Specific Allergen Tests in Asthmatic Patients: A Comparison Between Adults and Children

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Background: The prevalence of asthma is increasing gradually in Western countries as well as in the Far East. Environmental factors have been proposed as one of the reasons for the wide variations in asthma epidemiology. In this study, we investigated the differences in specific allergen tests between asthmatic children and adults, and the relationship between specific allergen tests and total serum immunoglobulin E (IgE) and peripheral blood eosinophilia.

Methods: A total of 68 adults and 55 children who were diagnosed with asthma at our outpatient department were enrolled in this study. All patients underwent a specific allergen test measured by multiple allergosorbent chemiluminescent assay (MAST-CLA). Based on the results of the MAST-CLA test, patients were divided into two groups. The MAST (+) group was defined as patients having at least one positive allergen in their MAST-CLA test. Eosinophil counts greater than 300/μL were defined as eosinophilia. An elevated total IgE level was defined as a total IgE level of more than 200kU/L in adults, and was adjusted for age in children.

Results: Forty-nine (72.1%) adults and 36 (65.5%) children were MAST (+). In the MAST (+) group, a higher allergen number was noted in asthmatic children than in adults (4.8 ± 3.5 vs. 3.5 ± 2.0, p=0.04). The children had a higher incidence of food allergens than adults (n=18, 32.7% vs. n=11, 16.2%, p=0.03), especially to milk (n=15, 27.3% vs. n=1, 1.5%, p<0.001). In the adult patients, the allergen number was correlated to total IgE level (r=0.85, p<0.001), but not to eosinophil count. In the children, the allergen number was correlated well to the total IgE level (r=0.82, p<0.001) and eosinophil count (r=0.60, p=0.001).

Conclusion: The positive tendency in the MAST-CLA test was similar in both adults and children, but the positive tendency to food allergens was significantly higher in children. In the MAST (+) group, children had more allergens than adults. The allergen number was correlated to the peripheral blood eosinophil count and the level of total serum IgE in the asthmatic children.
(Thorac Med 2004; 19: 82-91)

Key words: asthma, specific allergen test, immunoglobulin E, eosinophil

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Specific Allergen Tests and Asthma

兒童及成人氣喘患者之特定過敏原測試比較

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背景：氣喘發生率於西方國家及遠東地區都有逐漸增加之情形，而環境因子被認為是影響氣喘流行病學的因素之一。本研究探討特殊過敏原測試於兒童及成人氣喘病患之差異，及過敏原與免疫球蛋白 E 及週邊血液嗜伊紅白血球之相關性。

方法：本研究自西元 2000 年 7 月至西元 2002 年 12 月於臺大醫院門診收集 68 位成人及 55 位兒童氣喘患者。所有的病患都接受過特定過敏原測試(MAST-CLA)，且依據測試結果分成兩組。過敏原測試陽性(MAST +)定義為至少對一種或一種以上之過敏原有反應；其餘病患則歸為過敏原測試陰性。嗜伊紅白血球過高定義為週邊血液嗜伊紅白血球超過 300/ 閎；而免疫球蛋白 E 之成人標準值設定為 200kU/L ，兒童則依照年齡加以調整。

結果：共有 49 位(72.1%)成人及 36 位(65.5%)兒童於特殊過敏原測試呈陽性反應。在 MAST(+)之病患中，兒童所測試出之過敏原數目高於成人(4.8 ± 3.5 vs. 3.5 ± 2.0, p=0.04)。與成人相較，兒童對食物過敏原有較高之陽性率(兒童 18 人, 32.7% vs. 成人 11 人, 16.2%, p=0.03)，尤其以牛奶最為明顯(兒童 15 人, 27.3% vs. 成人1人, 1.5%, p<0.001)。在成人病患，過敏原數目僅與免疫球蛋白E之濃度有正相關(r=0.85, p<0.001)；而在兒童病患，過敏原數目則與免疫球蛋白 E (r=0.82, p<0.001)及嗜伊紅白血球(r=0.60, p=0.001)皆有正相關。

結論：於過敏原測試呈陽性反應之病患中，兒童相較於成人，對較多種過敏原呈陽性反應。過敏原之數目，在成人與免疫球蛋白 E 之濃度有相關；在兒童則與免疫球蛋白 E 及嗜伊紅白血球皆有相關。*(胸腔醫學 2004; 19: 82-91)*

關鍵詞：氣喘，特殊過敏原測試，免疫球蛋白 E ，嗜伊紅白血球

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Pleomorphic Carcinoma of the Lung

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Objective: To analyze the clinical and pathologic features of biopsy-proven pleomorphic carcinoma of the lung.

