The Incidence of Cough-variant Asthma in Patients with Chronic Cough of Unknown Origin

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Background: Cough is a noisy and troublesome symptom which leads sufferers to search for medical help. In some circumstances, doctors treat chronic cough patients as asthmatics, due to the clinical picture or audible wheezing. Although the incidence of asthma has been increasing in recent years, under-treatment may allow the development of irreversible airflow limitation as a result of airway remodeling. It is well known that asthma should not be over-treated. Unnecessary administration of a bronchodilator, such as β2 agonist and theophylline, may cause hand tremor, palpitation and headache. Excess exposure to corticosteroids also may lead to some local or systemic side effects.

Methods: In this study, we included 44 patients who had suffered from chronic cough for more than 8 weeks. All patients demonstrated chronic cough, initially negative chest X ray findings, no smoking history, no ACEI consumption history, and clear breathing sounds during physical examination. Sputum special stain for eosinophil count and a bronchial provocation test were performed in selected patients.

Results: Ten (22.7%) of the participants were asthmatics, and 3 (6.8%) were patients with eosinophilic bronchitis. Only 29.5% of the participants benefited from corticosteroid treatment.

Conclusion: Chronic cough is an unreliable symptom for diagnosing asthma, and may lead to over-treatment. Treatment with corticosteroid or β2 agonist in patients with chronic cough should be more conservative, unless sufficient evidence of asthma has been obtained. ***(Thorac Med 2006; 21: 225-231)***

Key words: chronic cough, cough-variant asthma, eosinophilic bronchitis

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咳嗽變異型氣喘在不明原因慢性咳嗽中的發生率

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前言：咳嗽是一個惱人的症狀並常促使患者尋求醫療協助。有時候醫師會把慢性咳嗽的患者當做氣喘治療，雖然氣喘發生率逐年增加，雖然治療不足會造成不可逆的呼吸道氣流阻塞及呼吸道重塑，但過度使用治療氣喘藥物也是有害的。使用不必要的支氣管擴張劑，像β -agonist 與 theophylline 類藥物，會引起手抖、心悸及頭痛。過度使用類固醇也會導致局部或全身性的副作用。

方法：我們選擇 44 個慢性咳嗽超過八週的病人，胸部 X 光片正常、無抽菸史、無使用 ACEI 類降高血壓藥物、胸部理學檢查呈現乾淨呼吸聲。檢查痰液中嗜伊紅性白血球的數量與支氣管激發試驗。

結果：10 (22.7%) 個受試者診斷為氣喘，3 (6.8%) 個受試者診斷為嗜伊紅性支氣管炎。總共只有 13 (29.5%) 個受試者會因使用類固醇藥物而受益。

結論：只靠慢性咳嗽就診斷氣喘，似乎不太可靠。因此當我們沒有進一步的證據時，應該更謹慎且保守的用類固醇藥物來治療慢性咳嗽。*(胸腔醫學* ***2006; 21: 225-231)***

關鍵詞：慢性咳嗽，咳嗽變異型氣喘，嗜伊紅性支氣管炎

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The Value of Fiberoptic Bronchoscopy in the Diagnosis of Central and Peripheral Lung Cancer

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Background: Flexible fiberoptic bronchoscopy combined with bronchial brushing (BB), bronchial washing (BW) and endobronchial biopsies (EBB) has been widely performed to achieve diagnoses of lung cancer. Our study was designed to evaluate the diagnostic yield of BB, BW and EBB in central and peripheral lung cancers.

Methods: A total of 295 patients who presented with a central or peripheral lung mass in the chest radiography were proven to have a malignancy, based on the final cytology and histology reports, and the clinical evidence. Each patient received a bronchoscopy with BB, BW, or EBB, or a combination of these procedures. In all, 191 patients with a central type of lung cancer had a visible endobronchial lesion, and 104 patients had a peripheral type which was not visible to bronchoscopy. The tumor size of the peripheral lung cancer was recorded.

