育醫師及病患有關肺部鳥型分枝桿菌感染之知識，以增加此病之治癒率及病患之治療耐受性。及早查覺此疾病，就可及早得到正確之診斷和治療。*(胸腔醫學* ***2006; 21: 133-140)***

關鍵詞：肺部鳥型分枝桿菌疾病

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Use of 18-Fluorodeoxyglucose-Positron Emission Tomography in Differentiating between Malignant and Benign Pulmonary Diseases in a Region with a High Incidence Rate of Tuberculosis

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Study objective: To evaluate the accuracy of 18-fluorodeoxyglucose- positron emission tomography/computed tomography (FDG-PET/CT) in the diagnosis of pulmonary diseases in a region with a high incidence rate of tuberculosis.

Materials and Methods: Data on patients with newly found intrathoracic lesions on FDG-PET examination were screened from our PET scan database. A total of 81 patients with a definitive diagnosis were included in this retrospective study.

Results: Seventy of 81 patients had histopathological and/or microbiological proof of the final diagnosis. Thirty-six patients proved to have malignancy, and 45 had other benign diseases. The mean maximal standardized uptake value (SUV) was significantly higher in the group with malignant disease compared with the group with benign disease ($p < 0.05$). However, there was no statistical difference between the mean maximal SUVs of benign granulomatous disease and those of malignant disease ($p > 0.05$). If a maximal SUV > 2.5 was used as the cut-off value for malignant disease, the sensitivity was 97%, the specificity was 27%, the positive predictive value was 51%, and the negative predictive value was 92%.

Conclusion: In geographic regions with a high incidence rate of granulomatous diseases, positive FDG PET results should be interpreted with caution in differentiating benign from malignant pulmonary abnormalities. ***(Thorac Med 2006; 21: 141-148)***

Key words: 18-fluorodeoxyglucose-positron emission tomography, lung cancer, granulomatous disease

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於結核病盛行地區利用 18-FDG PET 分辨良性與惡性胸腔病變之應用

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目的：評估於結核病盛行地區利用 FDG-PET/CT 診斷胸腔疾病之準確性。

方法：本篇為一回溯性研究，我們整理了 PET 資料庫中胸腔有異常顯影之病例，將有確定診斷之病例列入此研究，一共蒐集了 81 位。

結果：所有 81 例病例中，有 70 位病例是經由病理學或微生物學來確定其最後診斷，其中 36 例為惡性病變，34 例為良性病變。另有 11 例病例則是臨床追蹤至少一年顯示無明顯變化，最後被歸類為良性病變。分析結果發現惡性病變之 maximal SUV 值明顯高於良性病變 ($p < 0.05$)，但惡性病變與肉芽腫性良性病變之 maximal SUV 則沒有統計學上差異 ($p > 0.05$)。若以 maximal SUV > 2.5 當作認定惡性病變之臨界值時我們所得到之敏感度，特異度，陽性預估值及陰性預估值分別為 97% ， 27% ， 51% 以及 92% 。

結論：在結核病盛行地區，以 PET 異常顯影來分辨良性與惡性胸腔病變是一不可靠之方法。*(胸腔醫學* ***2006; 21: 141-148)***

關鍵詞：縱膈腔副甲狀腺腺瘤，高血鈣，甲狀腺賀爾蒙

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Analysis of Transbronchial Lung Biopsy in Localized Lung Lesion, Results in 141 Patients

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Background: This study was designed to analyze the diagnostic accuracy and complication rate of transbronchial lung biopsy (TBLB), and to study the factors (lesion size, location, age, sex, complications) influencing diagnostic results.

Methods: We prospectively studied 141 patients with a lung nodule or mass present on the chest roentgenogram, and no visible endobronchial lesions. To evaluate the safety and diagnostic yield of TBLB, we calculated the diagnostic accuracy and complication rate. Lesion size, biopsy location, age, sex, and complications were also analyzed for their influence on the diagnostic yield.

