

Clinical Features of Pulmonary Nocardiosis: Experience with 30 Cases

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Nocardia is a Gram-positive aerobic bacillus that can cause localized or disseminated infection, with major transmission via the respiratory tract. In order to further understand the consequences of this bacillus, this study sought to evaluate the predisposing factors, clinical features, radiographic findings, treatment, and outcome of patients with pulmonary nocardiosis. We reviewed 30 cases of pulmonary nocardiosis diagnosed in our hospital between 1992 and 2003. All of the cases had evidence of pneumonia on the chest radiograph, and at least 1 airway specimen with a positive culture for *Nocardia* species. The mean age of the patients was 68 years, and the male to female ratio was 23:7. Many of the patients had preexisting lung illness (43.3%), such as chronic obstructive pulmonary disease (COPD), asthma, bronchiectasis, or lung cancer. In addition, most of the patients had conditions that might impair immunity (70.0%), including long-term steroid use, hematologic or solid organ malignancy, diabetes mellitus, and other. Dyspnea, fever, and cough were the most common symptoms. The most common pattern on the chest radiographs was consolidation (80.0%). Other patterns included mass, nodules, and mixed consolidation and nodules. The mean period needed for culture was 19 days. *Nocardia asteroides* accounted for most of the isolated species (56.7%). Twenty patients received treatment after the diagnosis of pulmonary nocardiosis, either during hospitalization or after discharge. Most of them received trimethoprim/sulfamethoxazole (TMP/SMX). The other 10 patients, whose diagnosis of pulmonary nocardiosis was made after discharge, did not receive treatment because of death, lost to follow-up, or disease improvement on their own. Disseminated infection occurred in 2 patients only; 1 with brain abscess and the other with bacteremia. Nine patients (30%) died during hospitalization. Most of them developed early respiratory failure and septic shock, which may have contributed to mortality. In conclusion, pulmonary nocardiosis is a rare condition, but may be fatal. The diagnosis is time-consuming and not easy. However, clinicians should take pulmonary nocardiosis into the differential diagnosis of pneumonia in patients who are immunocompromised. (*Thorac Med* 2004; 19: 313-322)

Key words: pulmonary nocardiosis, steroid

土壤絲菌之肺部感染—三十個病例的經驗

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土壤絲菌 (*Nocardia*) 是一種革蘭氏陽性桿菌。它會造成局部或系統性的感染，而呼吸道是最常見的傳染途徑。本研究的目的在於評估肺部土壤絲菌感染的誘發因子、臨床表現、X 光影像特徵、治療方式和結果。我們針對 1992 至 2003 年之間於成功大學附設醫院所診斷的 30 個病歷做分析。他們都有肺炎的 X 光影像證據，而且至少有一個呼吸道檢體培養出土壤絲菌。病人的平均年齡是 68 歲，男女的比例為 23:7。其中 43.3% 的病人有既存的肺部疾病，例如慢性阻塞性肺病、氣喘、支氣管擴張或肺癌。而且他們多數 (70.0%) 都有免疫不全的狀況，例如長期使用類固醇、惡性腫瘤、糖尿病等。呼吸困難、發燒及咳嗽是主要的症狀。在胸部 X 光影像特徵方面，以肺實質化佔大多數 (80%)，而腫塊、節結或混合實質化及節結則較少。檢體的培養平均需要 19 天，菌種以 *Nocardia asteroides* 佔多數 (56.7%)。有 20 位病人在診斷後接受抗生素治療；處方以 TMP/SMX 為主。其餘的 10 位病人因為死亡、失聯或病情改善而未接受治療。瀰散性的感染只發生在兩位病人，一例為腦膿瘍；另一例為菌血症。九位病人 (30.0%) 於當次住院死亡；他們大多於疾病早期就有呼吸衰竭或休克的情形。由上述的觀察結果可知，肺部的土壤絲菌感染雖然少見，嚴重者卻可能致死。它的診斷不易且費時。對於免疫不全且有肺炎的病人，*Nocardia* 應該被納入鑑別診斷。(胸腔醫學 2004; 19: 313-322)

關鍵詞：肺部土壤絲菌感染，類固醇

Severity Evaluation of Patients with Acute Respiratory Distress Syndrome Using APACHE Scoring Systems