Results: The overall diagnostic yield in the central lung cancer group (81.7%) was significantly higher than that of the peripheral lung cancer group (29.8%, $p < 0.0001$). Each EBB and BB procedure significantly increased the diagnostic accuracy of central lung cancer compared to that of peripheral lung cancer. The BW diagnostic rate showed no difference between central and peripheral lung cancer. The diagnostic rate of the combined procedures was significantly increased in central lung cancer, but not in peripheral lung cancer. The conventional EBB, BW, or BB procedures achieved a higher diagnostic yield for peripheral lung cancer with a tumor size > 3 cm (39.7%) than for a tumor size less than 3cm (19.6%, $p = 0.005$).

Conclusions: In conclusion, the combination of BB and EBB has a satisfactory diagnostic yield in central lung cancer. In peripheral types of lung cancer, conventional procedures alone cannot achieve a good result. Bronchoalveolar lavage, transbronchial lung biopsy, and transbronchial needle aspiration with or without endobronchial ultrasonography will provide more accurate diagnostic sensitivity. ***(Thorac Med 2006; 21: 232-238)***

Key words: bronchoscopy, lung cancer, bronchial brushing, bronchial washing, endobronchial biopsy

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軟式支氣管鏡在診斷中央型和周邊型肺癌的價值

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背景：支氣管鏡檢查術合併支氣管刷拭，支氣管沖洗，以及支氣管切片，被廣泛的應用在肺癌的診斷上。本研究比較這些技術在中央型和周邊型肺癌的診斷上有何異同。

方法：本研究納入了胸部 X 光上發現有肺腫瘤且最後診斷為肺癌的病患共 295 人。每一個病患都接受支氣管鏡檢查，其中 191 人屬於中央型肺癌，另外 104 人屬於周邊型。周邊型肺癌病患的腫瘤大小同時加以紀錄。

結果：中央型肺癌的診斷率 (81.7%) 明顯比周邊型 (29.8%) 高 ($p < 0.0001$)。就單獨的檢查術比較，支氣管切片和支氣管刷拭明顯增加中央型肺癌的診斷率，但是支氣管鏡沖洗術在中央型和周邊型肺癌的診斷上就沒有差別。中央型肺癌的病患同時合併使用這些檢查技術明顯增加了診斷率。周邊型肺癌的患者如果腫瘤大小超過 3 公分會有較高的診斷率 ($p = 0.005$)。

結論：中央型肺癌，合併使用支氣管鏡切片和支氣管鏡刷拭術有最好的診斷率。在周邊型肺癌，單獨使用這些傳統的技術沒有辦法得到很好的診斷結果。可能以支氣管肺泡沖洗術、經支氣管肺切片術、經支氣管細針抽吸術、或支氣管鏡超音波可以得到更好的診斷結果。*(胸腔醫學* ***2006; 21: 232-238)***

關鍵詞：軟式支氣管鏡檢，肺癌，支氣管刷拭，支氣管沖洗，支氣管切片

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Clinical Antecedents to Cardiopulmonary Resuscitation in the Medical Intensive Care Unit: A Retrospective Study

Chien-Hong Chou, Jih-Shuin Jerng, Chong-Liang Shih*, Chong-Jen Yu, Pan-Chyr Yang

Background: The clinical antecedents of cardiopulmonary arrest in the intensive care unit have not been well defined yet.

Methods: We retrospectively reviewed those patients who received cardiopulmonary resuscitation in the medical intensive care unit over a 2-year period. We evaluated a number of pre-arrest conditions to determine if the outcome after cardiopulmonary resuscitation was influenced by any of these parameters.