Results: We evaluated the complications associated with TBLB, the diagnostic yield of the procedure, and the correlation between age, sex, lesion size, biopsy site complication, and diagnosis. Complications associated with these procedures included the following: 10 (7.1%) patients with pneumothorax, with 2 patients requiring tubal thoracostomy in their management, and 40 (28.4%) patients with bronchial hemorrhage. The overall complication rate was 35.5%, but no patients expired from these complications. There was no statistical significance between age (p = 0.39), sex (p = 0.89), lesion size (p = 0.412), complications (p = 0.251 for pneumothorax, p = 0.146 for bleeding), and diagnosis. Biopsy from the left upper lobe had a greater diagnostic yield than biopsy from the other sites, with statistical significance (p = 0.041). Biopsy from the left lower lobe had a lower diagnostic yield. Of the 141 patients, 52 patients were diagnosed from TBLB. The overall diagnostic rate was 36.9%.

Conclusion: The results of this study suggest that TBLB is a safe procedure in every age group and with variable lesion patterns. However, the diagnostic rate is low. ***(Thorac Med 2006; 21: 149-156)***

Key words: bronchoscope, transbronchial lung biopsy, pneumothorax

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侷限性肺病灶作經氣管肺切片的併發症

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背景：分析經氣管肺切片的診斷準確度及併發症機率。並且分析會影響報告結果的因素（病灶大小、切片位置、年紀、性別及併發症）。

方法：我們前瞻性的研究 141 位胸部 X 光上具有肺結節或肺腫塊且無可見的氣管內病灶的患者。為了評估經氣管肺切片的安全性及診斷率，我們計算了診斷準確度及併發症發生率。病灶大小、切片位置、年紀、性別及併發症也被用來分析是否會引響診斷準確度的因素。

結果：我們計算出了經氣管肺切片的併發率及診斷率及評估關於年紀、性別、病灶大小、切片位置、併發症與診斷率之間的相關性。切片檢查所造成的併發症包括：10 個氣胸的病患（7.1%），其中 2 個病患需要插胸管引流作治療，40 個病患（28.4%）造成出血。總併發率為 35.5%，但是沒有病患死於這一些併發症。關於年紀（p=0.39）、性別（p=0.89）、病灶大小（p=0.412）、併發症（氣胸：p=0.251；出血：p=0.146）與診斷準確度並無統計學上的意義。但是經由左上肺葉作切片比起其他肺葉作切片有更多的診斷率，並且具有統計學上的意義（p=0.041）。而從左下肺葉作切片診斷率最低。在 141 位病患當中有 52 個病患經由經氣管肺切片有做出診斷，總診斷率為 36.9%。

總結：這一個研究指出經氣管肺切片在各個年齡層及不同樣式的肺部病灶都是一個安全的檢查。然而在診斷率方面卻依然是低的。*(胸腔醫學* ***2006; 21: 149-156)***

關鍵詞：經氣管肺切片，支氣管鏡，氣胸

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The Diagnosis and Clinical Outcomes of Patients with Sepsis-induced Disseminated Intravascular Coagulation in a Medical Intensive Care Unit

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Background: Disseminated intravascular coagulation (DIC) has been reported to play an important role in the development of multi-organ failure and death. However, there is no single available laboratory test sufficiently sensitive or specific to enable a diagnosis of DIC. Objective: To compare the outcomes of septic patients with overt and non-overt DIC diagnosed by a score system in a medical intensive care unit, and to determine the relationship between the DIC score and the number of organ failures.

Method: The study population was recruited from a 37-bed medical intensive care unit (MICU) in a medical center. Patients who presented with sepsis while admitted to the MICU were included in this study. We divided these patients into 2 groups, the overt and non-overt DIC group, according to the DIC score. Baseline characteristics of the patients, ICU mortality rate, hospital mortality rate, 10-day mortality, 30-day mortality, duration of ICU stay, duration of hospital stay, and duration of mechanical ventilator support were compared between the 2 groups. The study also determined the correlation between the DIC score and the number of organ failures.

Results: A total of 43 male and 16 female patients (a total of 59 patients) were included. Patients with overt DIC had a higher APACHE II score (28.3 ± 11.4 vs. 22.9 ± 8.7, $p = 0.045$) and DIC score (6.1 ± 1.3 vs. 2.2 ± 1.2, $p < 0.001$) than those with non-overt DIC. The 30-day mortality rate (58.3% vs. 31.4%, $p = 0.040$), ICU mortality rate (54.2% vs. 25.7%, $p = 0.026$), and in-hospital mortality rate (62.5 % vs. 28.6 %, $p = 0.010$) were significantly higher in the overt DIC patients. The number of organ failures in patients with overt DIC was significantly higher (4.2 ± 1.3 vs. 2.3 ± 1.2, $p < 0.001$). The organ failure number was positively correlated with the DIC score ($r = 0.66$; $p < 0.001$).

