Mediastinoscopy in the Diagnosis of Lung Cancer

Yi-Pin Chou, Hon-Ki Hsu, Huang-Chou Chang, Yih-Gang Goan

Background: Over the years, radiological studies, especially CT scans of the chest, have been the mainstream methods used in the diagnosis of lung cancer with mediastinal metastases. However, there are limitations to the accuracy of diagnosis. Mediastinoscopy has been recently advocated as an alternative method for diagnosis and to confirm inoperability. We reviewed 45 patients who had received mediastinoscopy and compared the results with those of CTs.

Methods: The cervical mediastinoscopy technique was performed with 45 patients. All of them had lesions in the lungs and mediastinum. Mean operative time was 50 minutes (range, 40 to 70 minutes) and mean hospital stay was 2 days.

Results: Twenty-five patients had mediastinal tumors, and 21 patients had lung tumors with enlarged mediastinal lymph nodes. Ten of the 21 patients had small cell lung cancer, six had adenocarcinoma, and 3 had squamous cell carcinoma. The other 2 patients had a mediastinoscopic diagnosis of benign lymphoid hyperplasia. One underwent a radical lobectomy, and N2 lymph node metastasis was obtained. The other received a thoracotomy with tumor excision, and the final histologic diagnosis was small cell lung carcinoma. The two patients had false negative results by mediastinoscopy. There was no surgical mortality or intra-operative complication. One patient had pneumothorax and subcutaneous emphysema, and required a chest tube insertion.

Conclusions: A survey using a chest CT scan first and mediastinoscopy later for the diagnosis of mediastinal lymph node metastasis is safe and informative in the staging procedure. A VATS or anterior thoracotomy should be considered as another choice when mediastinoscopy has the possibility of an inadequate or inaccurate result. ***(Thorac Med 2004; 19: 1-9)***

Key words: Bronchogenic carcinoma, mediastinoscopy.

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縱膈腔鏡於肺癌之診斷

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由於影像學技術的進步，使得放射線診斷成為檢查肺癌最常用的工具，但若要取得確定的組織切片，則需要侵入性的方式。縱膈腔鏡為目前最常採用的手術切片方法，具有傷口小，易於取得組織，病人恢復快等優點。

自 1992 至 2001 年間共有四十五位病人接受縱隔腔鏡手術，大多數病人術前皆無診斷，我們回溯四十五位病人接受縱膈腔鏡並比較電腦斷層之結果。手術時間平均五十分鐘，術後住院平均日數為二日。

二十五位病人為縱膈腔腫瘤或良性淋巴結增生，二十一位為肺腫瘤併縱膈腔淋巴結腫大，其中十位病人是小細胞肺癌，六位病人是腺癌，三位是鱗狀細胞癌，二位是良性細胞增生。這二位病人其中一位接受左下肺全肺切除及縱膈腔淋巴結擴清術，但病理診斷有縱膈腔淋巴擴散。另一位病人接受開胸手術，肺腫瘤及縱膈腔淋巴結均為小細胞癌。此二病人為縱膈腔鏡偽陰性結果。所有病人皆無術後死亡情形，三個病人產生併發症，二位是輕微淋巴液洩漏但無傷口感染，另一位病人發生氣胸及皮下氣腫，需插入胸管治療。

縱膈腔鏡是診斷肺癌及分期的一種良好的工具。現今大多於電腦斷層發現有縱膈腔淋巴結腫大情形之後，用縱膈腔鏡進行切片確定。若有淋巴結擴散，則肺葉切除手術可能無法達成，如此可減低不必要的開胸手術以減低手術併發症及死亡率。但縱膈腔鏡有其偽陰性的可能，此時可以胸腔鏡為切片方法以降低此一發生率。***(胸腔醫學 2004; 19: 1-9)***

關鍵詞：肺癌，縱膈腔鏡

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Effects of Domiciliary Nocturnal Ventilatory Support In Patients With Chronic Respiratory Failure

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Background: Domiciliary nocturnal ventilatory support (DNVS) is often used to treat patients with chronic respiratory failure, however, few randomized, controlled studies have investigated its efficacy.

