

# The Relationship of Exhaled Nitric Oxide Levels with Measures of Disease Control and Disease Severity in Asthma

Hsin-Kuo Kao, Gee-Chen Chang\*, Jia-Horng Wang

The current concept of asthma pathogenesis is that a characteristic chronic inflammatory process involving the airway wall causes the development of airflow limitation and increased airway responsiveness. Exhaled NO is significantly greater in asthmatic subjects than in normal subjects. Recently, the measurement of exhaled nitric oxide has been proposed as a noninvasive means for assessing the degree of airway inflammation. We examined the correlation between asthma disease control and disease severity and exhaled NO as a marker of airway inflammation. In this cross-sectional study, we chose the use of rescue medications and the degree of reversibility of airflow obstruction after administration of a bronchodilator as measures of asthma control. We chose irreversible airflow obstruction, and baseline predicted FEV1 as measures of asthma severity. We designed a questionnaire for the 86 patients (ages ranging from 9 to 92 years) with asthma, performed spirometric testing before and after administration of a bronchodilator, and measured exhaled NO levels in all participants. Exhaled NO levels were not correlated with the markers of asthma disease control: daily use of rescue medications ( $p=0.381$ ) and reversibility of airflow obstruction ( $p=0.506$ ). Exhaled NO levels were not correlated with the markers of asthma disease severity: fixed airflow obstruction ( $p=0.842$ ) and severity, according to predicted FEV1 ( $p=0.820$ ). We conclude that exhaled NO did not correlate with measures of asthma control and severity in this study. A study with a larger sample size may demonstrate statistical significance. A longitudinal assessment of exhaled NO levels may provide a clinical role for NO in monitoring asthma control and severity. (*Thorac Med* 2003; 18: 467-473)

Key words: asthma, nitric oxide, exhaled nitric oxide, disease control, disease severity

---

Department of Respiratory Therapy, Taipei Veterans General Hospital, Taipei

\*Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital, Taichung

Address reprint requests to: Dr. Hsin-Kuo Kao, Department of Respiratory Therapy, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Rd, Taipei 112, Taiwan, R.O.C.

## 吐氣一氧化氮與氣喘控制及嚴重度之相關性

柯信國 張基晟\* 王家弘

**前言：**氣喘之病理變化為慢性呼吸道發炎，導致氣流阻塞及氣道敏感性增加。吐氣一氧化氮於氣喘患者相較一般正常人為高，所以一氧化氮之測量可作為呼吸道發炎之指標。我們選擇緊急藥物使用及氣流阻塞恢復程度為氣喘控制指標，另選擇氣道阻塞不可恢復性及第一秒吐氣容積為氣喘嚴重度指標。

**材料及方法：**計有八十六位病患接受問卷調查、支氣管擴張劑使用前後之肺功能檢查及測量吐氣一氧化氮濃度。

**結果：**吐氣一氧化氮濃度與氣喘控制指標中是否每日緊急藥物使用及是否氣流阻塞可恢復性均未達統計學上意義，吐氣一氧化氮濃度與氣喘嚴重度指標中是否固定氣流阻塞及第一秒吐氣容積高低均未達統計學上意義。

**結論：**具有較多病患數目之研究可能可顯現出統計上意義，並且長時間多次測量吐氣一氧化氮濃度之變化可能較單次測量更具臨床應用價值。*(胸腔醫學 2003; 18: 467-473)*

**關鍵詞：**氣喘，一氧化氮，吐氣一氧化氮，疾病控制，疾病嚴重度

# Factors Associated with Asthma Patients Dropping Out from Outpatient Clinic Follow-up

Tsung-Jen Hung\*, Cheng-Hung Lee, Chiung-Zuei Chen,  
Yuan-Chin Chu, Tzuen-Ren Hsiue