Conclusion: The septic patients with overt DIC had worse outcomes than those with non-overt DIC. The diagnosis of overt DIC is a warning sign and should prompt more intensive therapeutic strategies focusing on the underlying disease and complications. ***(Thorac Med 2006; 21: 157-167)***

Key words: disseminated intravascular coagulation (DIC), sepsis, DIC score

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內科加護病房內敗血症引起的瀰漫性血管內血液凝結之病患的診斷及臨床預後的評估

王郁閔　林恕民　王志冉　林定佑　郭漢彬　林鴻銓

背景：目前已經有很多研究發現瀰漫性血管內血液凝結對於病患所發生之多重器官衰竭及死亡扮演著很重要的角色。然而，目前並沒有任何單一項實驗室檢查能有足夠的敏感度及特異度能用來診斷瀰漫性血管內血液凝結。

主題：依血栓及血液凝集國際協會 (International Society on Thrombosis and Haemostasis, ISTH) 所訂定之瀰漫性血管內血液凝結評分系統，我們將內科加護病房內患有敗血症之病患分為明顯及非明顯瀰漫性血管內血液凝結兩組，進而比較這兩組病患器官衰竭及預後的情形與瀰漫性血管內血液凝結評分結果的關係。

方法：我們的病患來源是收集自一個 37 床病床規模的醫學中心內科加護病房。所有患有敗血症的病患都將納入我們的研究。依此瀰漫性血管內血液凝結評分系統，我們將病患分為明顯及非明顯瀰漫性血管內血液凝結兩組，進而比較這兩組病患基本特性、加護病房死亡率、住院死亡率、住院 10 天內死亡率、住院 30 天內死亡率、加護病房住院天數、總住院天數、呼吸器使用天數 及器官衰竭數目。

結果：總共收集了 43 為男性病患及 16 位女性病患.。具明顯瀰漫性血管內血液凝結的病患比非明顯瀰漫性血管內血液凝結的病患有比較高的 APACHE II 分數 (28.3 ± 11.4 vs. 22.9 ± 8.7, $p = 0.045$) 及瀰漫性血管內血液凝結之分數。此外，具明顯瀰漫性血管內血液凝結的病患之 30 天死亡率 (58.3% vs. 31.4%, $p = 0.040$)、加護病房死亡率 (54.2% vs. 25.7%, $p = 0.026$) 及住院死亡率 (62.5 % vs. 28.6 %, $p = 0.010$) 都表現出有意義的增加。器官衰竭數目在明顯瀰漫性血管內血液凝結的病患也呈現有意義的增加 (4.2 ± 1.3 vs. 2.3 ± 1.2, $p < 0.001$)。此外，器官衰竭數目與瀰漫性血管內血液凝結之分數呈現有意義的正相關 (r = 0.66; $p < 0.001$)。

結論：具明顯瀰漫性血管內血液凝結之敗血病患比非明顯瀰漫性血管內血液凝結之病患有較差的臨床預後。因此，明顯瀰漫性血管內血液凝結的診斷提醒著我們必須積極處理其造成的因素及其併發症。*(胸腔醫學* ***2006; 21: 157-167****)*

關鍵詞：瀰漫性血管內血液凝結，敗血症，瀰漫性血管內血液凝結之評分

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Massive Hemoptysis Due to an Anomalous Origin of the Right Pulmonary Artery from the Ascending Aorta — A Case Report

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Massive hemoptysis is 1 of the most dreaded of all respiratory emergencies, and can have a variety of underlying causes. The associated mortality rate depends mainly on the underlying etiology and the magnitude of bleeding. The unpredictable and potentially lethal course of massive hemoptysis requires prompt resuscitation, airway protection, and correction of the underlying causes. Many of the etiologies, such as chronic inflammatory conditions (including bronchiectasis, tuberculosis, and lung abscess) and lung malignancies, have been surveyed. Vascular disorders such as pulmonary emboli, arteriovenous malformations, and bronchial telangiectasis also play a role. A pulmonary artery originating from the ascending aorta is a rare (less than 1% of all congenital cardiopathies) and frequently fatal malformation, if early surgical repair is not performed. Herein, we report a 23-year-old female with an anomalous origin of the right pulmonary artery from the ascending aorta demonstrated by a computerized tomography scan of the chest, who presented massive hemoptysis, progressive dyspnea, and respiratory failure 3 days after Caesarean section. ***(Thorac Med 2006; 21: 168-174)***