Method: We retrospectively reviewed the data of patients with pleomorphic carcinoma of the lung, at a hospital in southern Taiwan. The computerized medical records database of Kaohsiung Veterans General Hospital (VGH-KS) was searched for patients who had pathological findings of pleomorphic carcinoma of the lung from 1999 through 2003. All of the medical records were reviewed, and a microscopic examination of the pathological specimens was performed once again.

Results: Of the 10 patients with histologically confirmed pleomorphic carcinoma, 7 were men and 3 were women, and the median age was 69 years. Initial presenting symptoms were cough (n=10), fatigue (n=8), hemoptysis (n=5), chest wall pain (n=4), weight loss (n=4), dyspnea (n=4) and fever (n=1). The mean size of the tumors was 7.5 cm. The pathological specimens were obtained by transthoracic sono-guided biopsy, CT-guided biopsy or lobectomy during operation. Microscopically, the tumors of five patients were composed of spindle and giant cells exclusively, and the others had epithelial components with squamous cell carcinoma (n=3), adenocarcinoma (n=2) and large cell carcinoma (n=1). Six patients had immunohistochemical staining for their specimens. All of these specimens showed a positive result for cytokeratin stain. The average survival was 6 months.

Conclusions: In our limited experience, the management of pleomorphic carcinoma is not different from that of other non-small cell lung carcinomas (NSCLC). But the histological findings are quite different. Sometimes pleomorphic carcinoma is regarded as sarcoma if there are no carcinomatous transition areas. The most common histological type among our cases was a tumor composed exclusively of spindle and giant cells. ***(Thorac Med 2004; 19: 92-98)***

Key words: pleomorphic carcinoma, giant cell carcinoma, spindle cell carcinoma

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肺部多形細胞癌

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目的：分析本院5年當中肺部多形細胞癌 (pleomorphic carcinoma)(共10例）的臨床病理表現。

方法：從高雄榮民總醫院電腦病歷資料中收尋原發於肺部的多形細胞癌，時段是從 1999 至 2003 年。將病人的臨床表現與病理報告逐一分析。

結果：5年當中共有10個病人符合多形細胞癌的定義。其中7個是男性，3個女性。起始症狀跟一般肺癌類似，但腫瘤平均大小較大 (7.5 公分) 且多位於週邊。5個病人組織學形態上完全是梭狀 (spindle cell) 及巨大 (giant cell) 細胞，另外5個病人的肺癌細胞是由類肉瘤細胞 (sarcomatoid cell) 加上其他非小細胞癌組成。目前3位病人還存活著且均有接受手術治療。死亡的7位病人平均存活時間是6個月。

結論：多形細胞癌處理上跟一般非小細胞癌相似，但是組織學形態卻類似肉瘤 (sarcoma) 。如果切片上沒有其它非小細胞癌區域，有時跟真正肉瘤很難區分，必須借助特殊染色。***(胸腔醫學 2004; 19: 92-98)***

關鍵詞：多形細胞癌，巨大細胞癌，梭狀細胞癌

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Predicting Value of Abdominal Perfusion Pressure and Plasma Renin Activity in Mechanically Ventilated Patients

Wen-Te Liu, Mei-Chen Yang, Chung-Jen Huang, Horng-Chyuan Lin, Chun-Hua Wang, Han-Pin Kuo

Rationale: Clinical experience and experimental studies suggest that intra-abdominal hypertension and positive end-expiratory pressure (PEEP) ventilation might alter splanchnic hemodynamics to a significantly greater degree. Our study assessed the influences of raising positive end-expiratory pressure (PEEP) on intra-abdominal pressure (IAP) and the renin-angiotensin-aldosterone system in patients admitted to intensive care unit.