Aims: The purpose of this study was to investigate the effects of a 6-month DNVS intervention on arterial blood gases, exercise capacity, and rate of hospital admissions of in patients with chronic respiratory failure.

Methods: Twenty-nine inpatients with chronic respiratory failure were randomly allocated to either the DNVS (n=13) or the control group (n=16). Among the patients in the DNVS group, 11 received ventilatory support from Bbilevel positive airway pressure (BiPAP) (Respironics), and 2 received portable volume ventilatory support (PVL100) for 6 months. All patients were followed once a month for 6 months after discharge from the hospital. Arterial blood gases and exercise capacity were measured at discharge and 6 months after discharge. Exercise capacity was assessed by a standardized six-minute walking test (6MWT). The number of hospital admissions and length of stay for the 6-month period before enrollment and during the 6-month study period were determined from chart records.

Results: Subjects in the DNVS group showed significant reductions in $PaCO_2$, HCO_3^-, and BE compared to the levels before intervention and also compared to the control group. The Ssix-minute walking distance (6MWD) also increased significantly in the DNVS group, from 281.2 ± 104.6 m before intervention to 381.9 ± 87.4 m after intervention ($p<0.001$), and significant differences between the groups were found. Moreover, the DNVS group had significantly fewer admissions and days of stay in the hospital during the intervention period compared to before the 6-month intervention and to the control group.

Conclusions: Six-month DNVS intervention improved arterial blood gases, increased exercise capacity, and reduced the number of hospital admissions and length of stay in patients with chronic respiratory failure. Further studies to address the effects of DNVS on quality of life and health cost should be encouraged. ***(Thorac Med 2004; 19: 10-17)***

Key words: chronic respiratory failure, domiciliary nocturnal ventilation support, 6-minute walking test, arterial blood gas

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慢性呼吸衰竭病患居家夜間通氣支持的成效

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研究背景：居家夜間通氣支持常運用於治療慢性呼吸衰竭的病患，然而有控制組的隨機分配之研究相當少。

目的：本研究探討慢性呼吸衰竭病患使用六個月夜間通氣支持後，在動脈血氧氣體分析值、運動耐力與再度住院方面的改變和成效。方法：住院之慢性呼吸衰竭病患隨機分配至治療組和控制組，共計 29 位（13 位夜間通氣支持組及 16 位控制組）完成本研究。夜間通氣支持組中 11 位使用雙期正壓通氣方式（Respironics），2 位使用攜帶型容積控制之呼吸器（PLV 100）。受試者在出院前及居家治療六個月後各作一次動脈血氣體分析測量和六分鐘行走測試，並紀錄病患此次住院之前六個月及參與本研究六個月期間的住院次數及住院天數。

結果：居家夜間通氣支持組之動脈血二氧化碳分壓、重碳酸離子及鹼超出量皆較治療前減少，六分鐘行走距離由 281.2 ± 104.6 米增至 381.9 ± 87.4 米，均較控制組明顯改善，且治療組之住院次數及天數亦明顯較控制組減少。

結論：給予慢性呼吸衰竭病患居家夜間通氣支持治療六個月，可以改善動脈血氣體分析值、增進運動耐力，並減少住院次數及天數，未來宜進一步探討對病患生活品質與醫療費用的成效。***（胸腔醫學 2004; 19: 10-17）***

關鍵詞：慢性呼吸衰竭病患，居家夜間通氣支持，六分鐘行走測試，動脈血氣體分析值

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Idiopathic Bronchiolitis Obliterans with Organizing Pneumonia Manifesting as Acute Respiratory Distress Syndrome — A Case Report