Key words: anomalous origin of the right pulmonary artery, hemoptysis

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右肺動脈起源異常引起之大量咳血—病例報告

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大量咳血是所有肺部急症中最可怕的一項且可以源自於多種原因。死亡率主要和潛在病因及咳血的程度有關。大量咳血具有生命危險，所以我們需要立即對病人施予搶救，保護呼吸道及嘗試治療潛在病因。很多因素可以引發大量咳血如支氣管擴張症、肺結核、肺膿瘍等慢性發炎及肺癌。血管方面的疾病如肺栓塞、肺部靜脈瘺管及肺部微血管擴張症等亦會引發大量咳血。左側或右側肺動脈異常起源自上升主動脈，是少見的先天性異常；如果沒有早期接受手術通常會致命。這種先天性異常在今日已可在產前檢查發現。我們報告一位 23 歲女性，其右肺動脈異常起源自上升主動脈，以產後大量咳血合併呼吸衰竭做為表現。為了確立大量咳血的原因，吾人必須進行仔細的病始詢問，身體檢查，同時合併考量胸部素片，甚至電腦斷層掃瞄，支氣管鏡及血管攝影的結果，以避免誤診的情形。*(胸腔醫學* ***2006; 21: 168-174)***

關鍵詞：右肺動脈起源異常，咳血

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Primary Teratoma of the Pons Presenting as Lentil Aspiration Pneumonia — A Case Report

Chen-Yi Huang, Yen-Ta Lu*, Be-Fong Chen**

A 22-year-old female patient was brought to our emergency room presenting with an intermittent fever, chillness, and shortness of breath. She had been treated for an upper respiratory tract infection about 2 weeks prior to her visit to our hospital. Her fever did not remit and the dyspnea became significant with heavy yellowish sputum. She was admitted to our chest ward under the impression of pneumonia and suspected miliary tuberculosis (TB). Anti-TB drugs and antibiotics failed to improve her symptoms. She was transferred to the intensive care unit (ICU) twice due to acute respiratory failure. During the second stay at the ICU, open lung biopsy was performed, and the specimen showed diffuse granulation with vegetable content around the small airways and the alveoli, which strongly suggested food aspiration. An esophagogram revealed spillage of the contrast dye into the major airway, with only a scant amount of contrast dye seen in the esophagus. The pertinent evidence suggested that she had both a swallowing disturbance and an impaired cough reflex, leading to food aspiration. The possibility of a central neurological defect, which not only interfered with her swallowing function, but also her cough reflex, was considered. The brain magnetic resonance image (MRI), indeed, showed a solid tumor with a cystic component situated at the pons. The pathologic diagnosis of the partially removed tumor was immature teratoma. We report herein this rare case of brain tumor presenting primarily as respiratory symptoms without obvious neurological deficit. ***(Thorac Med 2006; 21: 175-181)***

Key words: teratoma, lentil aspiration pneumonia

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原發性橋腦畸胎瘤併吸入性豆肺炎：病例報告

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原發性橋腦畸胎瘤併吸入性豆肺炎於臨床上非常罕見，我們報告一位二十三歲女性主訴發燒及呼吸困難達兩週之久。胸部 X 片顯示雙側網狀小節結病變併實質化病灶。一開始的臨床診斷是肺炎暨疑似肺結核，經廣效性抗生素暨抗結核菌藥物治療後，病況未見改善，患者因呼吸衰竭反覆進入加護病房兩次。因病因不明，我們實施左下肺葉切片手術，病理報告顯示為吸入性豆肺炎。食道攝影發現有吞嚥障礙併缺乏咳嗽反應，至此認為患者有中樞神經病變。經核磁共振檢查及腦切片檢查確定為原發性橋腦畸胎瘤。我們報告此一罕見腦幹腫瘤病例，一開始並沒有明顯神經學症狀，而以吸入性豆肺炎來表現，並做文獻回顧與討論。*(胸腔醫學 **2006; 21: 175-181**)*

關鍵詞：畸胎瘤，吸入性豆肺炎

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Pulmonary Metastatic Malignant Melanoma with Endobronchial Involvement: A Case Report and Literature Review