Motheds: Twenty-six mechanically ventilated patients with normal hemodynamic status were recruited. Their IAP, mean arterial pressure (MAP), plasma renin activity, and aldosterone level were measured at 0 and 1 hour after the raising current PEEP level. In addition, we assessed intra-abdominal perfusion by simply calculating abdominal perfusion pressure (APP) as MAP minus IAP. The values of the elevated PEEP were 6 or 10 cmH_2O selectively with the intention of avoiding peak airway pressure beyond 35 cmH_2O. All the patients were followed up until the termination of ICU hospitalization and their mortality rates were recorded.

Results: The patients with a higher IAP and lower APP had significantly elevated renin activity ($n = 26$, $r = 0.64$, $p < 0.001$ and $n = 26$, $r = -0.70$, $p < 0.0001$, respectively). The seven patients who expired in the ICU had significantly elevated renin activity and aldosterone levels and lower APP, compared with the 19 patients who survived ICU hospitalization. Elevated PEEP could significantly affect IAP from 7.9 ± 0.7 to 9.6 ± 0.7 mm Hg ($n = 26$, $p < 0.0001$) and APP from 66.7 ± 1.3 to 65.2 ± 1.4 mm Hg ($n = 26$, $p < 0.05$) respectively. However, there was no significant difference in plasma renin activity and aldosterone levels in the two levels of PEEP. Conclusions Plasma renin activity was significantly correlated with IAP and in an inverse manner, with APP. Higher APP and lower plasma renin revealed better patient outcome. Both IAP and APP were significantly affected by raising the PEEP level. Assessment of APP and plasma renin activity in patients receiving mechanical ventilation can help clinicians in adjusting the ventilator and predict patients' outcome. ***(Thorac Med 2004; 19: 99-108)***

Key words: positive end-expiratory pressure (PEEP), intra-abdominal pressure, abdominal perfusion pressure, plasma renin activity

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腹內灌流壓及血清腎激素對於病人使用呼吸器臨床預後的評估價值

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背景：臨床經驗與動物實驗都可以發現：腹腔內的高壓以及維持呼氣末端正壓的呼吸方式(Positive end-expiratory pressure ， PEEP)，會對於腹腔內器官的血行動力狀態造成顯著的改變。我們研究增加呼氣末端正壓值對於腹內壓與 renin-angiotensin-aldosterone system 的影響。

方法：總計 26 位氣管插管使用呼吸器且血行動力學穩定的病患被納入這次研究，我們測量這些病患的腹內壓、平均動脈壓、血清腎激素(plasma renin activity)與醛固酮(aldosterone level)的濃度，在其他因素不變的情形下增加 PEEP(6 或 10 cmH_2O ，避免最大呼吸道阻力超過 35 cmH_2O)，一小時後再次測量上述的變因；另外並定義腹內灌流壓(abdominal perfusion pressure)為平均動脈壓與腹內壓的差值。這些病患被持續追蹤至離開加護病房並紀錄其死亡率。

結果：在腹內壓較高(higher intra-abdominal pressure)及腹內灌流壓較低(lower abdominal perfusion pressure)的病人身上可以觀察到顯著偏高的血清腎激素。加護病房住院期間死亡的 7 位病患身上可以觀察到顯著較高的血清腎激素(plasma renin activity)與醛固酮(plasma aldosterone level)，他們的腹內灌流壓則明顯低於存活的另外 19 位病患。增加 PEEP 會顯著提高腹內壓與減低腹內灌流壓(abdominal perfusion pressure)。然而，比較 PEEP 提高前後血清腎激素(plasma renin activity)與醛固酮(aldosterone level)的濃度則沒有顯著的差異。

結論：本篇研究發現，腹內壓(Intra-abdominal pressure)及腹內灌流壓(Abdominal perfusion pressure)皆和血清腎激素的多寡呈顯著相關；較高的腹內灌流壓與較低的血清腎激素顯示病人有較好的預後。而腹內壓及腹內灌流壓亦會受到 PEEP 調整的影響，因此測量腹內灌流壓及血清腎激素有助於臨床醫師對重症病人的評估與呼吸器的調整。*(胸腔醫學 2004; 19: 99-108)*