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Bronchiolitis obliterans with organizing pneumonia (BOOP) is a clinicopathologic syndrome that appears with characteristic loose connective tissue obliterating in the respiratory bronchioles, alveolar duct, and alveoli. It responds excellently to corticosteroids, and has a favorable prognosis. The typical symptoms of idiopathic BOOP include dry cough, exertional dyspnea, fever, or fatigue. They usually occur in a chronic or subacute course. An acute life threatening manifestation of BOOP resembling acute respiratory distress syndrome (ARDS) has rarely been reported. Herein, we report the case of a female adult who suffered from rapidly progressive dyspnea and hypoxemic respiratory failure, with a course mimicking bacterial pneumonia with ARDS, in need of mechanical ventilation and with a poor response to antibiotic treatment. Idiopathic BOOP was diagnosed after open lung biopsy, and successfully treated with pulse methylprednisolone therapy. We highlight the importance of early intervention by open lung biopsy in a patient with idiopathic ARDS. Steroid therapy is effective in patients with idiopathic rapidly progressive BOOP. ***(Thorac Med 2004; 19: 18-24)***

Key words: idiopathic bronchiolitis obliterans with organizing pneumonia (BOOP), acute respiratory distress syndrome (ARDS), open lung biopsy

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以急性呼吸窘迫症表現的原發性阻塞性細小支氣管炎併組織化肺炎—病例報告

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原發性阻塞性細小支氣管炎併組織化肺炎或原因不明的組織化肺炎為一少見特殊的臨床病理症候群。其病理組織的特徵為鬆散的結締組織積聚在細小支氣管及肺泡。類固醇對其療效很好。大部分的病人發病的原因不明，但需先排除感染、藥物、放射線、自體免疫疾病等病因。它的病程通常是緩慢的，一般以乾咳、運動時氣喘、發燒及一些非特異性的身體不適表現。此疾病以猛暴、急性發作是很少見的表現，我們報告一個原發性阻塞性細小支氣管炎併有機化肺炎，以急性呼吸窘迫症表現並使用類固醇脈衝療法成功治療的病例。原發性阻塞性細小支氣管炎併組織化肺炎若以急性方式表現，有可能誤判為非典型肺炎或是急性間質性肺炎，而給予不恰當的治療。故當急性呼吸窘迫症的導因不明或是對藥物反應不良，應早期切片診斷是否為此病，並及早給予類固醇治療，以免錯過此可至癒的疾病。***（胸腔醫學 2004; 19: 18-24）***

關鍵詞：原發性阻塞性細小支氣管炎併組織化肺炎，急性呼吸窘迫症，開胸組織切片

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Pulmonary Carcinosarcoma Presenting with Hypertrophic Pulmonary Osteoarthropathy

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Pulmonary carcinosarcoma is a rare malignant tumor which exhibits both epithelial and mesenchymal elements, and is identified by its histological and immunohistochemical characteristics. Pulmonary carcinosarcomas are rarely diagnosed preoperatively because of incomplete biopsies, and although most are resectable, they have a poor prognosis. Hypertrophic pulmonary osteoarthropathy is a clinical syndrome consisting of joint and long bone pain and swelling from symmetric and proliferating distal bone periostitis. Clubbing of the fingers and toes may also be noted. Radiographically, periosteal thickening and increases in pericortical $^{99}Tc^{m}$-MDP uptake in bone scans may be seen. Pulmonary carcinosarcomas usually present with cough and hemoptysis. A relationship between pulmonary carcinosarcoma and hypertrophic pulmonary osteoarthropathy has been described only once before, in 1991. A rare case of pulmonary carcinosarcoma presenting with hypertrophic pulmonary osteoarthropathy is reported and discussed, herein with reference to the literature. ***(Thorac Med 2004; 19: 25-31)***

Key words: carcinosarcoma, hypertrophic pulmonary osteoarthropathy

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以增生性肺骨關節病變表現的肺癌肉瘤一個案報告

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肺部癌肉瘤是罕見的腫瘤，並且同時包含了表皮和間葉細胞分化的惡化細胞，它以組織和免疫組織生化病理報告來診斷。由於不完整的切片，所以極少於術前就有正確的診斷。即使大多數可以手術切除，癌肉瘤的預後仍非常差。