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Endobronchial metastasis is found in 2-5% of patients at autopsy who die from extrathoracic cancer. Malignant melanoma has a tendency to metastasize to the lung during the course of tumor growth, but endobronchial metastasis is rare. We report a case of pulmonary metastatic malignant melanoma with endobronchial involvement presenting with cough and hemoptysis, which was diagnosed by fiberoptic bronchoscopy with bronchial biopsy. The specific bronchoscopic picture highlights the value of bronchoscopy in the differential diagnosis of endobronchial tumor. The relevant literature is reviewed, including clinical manifestations, image presentations, diagnosis, and treatment options. ***(Thorac Med 2006; 21: 182-189)***

Key words: endobronchial metastasis, malignant melanoma, fiberoptic bronchoscopy

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肺部轉移性惡性黑色素細胞瘤合併支氣管內侵犯—一病例報告與文獻回顧

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罹患肺外惡性腫瘤而造成死亡的病人，約有2~5%在屍體解剖時會發現有支氣管內轉移。惡性黑色素細胞瘤在生長的過程中常有轉移至肺部的現象，但是支氣管內轉移則是非常罕見。我們報告一個肺部轉移性惡性黑色素細胞瘤合併支氣管內侵犯的病例，病人以咳嗽及咳血為主要表現，並經由支氣管鏡檢查及支氣管切片確立診斷。藉由這位病人其腫瘤在支氣管鏡下的特殊表現，彰顯了支氣管鏡對於支氣管內腫瘤的鑑別診斷之重要性。此外，我們並就肺部轉移性惡性黑色素細胞瘤合併支氣管侵犯之臨床表徵，影像學表現，診斷方式，以及治療的方向等方面，回顧相關的文獻報告。*(胸腔醫學 **2006; 21: 182-189**)*

關鍵詞：支氣管內轉移，肺部轉移性惡性黑色素細胞瘤，支氣管鏡

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Scimitar Syndrome Variant Causing Massive Hematemesis — A Case Report

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Patients with symptomatic scimitar syndrome usually suffer from either respiratory insufficiency and/or heart failure due to pulmonary hypertension, or recurrent pulmonary infections, especially in the right lower lobe, most likely due to an abnormal arterial supply and venous drainage, and hypogenesis of the right lung. But aberrant pulmonary venous drainage to the esopheal venous plexus, leading to variceal bleeding, is rarely a presentation of scimitar syndrome. Herein, we report a 17-year-old man presenting with several episodes of variceal bleeding due to such a partial anomalous pulmonary venous drainage. Successful surgical repair was performed by a reimplantation of the anomalous vein to the left atrium. After the repair, the patient no longer suffered from hematemesis episodes. ***(Thorac Med 2006; 21: 190-195)***

Key words: esophageal variceal bleeding, hematemesis, partial anomalous pulmonary venous return, scimitar syndrome, scimitar syndrome variant

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以食道靜脈瘤出血爲表現的土耳其彎刀症候群—病例報告

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一般而言，患有“土耳其彎刀症候群”的病人，臨床上可以沒有症狀。但在 1 歲以前被診斷出來的病人，多會以肺動脈高壓造成的呼吸窘迫或心臟衰竭；或者長大之後以重複發作的肺部感染做為表現。甚少文獻提及此症候群以食道靜脈瘤破裂並引發大量吐血作為臨床表現。我們報告一位 17 歲男性，因部分右肺靜脈異常迴流注入下腔靜脈，但在血管相接處呈現狹窄，轉而匯入食道靜脈叢，造成食道靜脈瘤，並且因為靜脈瘤破裂而導致數次大量而無預警的吐血。此少見的變異情形在我們配合臨床影像學（胸部Ｘ光片及胸部電腦斷層）、胃鏡檢查及心導管檢查而得到證實。病患在同一住院期間接受手術，將該迴流異常的肺靜脈接回左心房。手術之後，情況得到改善；病人於門診追蹤兩年都不再主訴有吐血的情形。*(胸腔醫學 **2006; 21: 190-195**)*

關鍵詞：食道靜脈瘤出血，吐血，部分肺靜脈回流異常，阿拉伯彎刀症候群

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Invasive Pulmonary Aspergillosis in Immunocompetent Patients — Two Case Reports