Results: A total of 45 patients (1.2% of medical intensive care unit admissions) were identified. Among them, 27 (60 %) were successfully resuscitated with recovery of spontaneous circulation, but only 4 patients (8.9 %) survived to hospital discharge. A total of 38 (84 %) and 17 (38 %) of the patients had documented observations of clinical deterioration within 8 and 24 hours of arrest, respectively. Patients developing arrest in the medical intensive care unit have predominantly respiratory and cardiovascular derangements in the underlying disease. Arrest was frequently preceded by a clinical deterioration involving hypotension. Antecedent cardiovascular events (RR = 0.182, p = 0.018), including shock, and expected arrests (RR = 0.125, p = 0.009), were associated with a worse chance of recovery of spontaneous circulation.

Conclusion: Patients receiving cardiopulmonary resuscitation have a poor outcome. Expected arrests and antecedent cardiovascular events are associated with a reduced chance of successful resuscitation. ***(Thorac Med 2006; 21: 239-246)***

Key words: cardiopulmonary resuscitation, intensive care unit

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內科加護病房病人接受心肺復甦術前臨床表徵之回溯性研究

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背景：本篇報告探討在加護病房中發生心肺停止前的臨床表徵。

方法：本研究收集從 2003 年 1 月至 2004 年 12 月在內科加護病房中接受心肺復甦述的病人，探討相關在接受心肺復甦術後能恢復自主循環的因子。

結果：共收集 45 位病人 (佔加護病房總住院人數 1.2%) 接受心肺復甦術，其中 27 人 (60%) 成功恢復自主循環，但僅 4 人 (8.9%) 存活出院。評估心肺停止前病人情況發現 38 人 (84%) 在心肺停止前的 8 小時內曾觀察到臨床情況惡化，而 17 人 (38%) 在心肺停止前的 24 小時內曾觀察到臨床情況惡化。病患原有疾病仍以心臟血管及呼吸道方面為主。在發生心肺停止之前以低血壓為最常見的情況。心血管方面異常 (RR = 0.182, $p = 0.018$) 以及預期發生之急救 (RR = 0.125, $p = 0.009$) 是導致自主循環恢復機會降低之主要因素。

結論：在內科加護病房發生心肺停止時，接受急救之預後不佳。預期發生心肺停止並接受急救之病人，以及有前驅心臟血管異常事件的病人，接受心肺復甦術的成功率較低。*(胸腔醫學* ***2006; 21: 239-246****)*

關鍵詞：心肺復甦術，加護病房

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Ultraflex Airway Stent for the Treatment of Tracheobronchial Stenosis due to Lung Cancer

Chia-Hung Chen, Chih-Yen Tu, Te-Chun Hsia, Shinn-Jye Liang, Hung-Jen Chen, Chuen-Ming Shih

Background: Tracheobronchial stenosis due to inoperable lung cancer is a challenging problem, and usually presents worrisome symptoms. We report a recent 5-month experience with interventional bronchoscopy in this group of patients, and evaluate the benefit of this palliative therapy.

Materials and Methods: From May to November 2005, 5 patients with tracheobronchial stenosis due to lung cancer received interventional bronchoscopy at China Medical University Hospital. We used OLYMPUS PSD-60 unipolar electrode endobronchial electrocautery to dissect tumor tissue which had induced trachobronchial stenosis. After debulking the endobronchial tumor, we used an Ultraflex stent (Boston Scientific; Natick, MA) to maintain airway patency.

Results: The patients comprised 5 males, with ages ranging from 42 to 70 years, and a mean age of 57.4 years; all had squamous cell carcinoma of the lung with endobronchial metastasis causing intrinsic airway obstruction. They also suffered from progressive dyspnea and received interventional bronchoscopy with electrocautery and stents (1 tracheal stent in 1 patient and 5 bronchial stents in 4 patients—1 patient received 2 bronchial stents). All symptoms immediately improved after the interventional procedure. No serious complications such as bleeding or airway perforation were noted.