關鍵詞：呼氣末端正壓(PEEP)，腹內壓，腹內灌流壓，血清腎激素

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Spontaneous Catheter Migration of Implantable Vascular Access Device — Two Case Reports and Review of the Literature

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Liang-Shun Wang, Min-Hsiung Huang

The implantable vascular access device (IVAD), sometimes called the "implantable infusion port", is usually used for drawing blood samples, administering drugs, and supplying fluids or nutrition. Some of the complications that cause malfunctioning of the device have been reported. We describe herein two unusual cases with a spontaneous catheter migration of the IVAD. In the first case, the initial port malfunctioning was followed by a total occlusion and an inability to infuse. In the second case, the port malfunctioned, and only sometimes was not in a full-running mode during infusion. A migration of the central venous catheter can lead to vascular, neurologic, or infectious complications. Although some authors have reported non-operative methods to correct the positioning of the displaced central venous catheter, it is difficult to re-position the catheter of an IVAD, which is implanted completely subcutaneously. Removal and replacement are usually necessary in these cases. ***(Thorac Med 2004; 19: 109-114)***

Key words: migration, catheter, implantable vascular access device

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植入式血管裝置導管的自動漂移—兩個病例報告及文獻回顧

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植入式血管裝置，有時被稱為“植入式注射座”，通常用於抽取血液樣本、給藥、輸液及營養的補充。有些併發症會導致此裝置功能不彰，我們描述了兩個少見的例子乃有關植入式血管裝置之導管的自動漂移。在第一個病例中，植入座的功能不佳並且注射時常常無法全速開啟，最後導致完全阻塞。在第二個病例中，植入座功能不佳且導管持續漂移。中央靜脈導管的漂移可以導致血管、神經、或感染等併發症，雖然有些作者報告可用非手術的方式矯正移位的中央靜脈導管，但很難將相同的方式應用於植入式注射座，因為這種裝置是完全埋於皮下的，在這種病例中，拔除原裝置及重新裝設通常是必需的。***(胸腔醫學 2004; 19: 109-114)***

關鍵詞：漂移，導管，植入式血管裝置

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Video-Assisted Thoracoscopic Surgery for Mediastinal Parathyroid Adenoma — A Case Report and Literature Review

Chung-Wei Chen, Yih-Leong Chang, Yung-Chie Lee*

Primary hyperparathyroidism is the most common cause of hypercalcemia, and 25% of primary hyperparathyroidism is caused by ectopic mediastinal parathyroid glands [1]. In approximately 1-2% of the cases, the ectopic gland is in the mediastinum in a location that requires a thoracic approach [2]. A large hyperfunctioning parathyroid adenoma in the deep mediastinum is relatively rare, and may be safely resected using video-assisted thoracoscopic surgery to avoid an open surgical procedure. Only 28 patients who underwent video-assisted thoracoscopic surgical (VATS) resection of mediastinal parathyroid tumors have been reported in the world literature to date [1,3-5]. We herein describe our experience with the successful removal of a large anterior mediastinal parathyroid adenoma by video-assisted thoracoscopic surgery in a patient presenting with repeated ureteral stones. To our knowledge, this is the first reported case of thoracoscopic surgery for a mediastinal parathyroid adenoma in Taiwan [13-15]. ***(Thorac Med 2004; 19: 115-119)***

Key words: mediastinal parathyroid adenoma, video-assisted thoracoscopic surgery

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胸腔鏡手術治療縱膈腔副甲狀腺瘤：一病例報告及文獻回顧

陳忠蔚　張逸良*　李元麒

原發性副甲狀腺機能亢進是造成高血鈣血症最常見的原因，約有 25% 原發性副甲狀腺機能亢進是由縱膈腔副甲狀腺瘤引致。在這些異位性縱膈腔副甲狀腺瘤的病例當中，約有 1 － 2% 需要採開胸手術切除，然而開胸手術伴隨有相當比例的合併症（19 － 29%）。隨著內視鏡手術的發達，各種不同的內視鏡技術已經陸續應用在縱膈腔副甲狀腺腫瘤的切除上，包括胸腔鏡，縱膈腔鏡及劍凸下腹腔鏡手術。胸腔鏡手術因為發展較早及視野良好而最多人採用，胸腔鏡手術除了可以有效避免開胸手術所帶來的大傷口及合併症外，截至目前為止文獻上記載的 28 例胸腔鏡手術切除縱膈腔副甲狀腺腫瘤案例，均能順利完成手術。