肺骨關節病變是包含了因對稱及增生性的骨膜炎而導致長骨和關節疼痛和腫脹的臨床症狀，有時也會伴隨杵狀指的發生。放射線的證據包括了骨膜增生和核醫骨掃瞄下?旁的增加吸收。肺部癌肉瘤最常見的症狀是咳嗽和咳血，以肺骨關節病變來表現文獻上僅在一九九一年有過一例。我們提出這個非常罕見的個案及回顧文獻來討論。***(胸腔醫學 2004; 19: 25-31)***

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Swyer-James (MacLeod's) Syndrome — A Case Report

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Swyer-James (MacLeod's) syndrome is a rare disease. The chest radiograph is usually characterized by a unilateral hyperlucent lung with air-trapping and diminutive vascular markings. We present a 22-year-old man who had suffered repeated respiratory tract infections, right chest tightness, and progressive dyspnea on exertion. He was diagnosed as having Swyer-James syndrome from the results of the inspiration-expiration chest radiographs, high resolution computed tomographic scan, and pulmonary function test. The diagnosis was confirmed by excluding other causes of unilateral lung hyperlucency. ***(Thorac Med 2004; 19: 32-36)***

Key Words: Swyer-James syndrome, MacLeod's syndrome, unilateral hyperlucent lung, high resolution computed tomography

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Swyer-James (MacLeod's) Syndrome —病例報告

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Swyer-James (MacLeod's) 症候群係乃一少見之疾病。胸部 X 光片特徵多為單側小而透亮之肺野合併氣陷以及血管紋路減少。本文報告一位 22 歲男性患有反覆之呼吸道感染，右側胸悶以及漸進性運動氣促。依據吸氣 - 吐氣之胸部 X 光片、高解析度胸部電腦斷層與肺功能檢查，本病患診斷為 Swyer-James (MacLeod's) 症候群。此診斷由排除其他造成單側高透亮性肺野之病因更得以確定。***（胸腔醫學 2004; 19: 32-36）***

關鍵詞：Swyer-James 症候群， MacLeod's 症候群，單側高透亮性肺野，高解析度胸部電腦斷層

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Severe Imported *Plasmodium Falciparum* Malaria: Report of Two Cases

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Although malaria is mainly seen in the tropics, imported cases of malaria increase as more people travel to endemic areas. The manifestations are generally nonspecific, but severe and complicated malaria, mostly attributed to *Plasmodium falciparum*, can result in substantial fatality in patients without clinical immunity. In this report, we present two cases of complicated imported *falciparum* malaria. The first case herein is of a 65-year-old man who had returned from Nigeria, West Africa, without malaria prophylaxis. The other is of a 37-year-old man who had traveled to South Africa and Mozambique. Significant *falciparum* parasitemia had been identified at presentation in both cases. Severe complications, including cerebral malaria, pulmonary edema, acute renal failure, disseminated intravascular coagulation, hepatic dysfunction, hypoglycemia, and shock, developed later in the course of hospitalization despite effective antimalarial chemotherapy with gradually resolving parasitemia. The hemodynamics measurement indicated that an increased pulmonary capillary leak might have been the cause of the pulmonary edema. Mechanical respiratory support, hemodialysis, and other intensive-care measures were needed. Both patients recovered after continuing antimalarial drugs and ancillary treatments in the intensive care unit. We conclude that a high degree of suspicion is important for early diagnosis of malaria in people with a relevant travel history. In addition to effective antimalarial drugs, close monitoring and adequate supportive treatment in an intensive care unit are usually mandatory for patients with severe *falciparum* malaria infection. ***(Thorac Med 2004; 19: 37-43)***