Conclusions: Even for patients with a very poor prognosis at the terminal stage of lung cancer, electrocautery and a stent implant for tracheobronchial stenosis must always be considered as a worthwhile palliative therapy to provide immediate symptom relief of dyspnea.
(Thorac Med 2006; 21: 247-254)

Key words: tracheobronchial stenosis, interventional bronchoscopy, electrocautery, ultraflex airway stent

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氣管介入性治療對肺癌引起支氣管氣道狹窄之治療經驗

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背景：肺癌引起的支氣管氣道狹窄若是無法開刀仍舊對醫護人員是一個富有挑戰性的難題。它會使得病人出現嚴重呼吸道阻塞的症狀，使得生活品質大大降低，本文將報告我們過去 5 個月來的初步治療經驗。

材料與方法：我們分析從西元 2005 年 5 月至 11 月在台中中國醫藥大學附設醫院接受氣管介入性治療的病人。對於病人所施以的氣管介入性治療包括先使用 OLYMPUS PSD-60 電燒來切除掉導致支氣管氣道阻塞或是狹窄的腫瘤，之後在狹窄的部位再佐以 Ultraflex (Boston Scientific; Natick, MA) 氣管支架支撐。

結果：從西元 2005 年 5 月至 11 月，總共有 5 位病人接受氣管介入性的治療， 5 位病人皆是男性，年齡從 42 歲至 70 歲，平均年齡為 57.4 歲，導致支氣管氣道狹窄的原因皆是由於肺部鱗狀上皮細胞癌， 5 位病人皆出現明顯呼吸道阻塞的症狀， 5 位病人中有 1 位接受氣管支架，而有 3 位接受支氣管支架，另外一位病人則接受二支支氣管支架， 5 位病人藉由氣管介入性治療包括電燒切除以及支架置放之後，臨床症狀明顯改善，同時在我們的病人中沒有嚴重的併發症例如氣道破裂或是無法控制出血的產生。

結論：對於由於肺癌引起的支氣管氣道狹窄，儘管病人是屬於末期，我們仍舊應該考慮施以氣管介入性治療包括電燒以及支架的置放，因為此種治療可以使得病人的症狀立即改善，使得生活品質得以提升，是一種可以讓病人得到最佳利益的療法。*(胸腔醫學* ***2006; 21: 247-254)***

關鍵詞：支氣管氣道狹窄，氣管介入性治療，電燒，支架

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Kartagener's Syndrome: A Case Report and Review of the Literature

Kuo-An Wu*, Chung-Yi Liao, Wann-Cherng Perng, Chin-Pyng Wu

Kartagener's syndrome (KS) is a rare congenital malformation, which consists of a classic triad of situs inversus, bronchiectasis, and sinusitis [1]. It is a genetic disorder that is included in either the group of diseases defined as immotile cilia syndrome, or diseases due to primary cilia dyskinesia [2]. These disorders are characterized by the immotility or abnormal beating of the cilia which leads to insufficient mucociliary clearance. KS can cause substantial clinical problems, mainly because of the complications of pulmonary infections.

The patient we encountered was a 58-year-old man with complaints of recurrent productive cough and purulent nasal discharge for about half a year. After a work-up, KS was eventually diagnosed. The patient's symptoms were relieved after treatment with antibiotics and a bronchodilator. We also review the associated literature. ***(Thorac Med 2006; 21: 255-260)***

Key words: Kartagener's syndrome, situs inversus, bronchiectasis, sinusitis, immotile cilia syndrome, dyskinetic cilia syndrome, primary ciliary dyskinesia

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Kartagener 氏症候群—病例報告及文獻回顧

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Kartagener 氏症候群為一罕見之先天性疾病。此症後群包括三種病症：1）內臟反位，2）支氣管擴張症，3）鼻竇炎。這種遺傳性疾病包含在纖毛運動不良症候群或原發性纖毛運動困難的疾病群之中。此症是因為纖毛不活動或不正常的拍動而導致纖毛無法有效地清除呼吸道的分泌物。 Kartagener 氏症候群會引起一些臨床的問題，最主要的併發症是肺部感染。本篇報告一位 58 歲男性因反覆性的咳嗽有痰，合併有膿樣的鼻腔分泌物而到本院求診。經過系列檢查確定診斷為 Kartagener 氏症候群。病人接受抗生素及支氣管擴張劑治療後臨床症狀明顯改善。在此並回顧歷年來對此種病歷相關的文獻報告。***(胸腔醫學 2006; 21: 255-260)***