我們報告一個七十八歲的男性病例，在 4 年來他因為反覆尿路結石接受了震波碎石術並有慢性腎衰竭症狀。經門診驗血發現有高血鈣血症及副甲狀腺機能亢進（副甲狀腺素濃度 261 pg/ml；正常值 = 10-50 pg/ml）。頸部超音波無異常發現，鉈 99m 掃描於縱膈腔發現有異常顯影並且在電腦斷層攝影發現有前縱膈腔腫瘤，患者接受了胸腔鏡手術切除縱膈腔副甲狀腺腫瘤，術後復原良好且血鈣及副甲狀腺素濃度均恢復正常，截至目前為止並無腫瘤再復發的情形發生。***(胸腔醫學 2004; 19: 115-119)***

關鍵詞：縱膈腔副甲狀腺腫瘤，胸腔鏡手術

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Primary Lymphoepithelioma-Like Carcinoma of the Lung — A Case Report

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Primary lymphoepithelioma-like carcinoma of the lung is a neoplasm seen most commonly in the nasopharynx of individuals from south China and Taiwan that is strongly associated with the Epstein-Barr virus. A 46-year-old Chinese woman presented with clubbed fingers and toes for one year and hemoptysis for more than one year. She was admitted to our hospital with a suspicious lesion in the left lower lobe of the lung. The patient was treated with surgical resection and diagnosed with primary lymphoepithelioma-like carcinoma of the lung. These symptoms resolved themselves 6 months later. ***(Thorac Med 2004; 19: 120-124)***

Key words: lymphoepithelioma-like carcinoma, Epstein-Barr virus, lung, lobectomy

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原發性肺類淋巴上皮癌—病例報告

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原發性類淋巴上皮癌於中國南方及台灣之病患中常伴隨有 Epstein-Barr 病毒感染，但一般與此病毒感染之相關腫瘤常見於鼻咽腔。此報告為一位四十六歲台灣女性，其手指及腳趾呈現為杵狀有一年之時間，且偶而咳血有超過一年之久，因發現病患左下肺葉有一疑似肺腫塊而住院治療，經接受手術切除治療，此病灶最後診斷為原發性肺類淋巴上皮癌，前述症狀於手術後六個月完全消除。***(胸腔醫學 2004; 19: 120-124)***

關鍵詞：原發性類淋巴上皮癌，Epstein-Barr 病毒，肺，肺葉切除

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Mediastinal Hemangiomatosis — A Case Report

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Hemangiomas are benign vascular neoplasms that most commonly occur in the skin, subcutaneous tissue, mucous membranes of the oral and genital regions, and abdominal viscera. Multiple hemangiomas are defined as hemangiomatosis. The majority of hemangiomas require no intervention, however, treatment is necessary in 10% to 20% of cases, due to their location, size, or behavior. The diagnosis of life-threatening hemangiomas base on radiographic studies is challenging because the hemangiomas might mimic other lesions or carcinomas. They are typically not diagnosed until surgery. In this case, we report an 18-year-old patient who had suffered from dyspnea and chest pain for several years. Chest radiographs showed a mediastinal mass that initial CT-guided biopsy reported as a thymoma. However, the definitive diagnosis, after open lung biopsy, turned out to be mediastinal hemangiomatosis. ***(Thorac Med 2004; 19: 125-131)***