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The mortality rate is often high for patients suffering from acute respiratory distress syndrome (ARDS). The purpose of this retrospective trial was to determine if simple scoring systems, physiological indicators, or biochemical tests, could predict the prognosis of these patients. A review of the mortality rate and serum renal function, blood gas analysis (including PaO₂ and pH), age, and acute physiology and chronic health evaluation (APACHE) II and III scores, of all patients (n=124) with acute ARDS in our hospital's intensive care unit from January 1990 to December 1998 was retrospective conducted. In addition, we used regression analysis to assess the correlations of the above variables. Correlation analysis revealed that age, APACHE II scores, and APACHE III scores were related to the mortality rate, but serum renal function and blood oxygenation analysis were not significantly related to the mortality rate. APACHE III was a better sole indicator of mortality than APACHE II, which was better than age. Serum renal function and blood gas analysis were not able to predict mortality. (*Thorac Med 2004; 19: 323-330*)

Key words: intensive care unit; acute respiratory distress syndrome; APACHE score, age, mortality

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急性呼吸窘迫症候群死亡率的預估

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背景及目的：急性呼吸窘迫症候群患者，常具有高死亡率，希望能由簡單的評分，生理指標或生化檢查，預估病人的預後。

研究方法：我們收集自民國 79 年 1 月至民國 87 年 12 月本院加護中心所有併發急性成人呼吸窘迫症候群之患者；回溯性統計上述對象死亡率與病患血液中之腎功能、血氧分析（包括 PaO₂ 及 pH 值）、年齡、APACHE II 評分及 APACHE III 評分各項，利用回歸統計來評估其相關性。

結果：全部對象共 124 人，相關性的評估發現死亡率與年齡，APACHE II 及 APACHE III 有關，與病患血液中之腎功能及血氧分析並無明確相關。

討論：利用單一指標來預估急性呼吸窘迫症候群之死亡率以 APACHE III 優於 APACHE II 及患者年齡，其他腎功能、血氧分析並無法預估其死亡率。*(胸腔醫學 2004; 19: 323-330)*

關鍵詞：急性呼吸窘迫症候群，APACHE score，年齡，死亡率

Virulent Gram-Negative Bacilli Isolated in Sputum Culture Predict Length of Hospital Stay in Patients with Community-Acquired Pneumonia

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Background: The role of sputum culture in identifying infectious pathogens and in guiding initial empiric antibiotic treatment for community-acquired pneumonia (CAP) is limited. However, sputum culture is still widely used clinically in Taiwan. The aim of this retrospective study was to examine the value of sputum culture in terms of the clinical outcome.

Methods and patients: From January 1, 2002 to December 31, 2002, CAP patients who were admitted to our hospital and had a sputum culture on admission day were enrolled. Patients were divided into 2 groups: one, a Gram-negative bacilli (GNB) group, for those with a presence of *Klebsiella pneumoniae* and/or *Pseudomonas aeruginosa*, and the other, a non-GNB group. Both groups were stratified by means of the modified Fine's pneumonia severity index into low- and high-risk patients. We determined the impact of virulent GNB isolated in the sputum culture on in-hospital mortality and length of stay (LOS) in the hospital.

Results: One hundred and forty-eight patients were enrolled. Thirty-eight patients (25.7%) were in the virulent GNB group. The demographic characteristics were similar in both groups. In terms of in-hospital mortality, there was no significant difference between the 2 groups. LOS was significantly longer in the virulent group (18.89 ± 14.85 vs. 12.74 ± 11.35 days; $P=0.024$), especially for high-risk patients (27.24 ± 15.67 vs. 17.50 ± 13.07 days; $P=0.019$). The possible explanation for this is that more patients were admitted to the ICU.

Conclusion: We conclude that virulent GNB isolated in sputum culture, especially in a high-risk patient group, could result in a significant increase in LOS in the hospital. (*Thorac Med* 2004; 19: 331-339)

Key words: Gram-negative bacilli, length of hospital stay, sputum culture, community-acquired pneumonia

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於痰液培養中出現格蘭式陰性桿菌可預測社區型肺炎病人住院天數的長短

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前言：根據文獻報告，痰液培養於社區型肺炎診斷和治療的角色極其有限。然而在臨床上痰液培養仍然被廣泛使用著。本研究的目的是在於探討痰液培養對於社區型肺炎病人住院天數及死亡率的影響。