關鍵詞：Kartagener 氏症候群，內臟反位，支氣管擴張症，鼻竇炎，纖毛運動不良症候群，原發性纖毛運動困難

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Pulmonary Arterial Hypertension Related to Human Immunodeficiency Virus Infection: A Case Report and Literature Review

Shuo-Chueh Chen, Mao-Wang Ho*, Chih-Yen Tu, Pei-ying Pai**, Chuen-Ming Shih

Pulmonary complications of acquired immunodeficiency syndrome (AIDS) represent major causes of mortality in human immunodeficiency virus (HIV)-infected patients. The occurrence in these patients of chronic pulmonary non-infectious complications, such as pulmonary arterial hypertension (PAH), is well established, and the incidence is about 0.5%. But the pathogenesis and treatment of choice are unclear. Herein, we report the case of a 35-year-old man who had PAH related to HIV infection. He received highly active antiretroviral therapy (HAART) and a 2-week daily diltiazem 60 mg treatment, but the pulmonary arterial pressure did not improve. We suggest that if a young patient suffers from dyspnea on exertion due to pulmonary arterial hypertension, with no other common etiology, pulmonary arterial hypertension related to HIV infection should always be kept in mind. ***(Thorac Med 2006; 21: 261-267)***

Key words: pulmonary arterial hypertension, human immunodeficiency virus, highly active antiretroviral therapy

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人類後天免疫缺陷病毒感染所導致之肺動脈高壓—病例報告及文獻回顧

陳碩爵　何茂旺*　涂智彥　白培英**　施純明

愛滋病的肺部併發症是感染人類後天免疫缺陷病毒病人主要致死原因之一。慢性非感染性肺部併發症，如肺動脈高壓，已被充分研究且發生率約 0.5%。但其病態生理學及首選治療仍不清楚。在此我們報告一位 35 歲男性病人，因感染人類後天免疫缺陷病毒而引起肺動脈高壓。病患持續接受高活性抗反轉錄病毒藥物及兩週的 diltiazem(每天 60 毫克)治療但肺動脈高壓仍未好轉。我們建議若有年輕病患因肺動脈高壓產生運動性呼吸困難求診，在排除常見原因後，原發性肺高壓，包括人類後天免疫缺陷病毒感染所引起的肺動脈高壓應列入考慮。*(胸腔醫學 **2006; 21: 261-267**)*

關鍵詞：肺動脈高壓，人類後天免疫缺陷病毒，高活性抗反轉錄病毒藥物

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Ventilator Autotriggering Caused by Cardiogenic Oscillation — A Case Report

Meng-Yi Chou, Chang-Wen Chen

Ventilator autotriggering refers to the initiation of mechanical breath in the absence of a patient's spontaneous inspiratory effort. In other words, ventilator autotriggering may occur under any condition, whenever the triggering criteria are met. Pressure-triggering and/or flow-triggering are the most frequent modes we have used as triggering variables. Under certain circumstances, ventilator autotriggering may occur and produce harmful effects.