Key words: hemangiomas, hemangiomatosis, thymoma

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Mediastinal Hemangiomatosis

縱膈血管瘤病—病例報告

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血管瘤是良性的血管贅瘤，通常好發於皮膚、皮下組織、口腔及生殖器官的黏膜、以及腹腔內臟。多發性血管瘤被定義為血管瘤病。大部份的血管瘤不需要積極治療，然而基於血管瘤的位置、大小及狀態，約有一成至二成的病例是需要進行治療的。使用放射線學來診斷血管瘤是有困難的，因為血管瘤會表現得類似其他的病灶或腫瘤。除非經由手術，否則通常是無法輕易把血管瘤診斷出來。

我們報告的這個病例是一位18歲患者，主訴有數年的呼吸困難及胸痛。胸部X光片顯示有一縱膈腫瘤，電腦斷層導引的切片報告則為胸腺瘤。然而經由開胸肺切片之後，最終診斷報告確定為縱膈血管瘤病。*(胸腔醫學 2004; 19: 125-131)*

關鍵詞：血管瘤，血管瘤病，胸腺瘤

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Desquamative Interstitial Pneumonitis — A Case Report and Literature Review

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Desquamative interstitial pneumonitis (DIP) is a subgroup of interstitial lung disease that has a distinctive histopathology, with macrophages filling the alveolar spaces and no significant fibrosis. DIP has a strong association with cigarette smoking, and a better prognosis and response to corticosteroid. We report a patient with iatrogenic Cushing's syndrome who presented with progressive dyspnea and a bilateral diffuse ground-glass pattern on the chest roentgenograph, and who was diagnosed with DIP after video-assisted thoracoscopic (VATS) lung biopsy. Her condition was uneventful after treatment with corticosteroid. The development of DIP in this case may be associated with cigarette smoking and the abrupt discontinuation of the corticosteroid.
(Thorac Med 2004; 19: 132-138)

Key words: DIP, desquamative interstitial pneumonitis, ILD, interstitial lung disease.

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脫屑性間質性肺炎—病例報告及文獻回顧

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脫屑性間質性肺炎（Desquamative interstitial pneumontis）是一種在組織病理學上呈現肺泡填充巨噬細胞且沒有明顯纖維化的間質性肺病。它與抽煙息息相關，且對皮質類固醇治療反應良好。在此我們報告一位醫源性庫辛氏症候群病患臨床表現以漸進性氣促及雙側瀰漫毛玻璃狀肺浸潤的胸部X光表徵，進而以胸腔內視鏡肺切片證實為脫屑性間質性肺炎。此病患對皮質類固醇治療反應良好。此病患之脫屑性間質性肺炎可能起因於抽煙及皮質類固醇的突然終止治療有關。***(胸腔醫學 2004; 19: 132-138)***

關鍵詞：脫屑性間質性肺炎，間質性肺病

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Cardiac Tamponade as a Manifestation of Mycobacterium Avium Complex (MAC) Infection in an Immunocompetent Host — A Case Report

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We present a case of Mycobacterium avium complex (MAC)-induced cardiac tamponade in an immunocompetent man. MAC is ubiquitous and can inhabit the human body without causing disease. Infections with this organism are generally associated with an immunocompromised status, particularly advanced AIDS, as a late opportunistic infection. Sometimes the organism may cause non-tuberculous pulmonary disease in immunocompetent people with preexisting lung disease. Focal extrapulmonary MAC infection in immunocompetent patients is extremely rare, with very few reports in the literature. However, this case serves to remind us that atypical mycobacterial infection must also be considered in immunocompetent patients. ***(Thorac Med 2004; 19: 139-144)***

Key words: mycobacterium avium complex, cardiac tamponade, immunocompetent

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禽型分枝桿菌群(MAC)致心包積水—病例報告

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禽型分枝桿菌群(MAC)是一種環境中常可發現的菌種。它可生長於正常人體的表皮及器官而不致病。此菌種造成感染一般是發生在後天免疫不全的病人身上，尤其當 CD4 細胞數掉到 50/ul 以下時，此時病人的抵抗力極弱，容易形成機會感染。而免疫力正常的人偶有感染，大多發生於肺部有宿疾的病人，而感染部位多在肺部。肺外局部性 MAC 感染在免疫力正常的人極為少見。我們報告一個 73 歲男性，因為 MAC 感染引起心包積水，其 HIV 檢驗結果為陰性。經外科手術引流心包積水並送檢培養的結果證實為 MAC 感染。*(胸腔醫學 2004; 19: 139-144)*