Key words: malaria, *Plasmodium falciparum*, non-cardiogenic lung edema

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嚴重的境外移入惡性瘧疾：兩個病例報告

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瘧疾主要見於熱帶地區。由於有越來越多的人至熱帶地區旅遊，境外移入的瘧疾病例也逐漸增加。瘧疾的臨床表現通常不具特異性，但嚴重的瘧疾感染，卻常造成各種併發症，對許多不具免疫力的病患造成相當程度的死亡威脅。這些嚴重的瘧疾感染，絕大多數都是由惡性瘧疾原蟲所造成。在此我們報告兩個境外移入的惡性瘧疾感染產生嚴重併發症的病例。第一個病例是一位由西非奈及利亞回國的六十五歲男性。另一位則是至南非及莫三比克旅遊的三十七歲男性。兩個病例都被發現在血液中有明顯的惡性瘧疾原蟲，雖然在住院的過程中經過了抗瘧疾藥物的治療，使得血液中被瘧疾原蟲感染的紅血球比例減少，這兩個病例卻仍然發生嚴重併發症，包括意識改變、肺水腫、急性腎衰竭、肝功能障礙、瀰漫性血管內凝血障礙、低血糖、及休克狀態等。血行動力檢查顯示其肺水腫應與肺部微小血管之滲漏有關。兩個病例在持續使用抗瘧疾藥物及包括機械性呼吸支持、血液透析、與其他重症加護的照顧措施下逐漸康復。由這兩個病例來看，對有相關旅遊史的病患保持高度得警覺才能早期診斷瘧疾。對嚴重的惡性瘧疾感染，除了有效的抗瘧疾藥物治療外，也往往需要重症加護單位嚴密的監控及適當的支持性療法。***(胸腔醫學 2004; 19: 37-43)***

關鍵詞：瘧疾，惡性瘧疾原蟲，非心因性肺水腫

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Pulmonary Artery Sarcoma — A Case Report and Review of the Literature

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Primary pulmonary artery sarcoma is a rare tumor. The tumor is often mistaken for a pulmonary thromboembolism at presentation, and the surgical treatment is usually delayed. Its prognosis is extremely poor, and less than 10% of the patients survive longer than 1 year after diagnosis. Herein, we report a case of pulmonary artery sarcoma with the initial presentation of hemoptysis and a mass in the right upper lobe, mimicking a lung cancer. Subsequent studies suggested a right pulmonary artery tumor with suspicious tumor emboli. After undergoing a palliative resection of the tumor and various regimens of adjuvant chemotherapy, he sustained hydrocephalus associated with brain metastasis 15 months later. He finally died of respiratory failure 19 months after operation. The literature is reviewed, and we conclude that early diagnosis and complete resection followed by chemotherapy can provide a chance of intermediate or long-term survival. ***(Thorac Med 2004; 19: 44-49)***

Key words: pulmonary artery, sarcoma, chemotherapy

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Pulmonary Artery Sarcoma

肺動脈肉瘤—一病例報告及文獻回顧

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肺動脈肉瘤是一種罕見的腫瘤。此腫瘤的表現多被誤以為是肺部血栓，因此手術治療常是延遲的。它的預後非常不好，只有不到百分之十的病人在診斷後能活超過一年。在此我們報告一個初期表現為咳血及右上肺葉腫塊、疑似肺癌的肺動脈肉瘤病例。住院之後的檢查認為右肺動脈有一個腫瘤且合併腫瘤栓子。在接受姑息性腫瘤切除及多種處方的輔助性化學治療後，他在十五個月後有腦轉移合併水腦。最後他於手術後十九個月死於呼吸衰竭。我們回顧文獻，認為早期診斷、完全切除腫瘤再加上化學治療將有機會得到中或長期的存活。*(胸腔醫學 2004; 19: 44-49)*

關鍵詞：肺動脈，肉瘤，化學治療

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Scrub Typhus Complicating Interstitial Pneumonitis and Meningoencephalitis: A Case Report