We report a patient with congestive heart failure with recurrent pulmonary edema who received prolonged ventilator support. During the treatment course, tachypnea was noted, despite a high level of sedatives and neuromuscular blocking agents. After measurement of airway pressure, airway flow, and esophageal pressure, tachypnea was proved to be caused by ventilator autotriggering as a result of cardiogenic oscillation. Ventilator autotriggering can be easily eliminated by decreasing the triggering sensitivity. ***(Thorac Med 2006; 21: 268-273)***

Key words: autotriggering, autocycling, cardiogenic oscillation

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心臟震顫造成之呼吸器自發性驅動—病例報告

周孟誼　陳昌文

呼吸器自發性驅動意指在病人無呼吸動作時，呼吸器仍給予病人通氣。換言之，在任何情況下只要符合驅動的條件，呼吸器即會給氣。近代呼吸器常使用的驅動條件通常是壓力驅動或者是氣流驅動。在某些情況下，呼吸器自發性驅動可能會發生，並造成病人的傷害。本病例報告中，病人因為嚴重心衰竭及反覆肺水腫而導致無法脫離呼吸器。因為呼吸急促，我們使用了高劑量的安眠劑及肌肉鬆弛劑，但發現病人依舊呈現呼吸急促。在測量了呼吸道壓力、食道壓力以及氣流後，病人呼吸急促的原因證實為心臟震顫造成之呼吸器自發性驅動。此現象只要我們調減驅動閾值的敏感度就可以消弭。*(胸腔醫學* ***2006; 21: 268-273)***

關鍵詞：呼吸器自發性驅動

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Primary Endobronchial Mucosa-associated Lymphoid Tissue Lymphoma Presenting with Hemoptysis: A Case Report

Chih-Che Chou, Shih-Feng Liu, Jui-Long Wang, Meng-Chih Lin

Primary pulmonary mucosa-associated lymphoid tissue (MALT) lymphoma is an extremely rare disease which can involve the lung parenchyma or bronchi. The most common findings of primary pulmonary MALT lymphoma, using a chest roentgenogram or computerized tomography of the chest, are a solitary nodule or mass with or without air bronchograms. We describe a case of primary pulmonary MALT lymphoma presenting with intermittent hemoptysis and normal chest radiography. Bronchoscopic examination showed a plaque lesion located on the lower trachea just above the carina. ***(Thorac Med 2006; 21: 274-279)***

Key words: primary pulmonary lymphoma, mucosa-associated lymphoid tissue lymphoma, bronchoscope, hemoptysis

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以咳血爲表現的原發性氣管內膜相關性淋巴組織淋巴癌：病例報告

周志哲　劉世豐　王瑞隆　林孟志

原發性氣管內黏膜相關性淋巴組織淋巴癌是一種相當罕見的疾病，可能會侵犯肺實質或支氣管。原發性氣管內膜相關性淋巴組織淋巴癌在胸部 X 光片或電腦斷層最常見的表現是單一個肺結節或腫塊合併空氣肺泡造影。在此我們報告一個暗示已咳血為表現，但胸部 X 光片正常。而支氣管鏡檢查的表現是位於氣管隆凸上方單一突起的腫塊。*(胸腔醫學 **2006; 21: 274-279**)*

關鍵詞：原發性肺淋巴癌，黏膜相關性淋巴組織淋巴癌，支氣管鏡，咳血

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Isolated Cryptococcal Pleural Involvement in a Patient with Renal Tuberculosis — A Case Report

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Cryptococcus neoformans is a ubiquitous fungus commonly found in soil contaminated with pigeon droppings; on inhalation, it can become colonized in the immunocompetent host or cause infections in the immunocompromised host. Clinically, the central nervous system is the most commonly infected site, followed by the lung (pulmonary cryptococcosis). However, there have been only scarce reports of isolated pleural empyema or effusion caused by *C. neoformans* without identified lung lesions in non-human immunodeficiency virus (HIV)-infected patients. Herein, we present a patient with renal tuberculosis and prolonged fever who had an incidental finding of isolated cryptococcal pleural effusion. We suggest that an examination for pleural cryotococosis in immunocompromised patients with unexplained pleural effusion may be warranted. ***(Thorac Med 2006; 21: 280-285)***

Key words: *Cryptococcus neoformans*, pulmonary cryptococcosis, cryptococcal pleural effusion