方法：我們回溯性地納入西元 2002 年一年中住院於臺中榮民總醫院社區型肺炎的病患。依據痰液培養中出現克雷伯氏菌和綠膿桿菌是否，將病患分成高毒性格蘭式陰性桿菌及非高毒性格蘭式陰性桿菌兩組，藉此探討格蘭式陰性桿菌對住院天數及死亡率的影響。

結果：共有一百四十八位病人收案。我們發現兩組病患並無住院死亡率的差別。然而相較於非高毒性格蘭式陰性桿菌組，高毒性格蘭式陰性桿菌組的病患住院天數較長 (18.89 ± 14.85 天 vs. 12.74 ± 11.35 天; $P=0.024$)，特別是高危險群 (27.24 ± 15.67 天 vs. 17.50 ± 13.07 天; $P=0.019$) 及住進加護病房的病人。

結論：於痰液培養中出現格蘭式陰性桿菌，特別是在高危險群的社區型肺炎病人，其住院天數會顯著延長。(胸腔醫學 2004; 19: 331-339)

關鍵詞：格蘭式陰性桿菌、住院天數、痰液培養、社區型肺炎

Comparison of Gefitinib Monotherapy and Chemotherapy with Cisplatin and Gemcitabine in Chemonaive Patients with Advanced Non-small Cell Lung Cancer: A Case-Control Study

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Ching-Pei Lin*, Benjamin Ing-Tiau Kuo***,****, Jeng-Yuan Hsu*

Background: Lung cancer is the leading cause of cancer death in the world. In advanced NSCLC, chemotherapy is the standard treatment strategy, but it has unfavorable side effects. Gefitinib is an orally active, selective inhibitor of EGFR-tyrosine kinase, which is commonly expressed in solid human tumors of an epithelial origin. In clinical trials, monotherapy with gefitinib in pretreated advanced NSCLC has been shown to provide favorable anti-tumor activity and safety. Treatment with gefitinib is not typically associated with the characteristic adverse events of chemotherapy. We performed a case-control study to compare the efficacy of gefitinib and chemotherapy with cisplatin and gemcitabine in chemotherapy-naive NSCLC patients.

Methods: Between Feb 2002 and June 2003, we enrolled 23 patients with chemo-naive lung cancer who underwent treatment with gefitinib 250mg daily, and 46 patients, matched by sex, age, cell type, and disease stage, who received first-line chemotherapy with cisplatin and gemcitabine.

Results: In this study, no statistically significant difference between the gefitinib treatment group and the control group was detected in the response rate (56.5% vs 45.7%), median progression-free survival (6.97months vs 6.97months), and median overall survival (9.9 months vs 13.8 months). The adverse effects in the gefitinib group were relatively mild and tolerable.

Conclusion: Gefitinib has acceptable antitumor activity and safety in chemo-naive lung cancer patients. Further studies are required to validate these findings. (*Thorac Med* 2004; 19: 340-345)

Key words: Gefitinib; chemotherapy-naïve; non-small cell lung cancer

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比較 Gefitinib 與 Cisplatin 和 Gemcitabine 合併治療用於未經治療的晚期非小細胞肺癌之差異—病例對照研究

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背景：肺癌是目前世界各國主要的癌症死因。對於晚期的非小細胞肺癌患者，含鉑的合併化學治療是目前治療方式的主流，但化學治療相對也伴隨許多令人不悅的副作用。口服 Gefitinib 是一種不同於化療的抗癌藥物。我們以病例對照的方式，分析合併化療與口服 Gefitinib 用於非小細胞肺癌病人的第一線治療的療效和安全性。

方法：本研究自西元2002年2月至2003年6月共收集23位第一線接受口服Gefitinib治療（每日250mg）的病人，及另外一組46位接受第一線合併化學治療（cisplatin and gemcitabine）的病人，進行病例對照研究分析，比較兩組病人的療效及安全性。

結果：二組在腫瘤反應率（病例組為56.5%；對照組為45.7%）及存活時間上（Median overall survival 病例組為9.9個月，對照組為13.8個月），均無統計上分別。