Asthma requires long-term self-management with regular physician support and surveillance. However, most studies of patients who drop out from treatment or follow-up of their condition have focused on psychiatric and pediatric patients, and there have been relatively few studies on patients with asthma. Patients who drop out may not receive adequate medical care, and place themselves at risk of unnecessary morbidity and mortality. The purpose of this study was to determine the percentage of asthma patients who drop out during follow-up, and the reasons and predictive factors for this dropping out. The medical records of 168 patients with asthma, who had attended a chest special clinic from 1989 to 2002 at our hospital, were analyzed. A telephone survey was performed to determine the reasons for dropping out. The overall dropout rate was 58.9% of the 168 patients attending the clinic during the study period, and a high percentage (46.5%) of these drop-outs occurred during the first 6 months. The three most common reasons for dropping out were symptom improvement, inconvenient consultation, and patient decision to use other hospitals. The predictive factors for dropout were female gender and the presence of coexisting chronic diseases. According to the patient-generated complaints, some strategies to ensure patient education, and intervention to ease the inconvenience of follow-up, might be helpful. Early detection and intervention for patients at high risk of dropout might improve the management efficiency of patients with asthma. (*Thorac Med* 2003; 18: 474-480)

Key words: Asthma, Dropping out, outpatient clinic

---

Department of Internal Medicine, College of Medicine, National Cheng Kung University, Tainan, Taiwan

\* Department of Intensive Care Medicine, Chi Mei Hospital, Tainan, Taiwan

Address reprint requests to: Dr. Tzen-Ren Hsiue, Professor of Medicine, Department of Internal Medicine, National Cheng Kung University Hospital, No 138, Sheng-Li Rd, Tainan, 704, Taiwan

## 門診氣喘病人中輟原因之探討

洪崇仁\* 李政宏 陳炯睿 朱遠志 薛尊仁

氣喘病人的照顧，需要病人本身的自我照顧以及規則地由醫師追蹤監測。然而，關於病人自行中輟門診追蹤的研究報告，大都集中在精神科及兒科，僅有少數報告針對氣喘病人。這些自行中輟門診追蹤的病人，可能無法接受必須的醫療照顧並承受一些原先可避免的發病以及死亡。這篇研究的目的即是在探討門診氣喘病人的中輟率、原因以及預測因子。所以我們回顧研究 168 位從 1978 至 2002 年間，曾在本院某一固定胸腔科門診治療過的氣喘病人的病歷資料。並對自行中輟之病人以電話訪談的方式，了解其中輟原因。結果顯示中輟率為 58.9%，且有相當高比率 (46.5%) 的病人是在前六個月中輟追蹤。中輟最常見的三個原因分別是症狀改善、看診不便以及轉至其他醫院追蹤。中輟的預測因子為女性及同時有其他慢性病存在。我們相信針對病人所提出的原因，來對應施行的改善方案，如加強衛教及提供一些避免看診不便的方法是有效的。而早期辨識出可能中輟的病人應可以降低中輟率增進對氣喘病人的照顧。(《胸腔醫學》2003; 18: 474-480)

關鍵詞：氣喘，中輟，門診

# Adenosquamous Carcinoma of the Lung: Surgical Results at Taichung Veterans General Hospital

Chou-Ming Yeh, Chih-Yi Chen, Chun-Ping Hsu\*, Jiun-Yi Hsia, Cheng-Yen Chuang\*\*

Adenosquamous carcinoma of the lung is an uncommon malignancy. All studies have emphasized the poorer prognosis of adenosquamous carcinoma compared to either adenocarcinoma or squamous cell carcinoma of the lung. In this study, we analyzed 60 cases of adenosquamous carcinoma of the lung at our institute, and discuss, in this report, the histogenesis and biologic behavior of the malignancy. (*Thorac Med* 2003; 18: 481-485)

Key words: adenosquamous carcinoma, lung cancer

## 肺部腺扁平癌：台中榮總之手術結果

葉周明 陳志毅 徐中平\* 夏君毅 莊政諺\*\*

肺部腺扁平癌是少見的肺癌，所有文獻記載皆強調此類肺癌的預後比肺腺癌或肺扁平細胞癌都差；在本文中，我們分析本院20年來肺部腺扁平癌之手術結果，並將討論此類肺癌之特性。(胸腔醫學 2003; 18: 481-485)

關鍵詞：腺扁平癌，肺癌

# The Experience of Continuous Prone Position Ventilation in Patients with Severe Community—Acquired Pneumonia in Taichung Veterans General Hospital, Taiwan

Ming-Cheng Chan, Chieh-Liang Wu\*, Su-Chen Pong\*\*, Hsiu-Hwa Liu\*\*,  
Li-Yin Chang\*\*, Shiang-Liang King, Chi-Der Chian

**Background:** Prone position ventilation has been widely used in the treatment of acute lung injury/acute respiratory distress syndrome (ALI/ARDS). However, the time spent in prone position ventilation has varied greatly. We evaluated the safety of continuous prone position ventilation (CPPV) in the treatment of ALI/ARDS caused by severe community-acquired pneumonia.