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Scrub typhus is an acute febrile illness. Severe complications of this disease have been very rare since the introduction of specific antibiotic therapy. The most serious clinical manifestations are meningoencephalitis, myocarditis, interstitial nephritis ,and pneumonitis with acute respiratory distress syndrome (ARDS). Herein, we report a case of scrub typhus that presented with abdominal pain, fever, rash, altered mental status, and meningismus, and rapidly progressed to bilateral pulmonary infiltrates.The cerebrospinal fluid (CSF) study revealed pleocytosis with predominant lymphocytic cells, hypoglycorrhachia ,and an elevated protein level. Blood and CSF cultures for bacteria were negative, but indirect immunofluorescence assay of the serum and CSF for *Orientia tsutsugamushi* revealed IgG≥640 and IgM≥160. Scrub typhus with meningoencephalitis and interstitial pneumonitis was diagnosed. The patient recovered dramatically after tetracycline and steroid therapy. Early diagnosis and treatment of this disease are important. ***(Thorac Med 2004; 19: 50-54)***

Key words: Scrub typhus, meningoencephalitis, interstitial pneumonitis

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恙蟲病併發間質性肺炎及腦膜腦炎：一病例報告

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恙蟲病是由立克次體引起的急性感染症，自從抗生素問世後，此類疾病所引起的併發症就很少見。罕見的嚴重併發症包括腦膜腦炎、心肌炎、間質性腎炎及間質性肺炎合併急性呼吸窘迫症候群。我們在此報告一位發燒、腹痛、皮疹、意識不清、頸部僵硬及肺部呈現兩側間質性侵潤的患者，腦脊髓液及血清學檢查結果證實為恙蟲病且合併腦膜腦炎及間質性肺炎，此患者經四環素及類固醇治療後，康復出院。能早期診斷及早期治療，對此病的預後影響很重要。此為一臨床少見的個案，特提出討論與文獻回顧。***（胸腔醫學 2004; 19: 50-54）***

關鍵詞：恙蟲病，腦膜腦炎，間質性肺炎

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Well-differentiated Fetal Adenocarcinoma of the Lung: Report of a Case in a 27-year-old Female

Chia-Heng Lin, Shang-Jyh Kao

Pulmonary blastomas are a group of rare malignant neoplasms that microscopically resemble the fetal lung and have recently been subdivided into three categories: classic biphasic pulmonary blastoma (CBPB), well-differentiated fetal adenocarcinoma (WDFA), and pleuropulmonary blastoma (PPB). WDFA was first described by Kradin et al in 1982 as a tumor containing the epithelial features of pulmonary blastoma, but lacking sarcomatous features. Herein we report a 27-year-old female patient with a right middle lobe tumor, which consisted of branching tubules of a cribriform pattern lined by pseudostratified, nonciliated columnar cells and some morules beneath the glandular epithelium. The histological features fulfilled the criteria of a well-differentiated fetal adenocarcinoma. She underwent a right middle lobe lobectomy, and was well at the 3-month follow-up. ***(Thorac Med 2004; 19: 55-59)***

Key word: well-differentiated fetal adenocarcinoma

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分化良好的肺部胎兒型腺癌：一位 27 歲女性的病例報告

林佳衡　高尚志

肺母細胞瘤是一種罕見的，在顯微鏡下酷似胎兒肺部的惡性腫瘤。最近有人將它再細分為三類，就是：典型雙相的肺母細胞瘤，分化良好的胎兒型腺癌，與肋膜肺母細胞瘤。分化良好的胎兒型腺癌在西元 1982 年由 Kradin 等人首度提出，包含肺母細胞瘤的表皮特徵，卻缺乏肺母細胞瘤的肉瘤特徵。在此我們報告一位 27 歲的女性病患，表現為一右肺中葉的腫瘤，病理切片下為許多分支的管狀結構，形成篩狀的腫瘤，由偽多層，無纖毛的柱狀細胞與腺狀表皮下的細胞團“桑葚胚”所構成。其組織學特徵符合分化良好的胎兒型腺癌之定義。在接受右肺中葉切除術後，患者在三個月的追蹤期間內狀況良好。*(**胸腔醫學 2004; 19: 55-59**)*