結論：由本研究推論，口服 Gefitinib 在非小細胞肺癌病人的第一線治療應具有臨床價值。（*胸腔醫學* 2004; 19: 340-345）

關鍵詞：Gefitinib，未經化學藥物治療，非小細胞肺癌

Lung Cancer with Skin Metastasis: Report of 12 Cases

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Chih-Hung Chen

Metastasis to the skin from lung cancer is less common than metastasis to other organs. Identifying the skin lesion is important because it can be an initial manifestation of the underlying malignancy. We clinically reviewed 12 cases of lung cancer with skin metastasis, from Jan 2000 to Dec 2003. The pathologic findings included adenocarcinoma in 6 patients, squamous cell carcinoma in 4, and small cell carcinoma in 2. The most common sites of skin lesions were the anterior chest wall and abdominal wall. The lesions could present as a solitary mass, multiple nodules, or a plaque. One patient developed skin metastasis in the form of cellulitis. Of the 12 patients, 11 exhibited other metastatic diseases, which were diagnosed radiologically or pathologically at the time of skin biopsy. Median survival from the diagnosis of skin metastasis was 2.9 months (95% CI, 0 to 5.8 months). Three patients lived more than 1 year after the appearance of skin metastasis. In conclusion, adenocarcinoma is the predominant cell type of skin metastasis from lung cancer. The prognosis is poor, because it always represents a terminal manifestation. (*Thorac Med* 2004; 19: 346-351)

Key word: lung cancer, skin metastasis

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肺癌合併皮膚轉移：12 病例報告

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肺癌合併皮膚轉移並不常見，但皮膚病灶的確認則很重要，因為它有可能是肺癌的第一個表徵。我們回顧研究從 2000 至 2003 年間，12 位曾在本院接受治療及追蹤的肺癌合併皮膚轉移的病人的病歷資料。其中有 6 位病人病理切片證實為肺腺癌，有 4 位為肺鱗狀上皮癌，小細胞肺癌則有 2 位。最常發生皮膚轉移的部位為前胸壁及腹壁。皮膚病灶的表現可以是單一結節，多發性結節，或斑塊。有一病人則是以少見的蜂窩性組織炎合併膿瘍來表現。12 位病人中有 11 位病人在接受皮膚切片或細針抽吸時，已有遠端轉移。自皮膚轉移確定診斷後，平均存活期為 2.9 個月(95% 信賴區間，0 到 5.8 個月)。有 3 位病人在出現皮膚轉移後，存活時間超過一年。我們的結論是，肺腺癌是肺癌合併皮膚轉移最常見的細胞型態。其預後很差，因為它通常是生命終末的表徵。(胸腔醫學 2004; 19: 346-351)

關鍵詞：肺癌，皮膚轉移

A Rare Huge Intrathoracic Hodgkin's Lymphoma with Lung Involvement — A Case Report

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Ming-Lin Ho, Chien-Te Li, Cheng-Hsiung Chen

Hodgkin's lymphoma rarely involves the lung parenchyma. When it does, the patient might complain of chest discomfort, cough, dyspnea, fatigue, fever, weight loss, and night sweats. We report such a rare manifestation of Hodgkin's lymphoma occurring in a 27-year-old woman. She initially presented with chronic dry cough and exertional dyspnea. Her chest radiography and computed tomography revealed a huge mass with central necrosis located in the left middle lung and anterior mediastinum. The galium-67 scan likewise showed a bulky tumor mass within the left hemithorax. The pathologic examination of the echo-guided transcutaneous lung biopsy demonstrated the mass to be Hodgkin's lymphoma. (*Thorac Med 2004; 19: 352-357*)

Key words: Hodgkin's lymphoma, chest radiography, galium-67

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罕見胸廓內巨大何杰金氏淋巴瘤合併肺部侵犯—病例報告

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何杰金氏淋巴瘤侵犯肺實質一般較少見，病患出現的症狀包括胸部不適合併咳嗽，或呼吸困難，倦怠，發燒，體重減輕及夜間出汗。

我們報告一個罕見胸廓內巨大何杰金氏淋巴瘤，這位二十七歲女性的起始症狀為慢性乾咳，逐漸出現運動性呼吸困難。胸部 X 光以及電腦斷層掃描顯示一個位於前縱隔區及左肺之巨大腫瘤，該腫瘤中間有部分壞疽。核子醫學 Galium-67 掃描可見一個龐大的腫瘤。

使用超音波導引經皮肺切片，病理報告證實為何杰金氏淋巴瘤。(胸腔醫學 2004; 19: 352-357)