關鍵詞：禽型分枝桿菌群 (MAC)，心包積水，非免疫不全

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Tuberous Sclerosis with Recurrent Pneumothoraces and Lung Transplantation — A Case Report

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Tuberous sclerosis with lung involvement is very rare. We report herein a case of tuberous sclerosis with recurrent spontaneous pneumothraces, for which lung transplantation was ultimately performed due to refractory cor pulmonale. A 23- year-old woman with tuberous sclerosis presented with recurrent pneumothoraces at our hospital. She had had a past history of right renal angiomyolipoma, and since childhood, she had been noted to have skin lesions with angiofibromas on both cheeks and in the lumbosacral area. With the assistance of sonography, she was also found to have hepatic tumors that had not grown for several years, indicating they were benign. These findings confirmed our diagnosis of tuberous sclerosis. As the disease progressed, chest radiographs revealed more interstitial lung infiltration and honeycombing change. Her pulmonary function also deteriorated progressively. Chronic respiratory failure began in 1999. Although she underwent lung transplantation, she died one year later due to severe infection and malignant lymphomas.

To date, no one has reported an effective treatment for tuberous sclerosis. Although oophorectomy and treatment with progestational agents have been reported to provide improvement or stabilization of the disease in a subset of patients, only lung transplantation, which is an option for some patients, offers the possibility for cure. ***(Thorac Med 2004; 19: 145-151)***

Key words: tuberous sclerosis, recurrent pneumothoraces, lung transplantation, lymphagioleiomyomatosis

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Tuberous Sclerosis, Pneumothoraces

結節性硬化症合併反覆性氣胸及肺移植—一個案例報告

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結節性硬化症合併肺部侵犯是非常罕見的。在這裡我們報導一個反覆性自發性氣胸的案例，最後發生肺心症且內科藥物治療無效而實施肺臟移植。這一個結節性硬化症的23歲女性病患，以反覆性自發性氣胸為其初始症狀，她有右腎血管肌肉脂肪瘤的過去病史，在兩臉頰及腰臀部的皮膚病灶發現血管纖維瘤，皮膚病灶在孩提時即存在。在超音波檢查下也發現肝臟腫瘤且數年之後腫瘤皆無變大的趨向，應是良性腫瘤；這些發現肯定結節性硬化症的診斷。隨著疾病的進展，胸部X光發現更多的間質性浸潤及蜂窩狀的改變，肺功能也逐漸阻塞並惡化，慢性呼吸衰竭及肺心症在十年後發生，肺臟移植在內科藥物治療失效後實施，但病患依然在肺移植一年後因嚴重感染及惡性淋巴瘤死亡。

到今天為止，對於結節性硬化症依然沒有比較有效的治療方法，雖然卵巢切除術及黃體素劑在一些病人身上看到療效，但只有肺臟移植，在一些肺部嚴重侵犯的病人上，是唯一可以治療痊癒的選擇。*(胸腔醫學 2004; 19: 145-151)*

關鍵詞：結節性硬化症，自發性氣胸，肺臟移植，淋巴管平滑肌增生症

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Fibrous Dysplasia with Malignant Transformation of the Rib — A Case Report

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Fibrous dysplasia is probably the result of an aberration in the development of the bone. Malignant transformation is rare and has been estimated in less than 1% of the cases. We report a case of fibrous dysplasia with osteogenic sarcoma transformation of the second rib. The patient was treated by a wide resection of the rib. Adjuvant radiotherapy was performed at another hospital. There was no sign of recurrence 2 years after operation. ***(Thorac Med 2004; 19: 152-156)***