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隱球菌肺肋膜積水—病例報告

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隱球菌是一種黴菌，常見於受鴿子排泄物污染的泥土中；它在健康人身上可形成無害的寄生菌落，也可在免疫不全的人身上造成感染，形成疾病；臨床上中樞神經系統是最常見的感染部位，肺部次之。從文獻記載中，我們發現肺隱球病並不常見，形成隱球菌肺肋膜積水更是少見；這裡我們報告一個病例，希望藉此能對醫療從業人員在臨床治療上有所啟發。*(胸腔醫學 **2006; 21: 280-285**)*

關鍵詞：隱球病，肺隱球病，隱球菌肺肋膜積水

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Adenocarcinoma of the Lung with Bilateral Hydroureteronephrosis

Wei-Chun Lin, Chao-Hua Chiu, Chun-Ming Tsai

We report a 53-year-old female who was diagnosed with adenocarcinoma of the lung and failed to respond to 2 lines chemotherapy. She developed oliguric acute renal failure within 1 week. A renal sonography disclosed bilateral hydroureteronephrosis. She underwent a bilateral percutaneous nephrostomy with external drainage, and her renal function recovered within 3 days. The most common primary sites of cancers causing ureteral obstruction are the cervix, prostate, bladder and colo-rectum. To our knowledge, few case reports of ureteral obstruction attributable to lung cancer have been published. With the current improvements in lung cancer management, survival time has been significantly prolonged and unusual presentations or complications of lung cancer are becoming more common than before. Physicians should be aware that hydronephrosis could complicate the course of patients with non-small cell lung cancer.
(Thorac Med 2006; 21: 286-290)

Key words: lung cancer, hydronephrosis

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肺腺癌合併兩側輸尿管阻塞及水腎—病例報告

林偉群　邱昭華　蔡俊明

本文報告一肺癌病例於生前被發現有兩側輸尿管及陰道轉移。病患是一位 53 歲女性肺癌患者因為急性腎衰竭住院，腎臟超音波顯示有兩側輸尿管阻塞及腎臟積液，腎功能於經皮置放腎臟 pig-tail 導管引流尿液後恢復正常。尿液細胞學檢查顯示為腺癌細胞。而相關影像學檢查（腹腔電腦斷層及後腹腔核磁共振）顯示無腎臟、後腹腔淋巴結轉移或是後腹腔腫瘤壓迫輸尿管。原發性腫瘤造成輸尿管阻塞常見的是子宮頸癌，攝護腺癌、膀胱癌及大腸直腸癌，肺癌合併兩側輸尿管阻塞及腎臟積液實為少見，只有少數病例是在生前診斷出來。而隨著肺癌治療的進步，肺癌病人的生命延長，預期一些往昔肺癌罕見的臨床表現會愈來愈多，我們報告這樣的病人以提醒大家肺腺癌病人可能有此罕見的輸尿管轉移。*(胸腔醫學* ***2006; 21: 286-290)***

關鍵詞：肺癌，水腎，輸尿管阻塞

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Congenital Cystic Adenomatoid Malformation in an Adult: A Case Report and Review of the Literature

Fu-Tsai Chung, Chih-Hsia Kuo, Po-Jui Chang, Chun-Yu Lo, Chih-Wei Wang*, Yuan-Chang Liu**, Horng-Chyuan Lin

Congenital Cystic Adenomatoid Malformation (CCAM) is an uncommon congenital pulmonary malformation that mostly affects newborn infants. However, it may sometimes occur in adults without any symptoms, and complete resection, such as lobectomy, is usually necessary for those at high risk of recurrence, malignancy, or possible massive hemorrhage. Herein, we report a case of adult CCAM presenting as a huge mass on a chest roentgenogram. Recurrence of CCAM was found 7 months after wedge resection. The patient then underwent another surgery with a right lower and middle bilobectomy, and has been regularly followed up at clinics, in a stable condition, since then. We reviewed the literature for a discussion of the clinical manifestations, radiology and histopathologic studies, as well as management of CCAM in adults.
(Thorac Med 2006; 21: 291-297)