關鍵詞：何杰金氏淋巴瘤，胸部 X 光，Galium-67 掃描

Life-Threatening Hemothorax Following Thoracic Vertebral Fracture

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Yi-Cheng Wu, Hui-Ping Liu

Traumatic hemothorax is common after traffic accident. However, the association of massive traumatic hemothorax and thoracic vertebral fracture has been rarely reported. We present the case of a 21 years old female patient who sustained a motor vehicle accident, massive hemothorax and hemorrhagic shock. Emergent thoracotomy revealed no intra-thoracic lesion other than a fractured-dislocated thoracic vertebra. Spinal stabilization was the treatment of choice in this setting. This report raises the index of suspicion for blunt chest trauma complicating such injury. *(Thorac Med 2004; 19: 358-362)*

Key words: trauma, hemothorax, fracture

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胸脊椎骨骨折導因之致命性血胸

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外傷性血胸在交通事故後是常見的，可是胸脊椎骨骨折合併於外傷性血胸於文獻上只有罕見的報告。我們報告一位 21 歲女性病患，因交通事故而產生大量血胸及出血性休克，經緊急開胸後，發現除胸椎骨骨折之外並沒有其他胸腔內器官損傷，在這種情況之下，脊椎骨骨折固定術是優先處理之選擇。本文強調於處置胸部鈍傷同時對其併發症應提高警覺。*(胸腔醫學 2004; 19: 358-362)*

關鍵詞：外傷、血胸、骨折

Respiratory Failure in an Adult with Chickenpox-associated Guillain-Barré Syndrome — A Case Report and Literature Review

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Chickenpox-associated Guillain-Barré syndrome (GBS) in adults is rare. Patients in reported previous studies have not usually developed respiratory failure and have responded well to supportive or specific therapies. In this report, we describe a 37-year-old man who developed quadriplegia and respiratory failure due to chickenpox infection that did not improve after repeated plasmapheresis and intravenous immunoglobulin (IVIG) treatments. Respiratory muscle strength did not improve until 60 days after disease onset, and the patient was finally liberated from mechanical ventilation after having been intubated for 145 days. (*Thorac Med 2004; 19: 363-367*)

Key words: Guillain-Barré syndrome; chickenpox; respiratory failure; plasmapheresis; intravenous immunoglobulin

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呼吸衰竭發生於成人水痘併發 Guillain-Barré 症候群之 病例報告及文獻回顧

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成人水痘感染併發 Guillain-Barré 症候群的病例相當少見。以前的病例報告顯示，病人通常不會發生呼吸衰竭，並且對支持性或特定性治療的反應良好。我們報告了一個 37 歲的男性病人，在感染了水痘之後發生了四肢麻痺及呼吸衰竭，在重複給予血漿置換術及免疫球蛋白靜注後，並沒有得到明顯的改善。此病人呼吸肌肉力量直到病發後的 60 天才開始改善，在第 145 天後才脫離呼吸器。*(胸腔醫學 2004; 19: 363-367)*

關鍵詞：呼吸衰竭、成人水痘、Guillain-Barré 症候群、血漿置換術、免疫球蛋白

Coexistence of Pulmonary and Cerebral Arteriovenous Malformations in a Male Adult

Heng-Sheng Chao, Shi-Chuan Chang

The coexistence of cerebral and pulmonary arteriovenous malformations (AVMs) is very rare, even in patients with hereditary hemorrhagic telangiectasia (HHT). Through a lack of awareness of this condition and inattentive screening, physicians may miss pulmonary AVMs or treat them as other conditions. We report herein a case of concurrent solitary pulmonary AVM and cerebral AVM in a male adult. The patient first presented with neurological symptoms and was subjected to a craniotomy and resection of the cerebral AVM. Neurological symptoms showed no improvement after removal of the cerebral AVM. A pulmonary nodule was found about one year after brain surgery. Pulmonary AVM was diagnosed by chest sonography with Doppler and magnetic resonance angiography (MRA) of thorax, and was confirmed by surgical resection. This case illustrates the importance of screening for the presence of pulmonary AVMs in patients with visceral vascular malformations or HHT. (*Thorac Med* 2004; 19: 368-372)

Key words: arteriovenous malformations; pulmonary arteriovenous malformations; hereditary hemorrhagic telangiectasia

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一成年男子同時發現肺部及腦部動靜脈畸形— 一病例報告及文獻回顧