**Methods:** We retrospectively reviewed 18 patients at Taichung Veterans General Hospital, Taiwan. They had received CPPV with an ACTION Bed Pad (Action Products, Inc., MD USA). In addition to demographic data, we recorded APACHE-II, lung injury scores (LIS), oxygenation status, and the complications during CPPV.

**Results:** Eighteen patients (M/F: 15/3) were treated with CPPV for  $3.5 \pm 1.65$  days (range, 1-8). On admission day, the mean APACHE II and LIS were  $24.78 \pm 8.04$ , and  $3.06 \pm 0.53$ , respectively. The mortality rate was 33.3%, but only 2 patients died within 7 days. The complications included facial swelling (72.2%), shallow pressure sores (38.9%), pneumothorax (11.1%), and one episode of accidental extubation. Facial edema resolved soon after turning the patient back to the supine position. Pressure sores did not lead to major sequela. The peak  $\text{PaO}_2/\text{FiO}_2$  improvement was on the 2<sup>nd</sup> day of CPPV. Most of the improvement could be maintained for 72 hours from the beginning of CPPV. Most of the patients could be ventilated with  $\text{FiO}_2$  of no more than 60% after they had been turned back to the supine position.

**Conclusion:** Our experience showed that CPPV improved oxygenation and was a safe method for treating patients with ALI/ARDS due to severe community-acquired pneumonia. Three-day CPPV seemed to be necessary to avoid high  $\text{FiO}_2$  after turning the patients back to the supine position. (*Thorac Med* 2003; 18: 486-492)

Key words: adult respiratory distress syndrome/acute lung injury (ARDS/ALI), continuous prone position ventilation, and severe community-acquired pneumonia.

---

Division of Chest Medicine, Department of Internal Medicine, Taichung Veterans General Hospital

\*National Yang-Ming University, School of Medicine, Taipei; \*\*Department of Nursing, Taichung Veterans General Hospital

Address reprint requests to: Dr. Chieh-Liang Wu, Department of Internal Medicine, Taichung Veterans General Hospital, 160 Taichung Harbor Road, Section 3, Taichung, Taiwan, 407

## 持續性俯臥姿使用於嚴重社區行肺炎病患— 台中榮總之經驗

詹明澄 吳杰亮\* 彭素貞\*\* 劉秀華\*\* 張麗銀\*\* 金湘玲 江自得

**背景：**俯臥姿已經被廣泛的使用在急性肺損傷與急性呼吸窘迫症候群之病患，但使用俯臥姿的時間卻有很大的差異。本研究旨在評估持續性俯臥姿使用於嚴重社區型肺炎的安全性。

**方法：**這是一個回溯性的研究，收集的資料包括 APACHE-II score、LIS score、氧氣濃度狀態及俯臥姿期間所產生的併發症等。

**結果：**我們共收集了 18 個嚴重社區型肺炎接受俯臥姿治療的病人。平均俯臥時間為  $3.5 \pm 1.65$  天，入院時 APACHE-II 和 LIS 平均分別為  $24.78 \pm 8.04$  及  $3.06 \pm 0.53$ 。死亡率為 33.3%，有兩名於 7 天內死亡。俯臥姿期間主要合併症為臉部水腫（72.2%），表淺型壓瘡（38.9%），氣胸（11.1%）及一次氣管內管滑脫。臉部水腫於仰臥時很快即消失，而壓瘡都不嚴重。於俯臥第二天  $\text{PaO}_2/\text{FiO}_2$  可達最大之改善，大部分病人於第四天回復仰臥，多能使  $\text{FiO}_2$  使用小於 60%。

**結論：**我們的經驗顯示持續性俯臥姿對嚴重社區型肺炎合併急性呼吸窘迫症候群的病患可改善血氧狀態，而且安全。三天持續性俯臥對於避免因回復仰臥而提高  $\text{FiO}_2$  是必要的。（*胸腔醫學* 2003; 18: 486-492）