關鍵詞：分化良好的胎兒型腺癌

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Pleural Pseudocyst Complicated with Iatrogenic Infection and Bronchopleural Fistula

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The pleural pseudocyst is an uncommon entity characterized by pleural peel formation. The lung parenchyma adjacent to the pseudocyst is restricted by thickened visceral pleura. As a result, the lung cannot fully expand during inspiration and gets “trapped.” There is frequently a fixed amount of sterile pleural effusion within the pseudocyst. On chest radiographs, pleural pseudocysts present as fluid collections within thickened pleura. Patients seldom experience discomfort from the pseudocyst. Aspiration of the fluid will not decrease the amount within the pseudocyst, but increases the risk of iatrogenic infection. Herein, we report a patient who suffered from complications of empyema and bronchopleural fistula after chest tapping and drainage of the pleural pseudocyst. ***(Thorac Med 2004; 19: 60-65)***

Key words: pleural pseudocyst; trapped lung; iatrogenic infection; empyema; bronchopleural fistula.

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肋膜假性囊腫併發醫源性感染及支氣管肋膜瘻管

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肋膜假性囊腫為一較少見之肋膜增厚病變，其成因乃由於肋膜發炎、纖維化增厚之故。病灶旁之肺實質常因增厚之臟層肋膜而受到侷限，無法完全擴張，形成 trapped lung ，而所殘留的肋膜空間內則形成一個假性囊腫，且常含有定量之無菌性肋膜積液。在胸部 X 光表現上，肋膜假性囊腫常呈現為一併有增厚肋膜之肋膜積液。病患常無臨床症狀而不須特別處置。抽取肋膜假性囊腫內積液，不僅無助於減少積液量且可能造成醫源性感染，引發嚴重併發症。本文報告一例血胸後肋膜假性囊腫病患，因不當抽取引流後，併發膿胸及支氣管肋膜瘻管之病例，並對相關文獻作一回顧。*(胸腔醫學 2004; 19: 60-65)*

關鍵詞：肋膜假性囊腫， trapped lung ，醫源性感染，膿胸，支氣管肋膜瘻管

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Pulmonary Hydatid Cyst — A Case Report and Review of the Literature

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The hydatid cyst is a parasitic disease caused by the Echinococcus species, and is prevalent in countries with grazing land, such as Australia, New Zealand, South Africa, South America, the Mediterranean countries of Europe, Asia, and Africa, but is very rare in Taiwan. Only two patients diagnosed with this disease have been reported in Taiwan; this is the third case. With the increasing frequency of travel and immigration, we can expect that there will be more and more patients with this disease in Taiwan. For pulmonary cystic diseases, needle aspiration is a reasonable method of diagnosis and treatment, but is not suitable for patients with a hydatid cyst, since it may cause a disastrous anaphylactic reaction. Proper diagnostic procedures without the use of needle aspiration must be considered.

Herein, we report a 28-year-old male who had immigrated to Argentina many years before. At a routine health examination, two round, well-defined mass lesions in the bilateral lower lung fields were disclosed by chest X-ray. The computed tomogram of the chest and a positron emission tomogram both disclosed two benign pulmonary cysts. Hydatid cysts were highly suspected due to his living in an endemic area, and surgical intervention by means of enucleation was suggested. He then went to another medical center for a second opinion. Unfortunately, needle aspiration was performed for diagnosis and an iatrogenic anaphylactic reaction occurred. Under intensive medical treatment with anti-parasitic drugs such as albendazole and praziquantel, his condition improved gradually. Four months later, an episode of coughing up whitish membrane-like material occurred, and the pathologic examination confirmed the diagnosis of a hydatid cystic membrane. He was well after 1 year of follow-up, with a near complete remission of the bilateral lung cysts, and no surgical intervention was performed. ***(Thorac Med 2004; 19: 66-74)***