趙恒勝 張西川

同時出現肺部及腦部的動靜脈畸形是很少見的，即使在遺傳性出血性毛細血管擴張症的病人身上也十分早見。不熟悉這個疾病常會將之歸因為其他病因。在此報告一位成年男性病患，同時存在著肺部及腦部的動靜脈畸形。一開始，他只有神經學方面的症狀，他接受了開顱手術切除腦部的動靜脈畸形。手術後，症狀仍無改善。一年後才發現肺部有一結節。胸腔超音波及核磁共振檢查診斷為肺動靜脈畸形。開胸手術切除了肺部病灶，病理檢查証實了肺動靜脈畸形的診斷。由此病例，我們建議對於任何臟器的動靜脈畸形患者，應該進一步的篩檢是否伴隨有肺部的動靜脈畸形。*(胸腔醫學 2004; 19: 368-372)*

關鍵詞：動靜脈畸形，肺動靜脈畸形，遺傳性出血性毛細血管擴張症

Bronchiectasis Complicated with Endobronchial Actinomyces — A Case Report and Review of the Literature

Pei-Yao Huang, Yueh-Fu Fang, Meng-Heng Hsieh, Horng-Chyuan Lin

Pulmonary actinomyces constitutes 15% of the total burden of actinomyces. Primary endobronchial actinomyces is an extremely rare disease that presents with an endobronchial mass, and most of these are related to foreign body aspiration. We herein report a 50-year-old male who is a case of primary endobronchial actinomyces associated with bronchiectasis. In the light of this case and those previously reported in the literature, we describe the main features of this uncommon association. The chest radiograph revealed a consolidation in the left lower lung, and an exophytic endobronchial mass was noted with bronchoscopy. Pathology of the mass was negative for malignancy, but revealed acute and chronic inflammation with granules of actinomyces. Medical antibiotic therapy was given initially, but without significant improvement. Surgical intervention was then considered. (*Thorac Med* 2004; 19: 373-381)

Key words: bronchiectasis, endobronchial actinomyces, actinomyces

支氣管擴張症併發支氣管內放射菌病— 一病例報告及文獻回顧

黃培堯 枋岳甫 謝孟亨 林鴻銓

肺部放射菌病佔全部放射菌病的百分之十五。以支氣管內腫塊為表現的原發性支氣管內放射菌病極為稀少，且大部份又和異物吸入有相關聯。我們在此報告一五十歲男性病患同時合併有原發性支氣管內放射菌病及支氣管擴張症；依照這病例及先前文獻所報告的病例，我們描述這種不常見併發疾病的主要特徵：胸部 X 光片顯示左下肺部實質化及支氣管鏡發現一支氣管內腫塊。腫塊的病理切片顯示無惡性腫瘤變化但有急、慢性發炎現象伴隨著放射菌顆粒。我們先給予抗生素治療，但沒有明顯改善，所以外科手術治療已建議施行。(胸腔醫學 2004; 19: 373-381)

關鍵詞：支氣管擴張症，支氣管內放射菌病，放射菌病

Malignant Pleural Mesothelioma with the Presentation of a Lobulated Cyst and Mediastinal Involvement — A Case Report

Yu-Peng Chen, Yi-Han Chang*, Hsing-Yang Tu**, Kuan-Jung Chen***

Malignant mesothelioma is a relatively rare tumor; two-thirds of all patient can be traced to having had asbestos contact. The prognosis of malignant mesothelioma remains poor, due to the high recurrence rate, invasion predisposition, and resistance to therapies. Herein, we report the case of a 58-year-old man presenting with progressive dyspnea and chest pain for 2 months. The chest X-ray revealed: 1) a mediastinal mass with a tracheal deviation to the left, and 2) right massive pleural effusion with one loculated component at the right upper lung. Malignant pleural mesothelioma was diagnosed using thoracoscopy with a biopsy. No history of asbestos exposure was found. He has undergone 5 chemotherapy treatments with novelbine and cisplatin in six months(from Aug., 2003 to Feb., 2004). The lesion has remained stationary throughout the course. A review of the literatures has revealed that malignant mesothelioma with a cystic component that invades the mediastinum is rarely reported. (*Thorac Med 2004; 19: 382-387*)

Key words: malignant pleural mesothelioma, cystic component, mediastinal mass

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惡性肋膜間皮瘤以囊狀病灶併縱膈腔侵犯為表現 —病例報告

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原發惡性肋膜間皮瘤在肋膜腫瘤中較為罕見，但近年來有逐漸增加之趨勢，而其快速復發、極易侵犯以及對治療反應不良的特性也使得此疾病預後不佳。