Key words: fibrous dysplasia, osteogenic sarcoma

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肋骨之纖維化結構不良合併惡性變化—病例報告

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骨骼之纖維化結構不良 (fibrous dysplasia) 被認為是一種發育異常，而非腫瘤。從纖維化結構不良之處產生惡性變化的機率很低，統計起來小於百分之一。我們報告一位 39 歲男性意外發現左側第二肋骨有一骨腫瘤，經手術切除後，病理檢查為骨骼之纖維化結構不良合併局部之惡性骨癌變化。術後在他院追加 5000 cGy 的電療。術後經兩年的追蹤並沒有發現復發或轉移。***(胸腔醫學 2004; 19: 152-156)***

關鍵詞：纖維化結構不良，惡性骨癌

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Multiple Sclerosing Hemangiomas of the Lung with Lymph Node Metastasis — A Case Report

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Sclerosing hemangioma of the lung is an uncommon benign tumor of uncertain histogenesis. It is usually solitary and clinically benign with no instances of recurrence after excision. We report the case of a 40-year-old man with multiple sclerosing hemangiomas in the left lower lung accompanied by lymph node metastasis. These features suggested a very low-grade malignancy with metastatic potential. Tumor cells from the lungs and lymph node were focally immunoreactive for progesterone receptors, of which the clinical significance remains to be solved. The patient's postoperative course was good, and there was no evidence of recurrence 20 months after surgery.
(Thorac Med 2004; 19: 157-161)

Key words: sclerosing hemangioma, multiplicity, lymph node metastasis, progesterone receptor

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Multiple Sclerosing Hemangiomas with Metastasis

肺臟多發性血管瘤合併淋巴結轉移—病例報告

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肺臟性血管瘤是一種不常見的良性腫瘤，好發於30至40歲的中年女性。臨床上無症狀較多，大部份的病患都是在例行性的胸部X光片檢查之後才意外的發現。通常是銅幣狀的單一病灶且多位於下肺部。肺臟性血管瘤生長速度很慢而且在外科完全切除之後沒有復發的報告病例。本篇報告一位40歲的男性在例行性的X光片檢查之後發現兩個銅幣狀的病灶，在開刀後病理報告發現有淋巴轉移。病患在術後狀況良好，經門診追蹤20個月並無復發的現象。*(胸腔醫學 2004; 19: 157-161)*

關鍵詞：血管瘤，多發性，淋巴轉移

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Pulmonary Tumor Embolism as an Initial Manifestation of Cervical Cancer — A Case Report

Yun-Sung Chen, Hao-Chien Wang, Yih-Leong Chang*, Pan-Chyr Yang**

Pulmonary tumor embolism is rarely the initial manifestation of cervical cancer. It is difficult to obtain a definite diagnosis because there are neither specific clinical presentations nor non-invasive diagnostic tests. A poor prognosis is expected because of the delay in diagnosis and the consequent irreversible cardiopulmonary alterations. However, a high index of suspicion may help in the early diagnosis of this disease. Herein, we present a 58-year-old female patient with cervical cancer that initially manifested as pulmonary tumor embolism. The subacute onset of symptoms related to cor pulmonale with rapid deterioration and mortality because of massive tumor embolism are noted in the case. Radiographic studies and pathological findings are demonstrated as well. ***(Thorac Med 2004; 19: 162-167)***

Key words: pulmonary tumor embolism, cervical cancer, squamous cell carcinoma

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Pulmonary Tumor Embolism

以肺腫瘤栓塞爲初始表現之子宮頸癌—病例報告

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以肺腫瘤栓塞為初始表現的子宮頸癌非常罕見。由於缺乏特定的臨床表現，又沒有非侵襲性的檢查可以確定診斷，使此種疾病的診斷更加困難。診斷上的延遲及不可逆的心肺病變，為其預後不佳的主因。因此，保持高度的警覺，將有助於疾病的早期診斷。我們報告一位五十八歲的子宮頸癌病患，以肺腫瘤栓塞為癌症的初始表現。其早期的臨床表現以亞急性肺心症之症狀為主，最後則因為大量的腫瘤栓塞造成病情急速惡化而死亡。其放射學檢查及病理切片結果亦呈現典型的肺腫瘤栓塞變化。***(胸腔醫學 2004; 19: 162-167)***

關鍵詞：肺腫瘤栓塞，子宮頸癌，鱗狀細胞癌

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