Key words: Pulmonary hydatid cyst

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肺囊包蟲病—病例報告及文獻回顧

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囊包蟲病是一種囊包蟲感染引起的寄生蟲病，盛行於畜牧發達的國家如澳洲、紐西蘭、南非、環地中海地區的歐洲、亞洲及非洲的國家，台灣並不是盛行的地區，歷年來也只有兩例病例報告。隨著旅遊及移民頻率增加，可以預期類似病例會有增加的趨勢。對於胸腔內囊狀病灶，超音波或電腦斷層導引細針抽吸，是診斷及治療的方法，但對於懷疑有囊包蟲病的病人，可能會造成寄生蟲散佈及嚴重的過敏反應，必須避免以細針抽吸來診斷。

我們在這裡提出一個病例報告，這是一位 28 歲男性，多年前移民到阿根廷。例行健康檢查胸部 X 光發現兩側肺下側有圓形陰影。胸部電腦斷層及正子攝影檢查顯示為兩側良性肺水囊。由他居住的地區我們高度懷疑是肺囊包蟲病，因此我們建議病人手術切除此病灶。但他到另一醫學中心尋求第二意見，在那裡為他施行超音波導引細針抽吸，引起過敏反應。經由抗寄生蟲藥物治療，他的狀況逐漸改善。四個月後病人發生一次劇烈咳嗽，咳出白色膜狀物，病理檢驗證實為囊包蟲包囊。一年後追蹤，發現兩側病灶都消失。並沒有接受任何手術治療。***(胸腔醫學 2004; 19: 66-74)***

關鍵詞：肺囊包蟲病

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Mucosa-associated Lymphoid Tissue (MALT) B-cell Lymphoma of the Lung — A Case Report

Nai-Jen Chang, Chi-Huei Chiang, Biing-Shiun Huang, Ray-Perng Perng

Mucosa-associated lymphoid tissue (MALT) is usually absent in normal organs unless there is a presence of chronic bacterial infection, inflammation, or B-cell dysfunction. The MALT is a primary site of B-cell immunity. The gastro-intestinal tract is the most frequently involved. MALT can occasionally be found in the respiratory tract, breast, thyroid gland, and kidney. MALT lymphoma is a low-grade malignancy, and is usually asymptomatic, slowly progressive, and of good prognosis. The pulmonary MALToma or MALT lymphoma is very rare, especially in Taiwan. We present a case with MALT lymphoma of the lung with the clinical presentation of an asymptomatic pulmonary mass. ***(Thorac Med 2004; 19: 75-81)***

Key words: mucosa-associated lymphoid tissue (MALT), MALT lymphoma

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與黏膜相關類淋巴組織 (MALT) 之淋巴瘤—病例報告及文獻回顧

張乃仁　江啟輝　黃炳勳　彭瑞鵬

與黏膜相關類淋巴組織一般是不會出現在正常器官之內。但是當器官發生慢性的細菌感染，慢性發炎，或是 B 淋巴球功能異常時就會出現。常見於消化道和上下呼吸道，偶爾也可以發生在乳房、甲狀腺和腎臟。與黏膜相關類淋巴組織之淋巴瘤經常是無臨床症狀，緩慢進行性的 B 細胞淋巴瘤。此疾病預後良好，本文提出一個七十歲病例，臨床表現為無症狀、體檢意外發現之肺部腫瘤。電腦斷層為實質化腫瘤、淋巴結腫大和毛玻璃樣的影像表現。支氣管鏡檢查為右上肺後枝內紫色的支氣管內腫瘤，細胞學檢查無惡性細胞。經手術切除，病理學報告為與黏膜相關類淋巴組織之淋巴瘤。***(胸腔醫學 2004; 19: 75-81)***

關鍵詞：與黏膜相關類淋巴組織，與黏膜相關類淋巴組織之淋巴瘤

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