我們報告一位 58 歲男性，主訴近二個月來有逐漸加重之呼吸不順及胸痛，理學檢查發現右側呼吸音減少，實驗室檢驗無特殊異常；而胸部影像攝影發現在右側有肋膜積水併有數個囊狀病灶與縱膈腫瘤之情形，經外科清創並採取組織送檢，確定為一惡性肋膜間皮瘤；而病人過去並未有接觸石棉之情形，而家中也未有其他成員有此疾病。病人於是接受化學治療至今約六個月，胸部 X 光與電腦斷層檢查顯示病灶無繼續擴大之情形，病人目前仍於腫瘤科追蹤治療。*(胸腔醫學 2004; 19: 382-387)*

關鍵詞：惡性肋膜間皮瘤，囊狀病變，縱膈腔腫瘤

Diffuse Alveolar Hemorrhage — A Case Report and Literature Review

Soong-Sun Tang**, Yi-Hsi Wang, Meng-Chih Lin, Shun-Chen Huang*

Diffuse alveolar hemorrhage (DAH) is a rare but fulminant syndrome. It is usually associated with systemic autoimmune diseases such as vasculitis, connective tissue disease, and anti-basement membrane antibody disease, and can accompany drug exposure or infection. Because of its non-specific clinical presentations, the diagnosis of DAH may be missed. Herein, we report a patient with DAH who initially presented with acute respiratory failure, hemoptum, and a bilateral alveolar radiographic pattern of chest infiltration. The patient was weaned off mechanical ventilation after bronchoscopic diagnosis of DAH and treatment with plasmapheresis and pulse therapy. Microscopic polyangiitis was confirmed by renal biopsy and a positive test using perinuclear antineutrophil cytoplasmic autoantibody. The present case highlights the importance of bronchoalveolar lavage and prompt initiation of steroid therapy following diagnosis. (*Thorac Med 2004; 19: 388-393*)

Key words: diffuse alveolar hemorrhage, perinuclear antineutrophil cytoplasmic autoantibody, bronchoalveolar lavage

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瀰漫性肺泡出血—病例報告與文獻回顧

鄧崇山** 王逸熙 林孟志 黃純真*

瀰漫性肺泡出血是罕見症狀。它通常與全身性自體免疫疾病有相關，例如血管炎，結締組織疾病，抗基底膜抗體疾病，以及與藥物或感染接觸有關。由於瀰漫性肺泡出血的臨床症狀並無特殊性，所以其診斷常被延遲。我們報告一個瀰漫性肺泡出血病例，其初始症狀以呼吸困難，血痰，和肺部 X 光兩側肺泡型浸潤來表現。病人經由支氣管鏡檢查確定診斷及使用血漿減除術和脈衝治療後，病情得以改善，並且迅速脫離呼吸器。依據腎臟病理切片和抗中性粒細胞胞漿抗體 (p-ANCA) 陽性反應，確定診斷為 microscopic polyangiitis。這份報告主要強調支氣管肺泡沖洗液對瀰漫性肺泡出血診斷之重要性，以及診斷後類固醇開始治療的時機。(胸腔醫學 2004; 19: 388-393)

關鍵詞：瀰漫性肺泡出血，抗中性粒細胞胞漿抗體，支氣管肺泡沖洗液

Carcinoid Tumor of the Thymus — A Case Report and Review of the Literature

Ming-Chuan Chang, Chien-Te Li, Ching-Hsiung Lin, Jen-Ho Wen, Kai-Huang Lin,
Chu-Hsien Wang, Ming-Lin Ho

Carcinoid tumors of the thymus are rare, and comprise a wide spectrum of lesions ranging from well-differentiated to poorly-differentiated neoplasms. Clinically, they are commonly associated with endocrine abnormalities. We report a 45-year-old man presenting with anterior chest pain and tightness lasting for half a year before admission. Moreover, no endocrine abnormalities were noted clinically. The image finding disclosed a mass with an irregular contour, about 8.7 x 3.9 cm, in the anterior mediastinum. Ultrasound-guided biopsy demonstrated a thymic carcinoid tumor. The patient underwent radical surgical resection with adjuvant chemotherapy, and followed up at the outpatient clinic. Thymic carcinoid tumors have a tendency toward local invasion and distant metastasis, and should be included in the differential diagnosis of anterior mediastinal tumors. (*Thorac Med 2004; 19: 394-400*)