Shinn-Jye Liang, Hung-Jen Chen, Chih-Yen Tu, Liang-Wen Hang

Invasive aspergillosis in immunocompetent hosts rarely occurs. Herein, we report 2 cases of invasive pulmonary aspergillosis: 1 was a 72-year-old female with a history of hepatitis C, and the other, a 61-year-old male with a history of hepatitis B; both presented with fever, productive cough, dyspnea and subsequent respiratory failure. The pathology of their lung biopsies revealed invasive aspergillosis. Both patients died despite amphotericin B therapy that was began soon after the pathology was known. Invasive aspergillosis is generally opportunistic and occurs in patients with cell-mediated immunity dysfunction, but it is rarely seen in the immunocompetent host. Appropriate antifungal therapy may lead to a favorable outcome. An early identification of the etiology using an invasive procedure and earlier therapy is mandatory. ***(Thorac Med 2006; 21: 196-201)***

Key words: invasive pulmonary aspergillosis, immunocompetent hosts

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侵襲性麴菌肺炎發生於免疫正常患者—病案報告兩例

梁信杰　陳鴻仁　涂智彥　杭良文

黴菌致病是一種伺機性感染，其中麴菌是常見之致病原之一。但絕大多數患者都是免疫功能不全者(immunocompromised)，諸如：使用類固醇者、接受器官移植者、使用免疫抑制劑者、患有惡性血液腫瘤疾病者以及愛滋病患者等等。而免疫功能正常的人 (Immunocompetent)，得到麴菌感染機會很少，要感染侵襲性麴菌肺炎 (invasive pulmonary aspergillosis, IPA) 更是稀少。這裡我們發表兩例侵襲性麴菌肺炎，一位是 72 歲女性，另一位是 61 歲男性；二者入院前，並沒有好發麴菌感染之危險因子存在。一開始，兩人都是以類似一般肺炎的症狀表現，但在經驗性抗生素使用下，病情未見好轉，且都引發呼吸衰竭。影像學上之進展，亦與一般肺炎不同。後來，兩人都經胸腔鏡手術取得檢體，病理證實是侵襲性麴菌肺炎；並且開始使用抗黴菌藥 amphotericin B 治療，但最後病人還是死亡。回顧臨床病程，病人被診斷侵襲性麴菌肺病仍顯太慢。雖然病人無明顯免疫功能缺損，當對經驗性抗生素無效時，如果須要施行侵入性診斷，仍宜及早進行，以利正確抗生素之使用，改善預後。*(胸腔醫學* ***2006; 21: 196-201)***

關鍵詞：侵襲性麴菌肺炎，免疫功能正常

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Polymyositis with Lung Involvement Presenting as Bronchiolitis Obliterans Organizing Pneumonia — A Case Report

Pang-Kai Chen, Tzu-Chin Wu

The incidence of interstitial lung disease (ILD) in polymyositis (PM) is low, and the histological pattern of ILD as bronchiolitis obliterans with organizing pneumonia (BOOP) is even less. ILD in PM usually indicates a poor prognosis, unless the histological presentation is BOOP.

We report a 61-year-old male without a history of cigarette smoking or systemic disease, who presented with fever, cough and dyspnea for 4 days before admission. Leukocytosis and elevated C-reactive protein were observed. Chest X-ray (CXR) revealed left lower lobe infiltrates. He was initially treated for pneumonia, but with a clinically poor response to antibiotics. Respiratory failure occurred and the CXR showed disease progression. Muscle weakness, tenderness, and elevated creatinine kinase developed after a few days. Upon completion of a series of studies, the diagnosis of PM with lung involvement presenting as BOOP was confirmed. Antibiotic was discontinued and steroid prescribed. The disease had a dramatic response to steroid therapy. The patient was then successfully weaned from the ventilator and later discharged. ***(Thorac Med 2006; 21: 202-209)***

Key words: polymyositis, interstitial lung disease, bronchiolitis obliterans organizing pneumonia

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多發性肌炎導致阻塞性細支氣管炎合併器質化肺炎—病例報告

陳邦凱　吳子卿

多發性肌炎的病患中產生間質性肺炎的比例並不高，而其中組織型態以阻塞性細支氣管炎合併器質化肺炎表現者則更為稀少。患者若產生間質性肺炎通常代表較差的預後，但其中以阻塞性細支氣管炎合併器質化肺炎表現者除外。