Key words: congenital cystic adenomatoid malformation, adult, lobectomy

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成人先天囊狀類腺畸形—病例報告及文獻回顧

鍾福財　郭志熙　張博瑞　羅君禹　王志偉*　劉原彰**　林鴻銓

先天囊狀類腺畸形乃是罕見的先天肺部發育異常，由於產前診斷及治療技術的發展，通常在成年以前即被診斷。雖然少見，其仍被發現可能發生於成人且未伴隨任何症狀。由於它具有高度復發率，且潛存發展成惡性腫瘤及大出血之危險，徹底的切除例如肺葉切除術通常是必須的。我們報告了一例診斷於成人之先天囊狀類腺畸形，經楔狀切除後於門診追蹤七個月後再發，復行雙肺葉切除之徹底治療後，目前於門診追蹤情況穩定。同時針對成人先天囊狀類腺畸形之臨床表現，放射影像學及病理組織學，我們回顧並整理過去的文獻提出此報告。*(胸腔醫學* ***2006; 21: 291-297****)*

關鍵詞：先天囊狀類腺畸形，成人，肺葉切除術

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Pulmonary Coccidioidomycosis Manifesting as a Single Pulmonary Nodule — A Case Report and Literature Review

Wen-Cheng Chao, Ming-Cheng Chan, Yee-Jee Jan*, Jeng-Yuan Hsu

A previously healthy 40-year-old man with pulmonary coccidioidomycosis presented with a solitary pulmonary nodule. The diagnosis was made by wedge resection with histological proof and a previously positive serology test for coccidioidomycosis IgG. The patient had suffered from left chest pain in 2003 when he worked in Arizona. A left lung nodular lesion was found by chest film, and pulmonary coccidioidomycosis was diagnosed at that time, on the basis of positive serum coccidioidomycosis IgG. He underwent anti-fungal treatment there for about 3 months, and the chest pain subsided. In May 2005, he visited our chest medicine outpatient department because of a recurrence of chest pain. The chest X-ray disclosed a 2.5 cm nodule in the left lung. A wedge resection was performed and histopathology of the lesion demonstrated caesous granulomatous inflammation with some Langerhan's giant cells. The Gomori methenamine silver (GMS) and periodic acid-Schiff (PAS) stains disclosed several spherules containing some small endospores. The histopathological picture was compatible with Coccidioides infection. Literature concerning the life cycle, manifestation, diagnosis, treatment, and pulmonary sequelae of coccidioidomycosis is also reviewed. ***(Thorac Med 2006; 21: 298-304)***

Key words: coccidioidomycosis , single pulmonary nodule

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球孢子菌病以單一肺結節表現—病例報告及文獻回顧

趙文震　詹明澄　詹以吉*　許正園

球孢子菌病 (Coccidioidomycosis) 是美國西南方沙漠區域常見黴菌感染，可對免疫力正常或不正常的人造成感染，早期臨床症狀通常很輕微，常見為咳嗽和發燒並無特異性表徵，大多數感染不需藥物治療，但少數病人會有全身性的感染，早期診斷及治療對此部分病人相當重要，另外 5% 至 10% 病人感染過後肺部會遺留下一些結節或空洞。我們在此報告一個免疫力正常患者，該病人兩年前曾於美國亞利桑那工作，當時曾因胸痛於該地住院，影像學檢查發現左肺有結節性病灶且經血清學檢查證實為球孢子菌感染，病人症狀經口服抗黴菌藥物治療後改善，此次病患因胸痛復發且影像學檢查仍然發現左肺有一結節性病灶，經手術切除後證實該結節為球孢子菌感染。我們並且回顧文獻，探討球孢子菌病的生活史、臨床表現、診斷及處置。*(胸腔醫學* ***2006; 21: 298-304)***

關鍵詞：球孢子菌病 (coccidioidomycosis)，肺結節 (pulmonary nodule)

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