Key words: carcinoid; thymus; mediastinum; neuroendocrine carcinoma

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胸腺類癌：一病例報告

張明權 李建德 林慶雄 溫仁和 林楷煌 王竹賢 何明霖

胸腺類癌（原發性神經內分泌胸腺瘤）為一種罕見腫瘤，其細胞分化良惡之間涵蓋甚廣，臨床表現也經常合併內分泌異常。茲報告一位45歲男性病患主訴前胸痛半年而到院求診，臨床並無內分泌異常表現。影像學發現是一個8.7 x 3.9公分的前縱膈腔腫瘤，切片證實為胸腺類癌。經外科廣泛手術切除及輔助性化學治療後於門診繼續治療中。由於胸腺類癌具有局部侵犯及遠處轉移之傾向，當胸部X光或電腦斷層（CT）片辨識出前縱膈腔腫瘤時，必須將其納入鑑別診斷。（*胸腔醫學 2004; 19: 394-400*）

關鍵詞：類癌腫瘤，胸腺類癌，神經內分泌胸腺瘤，縱膈腔

Primary Intratracheal Neurofibroma

Yung-Chang Lien^{*,***}, Wen-Hu Hsu^{*,***}, Wing-Yin Li^{** ,***}

We report the case of a primary tracheal neurofibroma causing symptoms of airway obstruction in a 29-year-old woman. Bronchoscopy and computerized tomography demonstrated a polypoid intratracheal mass obstructing 90% of the lumen. Tracheal resection with primary anastomosis was performed. Microscopic analysis revealed a benign neurogenic tumor arising from the connective tissue of the peripheral nerve sheaths of the trachea. (*Thorac Med* 2004; 19: 401-405)

Key words: neurofibroma, trachea, endotracheobronchial

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原發性氣管內神經纖維瘤

連允昌^{*,***} 許文虎^{*,***} 李永賢^{**,**}

我們在此報告一位二十九歲女性罹患原發性氣管內神經纖維瘤而導致呼吸道阻塞症狀的病例。支氣管鏡和電腦斷層檢查皆顯示一乳突狀樣氣管內腫瘤，幾乎阻塞了百分之九十的氣管內徑。我們將含病灶的一段氣管切除並將兩斷端直接吻合。病理分析報告為一源自周邊神經鞘間結締組織的良性神經性腫瘤。*(胸腔醫學 2004; 19: 401-405)*

關鍵詞：神經纖維瘤，氣管，氣管支氣管內

Sclerosing Hemangioma of the Lung: A Case Report

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Pulmonary sclerosing hemangiomas are extremely rare, benign neoplasms with a characteristic variegated histological pattern. They commonly occur on the right side, and are typically found in females between 30 and 50 years of age. Most cases are asymptomatic and incidentally detected on a routine chest radiography, but some present with hemoptysis, cough, chest pain, dyspnea, and pleurisy.

We present a case of sclerosing hemangioma of the lung in a 24-year-old woman. The patient complained of cough with scanty sputum for 1 month. Chest X-ray revealed a nodule in the lower lobe of the right lung, and a non-homogeneous enhancement of the solitary pulmonary nodule was found on the contrast-enhanced CT films. The nodule was resected and proved to be a sclerosing hemangioma. (*Thorac Med 2004; 19: 406-411*)

Key words: pulmonary sclerosing hemangioma, solitary pulmonary nodule

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肺臟硬化性血管瘤：一病例報告

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肺臟硬化性血管瘤為十分罕見的良性腫瘤，具有特殊且多樣的組織型態。常發生在右肺，且通常發生於 30 至 50 歲的女性。多數病例是毫無症狀，而在常規的胸部 X 光意外發現，有些人則以咳血、咳嗽、胸痛、喘及肋膜痛來表現。

我們報告一名診斷硬化性血管瘤的 24 歲女性患者。病人主訴咳嗽少痰已一個月。胸部 X 光發現在右下肺葉有個結節，該單一肺部結節在打顯影劑後的電腦斷層上呈現非均質性顯影。經手術切除該結節證實為硬化性血管瘤。*(胸腔醫學 2004; 19: 406-411)*

關鍵詞：肺臟硬化性血管瘤，單一肺部結節