本病例為一位六十一歲健康男性，無特殊病史。入院主訴為四天前開始發燒、咳嗽及呼吸困難。胸部X光浸潤、白血球及C反應蛋白升高符合肺炎診斷。但抗生素治療無效且病情進展至呼吸衰竭需使用呼吸器。幾天後，病患產生肌肉疼痛及無力的症狀且血清肌酐酸上升。經過一系列的追蹤檢查確定患者為多發性肌炎導致阻塞性細支氣管炎合併器質化肺炎。經施予類固醇治療後，病患病情迅速改善並成功脫離呼吸器，治癒出院。*(胸腔醫學**2006; 21: 202-209**)*

關鍵詞：多發性肌炎，間質性肺炎，阻塞性細支氣管炎合併器質化肺炎

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Intra-thoracic Extra-medullary Hematopoiesis — A Case Report

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Intra-thoracic extra-medullary hematopoiesis (EMH) is a rare disease in the differential diagnosis of mediastinal masses. It is usually asymptomatic, and since masses tend to be slow-growing, patients should not be subjected to unnecessary surgical interventions. We present a case of spherocytosis with long-term anemia without blood transfusion. Multiple intra-thoracic tumors were noted and echo-guided biopsy revealed tri-lineage hematopoiesis, which was compatible with EMH. This case report serves to remind us of an unusual diagnosis for posterior mediastinal masses. Hence, EMH should be considered in the differential diagnosis of patients who have chronic anemia with asymptomatic intra-thoracic tumors, and care should be taken to prevent further aggressive diagnostic and therapeutic measures. Low-dose radiation can be considered for the palliative treatment of pleural and pulmonary EMH. ***(Thorac Med 2006; 21: 210-217)***

Key words: extra-medullary hematopoiesis, intra-thoracic tumor

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胸腔內的髓外造血—病例報告

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胸腔內的髓外造血是一種罕見的縱隔腔腫瘤疾病。它通常無明顯症狀且生長非常緩慢，因此一般不需外科治療。在此我們提出一名以長期貧血而沒有接受輸血治療的球狀紅血球症的病例，在其胸腔內發現多個腫瘤,經由超音波引導的切片檢查顯示三線的造血生成，符合髓外造血的診斷。此病例報告顯示一罕見的後縱膈腔腫瘤的診斷。因此，對於慢性貧血的患者，若發現無症狀的胸腔內腫瘤，髓外造血為必要的鑑別診斷之一以避免不必要的侵犯性檢查及治療。對於肋膜或肺部的髓外造血所引起的症狀，放射治療為一可考慮的治療方式。*(胸腔醫學* ***2006; 21: 210-217****)*

關鍵詞：髓外造血，胸腔內腫瘤

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Thoracoscopic Resection of Paraesophageal Bronchogenic Cyst: Report of 4 Cases

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Bronchogenic cysts are benign congenital lesions caused by developmental anomalies of the tracheobronchial trees. Paraesophgeal bronchogenic cysts are even more intriguing due to the variable anatomical involvement and presentations of the upper digestive tract. The preoperative diagnosis is not difficult, yet evaluation of esophageal involvement is crucial to surgical intervention. Surgical resection using video-assisted thoracoscopic surgery (VATS) has been well-developed in recent years. Herein, we present our experience with the successful management of 4 patients with paraesophageal bronchogenic cysts with variable degrees of esophageal involvement, via the utilization of thoracoscopic surgery. ***(Thorac Med 2006; 21: 218-224)***

Key words: bronchogenic cyst, esophagus, thoracoscopic surgery

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行胸腔鏡手術切除之食道旁支氣管性囊腫—四案例報告

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支氣管性囊腫乃氣管支氣管於胚胎發育過程中不正常的變異引發之良性先天性病灶，食道旁支氣管性囊腫相較於其他支氣管性囊腫更為特別，因為常合併有不同程度的食道侵犯及表徵。術前的診斷困難，可是術前的評估對於手術是極為重要的。近十年來胸腔鏡手術以漸成為支氣管性囊腫切除的首選手術切除方式。我們在此報告四例食道旁支氣管性囊腫的案例，分別有不同程度的食道侵犯，並討論在診斷及治療方面的策略。*(胸腔醫學* ***2006; 21: 218-224)***

關鍵詞：支氣管性囊腫，食道，胸腔鏡手術

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