**關鍵詞：**急性肺損傷與急性呼吸窘迫症候群，持續性俯臥姿，嚴重社區型肺炎



# Hyperbaric Oxygen Therapy for Carbon Monoxide Intoxication in a Case of Thermal Inhalation Injury

Kun-Lun Huang<sup>\*,\*\*</sup>, Ching-Pying Wu<sup>\*</sup>, Wann-Cherng Perng<sup>\*</sup>, Show-Yan Chen<sup>\*\*</sup>

Severe carbon monoxide (CO) intoxication accounts for a major part of the fatal poisonings in developed countries. CO intoxication is nevertheless treatable if proper interventions are undertaken in time. Hyperbaric oxygen is the treatment of choice for CO intoxication. However, concurrent lethal conditions other than this treatable problem should be identified when the CO intoxication is a complication of fire victims. We report a case of acute CO intoxication, who recovered well from CO poisoning after hyperbaric oxygen therapy, but deteriorated into acute respiratory failure on the next day due to deterioration of the inhalation injury to the lungs. (*Thorac Med* 2003; 18: 493-499)

Key words: hyperbaric oxygen therapy, carbon monoxide intoxication, inhalation lung injury

---

\* Division of Chest Medicine, Department of Internal Medicine, Tri-Service General Hospital, Taipei, Taiwan, R.O.C.

\*\* Institute of Undersea and Hyperbaric Medicine, National Defense Medical Center, Taipei, Taiwan, R.O.C.

Address reprint requests to: Dr. Kun-Lun Huang, National Defense Medical Center, Institute of Undersea and Hyperbaric Medicine, 161 Ming-Chuan E. Road, Sec. 6, Taipei 114, Taiwan, R.O.C.

## 熱吸入性肺損傷合併一氧化碳中毒之高壓氧治療 —病例報告

黃坤崙<sup>\*,\*\*</sup> 吳清平<sup>\*</sup> 彭萬誠<sup>\*</sup> 陳紹原<sup>\*\*</sup>

一氧化碳中毒雖然是已開發國家中最常見的致命性中毒事件，只要及時處理得當通常是可以治癒的。高壓氧治療是一氧化碳中毒之首選治療方式。在火災生還病人合併的問題中，一氧化碳中毒常常不是單獨存在；相反的，許多足以致命的呼吸道傷害應及時予以診斷。我們在此報告一火災生還者，初步診斷為急性一氧化碳中毒而接受高壓氧氣治療。病人雖然在治療後迅速恢復意識，並成功拔除氣管內管，卻在隔日又發生急性呼吸衰竭。最後診斷是濃煙嗆傷合併熱吸入肺損傷及急性一氧化碳中毒。(《胸腔醫學 2003; 18: 493-499

關鍵詞：高壓氧治療，一氧化碳中毒，熱吸入性肺損傷

# Pleural Effusion as the Initial Clinical Presentation in Pulmonary Cryptococcosis — A Report of a Case with Unusual Manifestation, and a Literature Review

Chia-Loung Hsieh, Chi-Huei Chiang, Reury-Perng Perng

The diagnosis of the pulmonary cryptococcosis is relatively difficult. This is due to its non-specific symptoms and usually negative culture results, the low sensitivity of the serum cryptococcal antigen test, and the wide variety of radiological appearances. Although immunocompromised patients are at the highest risk, it may occur in patients with normal immunity. In immunocompetent patients with pulmonary cryptococcosis, several radiographic patterns are exhibited, including pulmonary nodules, interstitial infiltrations, and consolidation. Pleural effusion rarely occurs in immunocompetent patients.

This patient was a victim of pulmonary tuberculosis (TB) complicated with pleural effusion and chest wall involvement. After complete anti-TB treatment, the pleural effusion disappeared. Unfortunately, 2 years later, right-side pleural effusion recurred and a loss of body weight was also noted. The initial impressions were 1, pulmonary TB reactivation complicated with pleural effusion; and 2, adenocarcinoma of the lung with pleural effusion. Sono-guided thoracentesis was performed. Cytology examinations of the pleural fluid showed highly suspected cryptococcus infection, but the cryptococcal antigen test showed negative. He underwent a video-assisted thoracoscopic decortication for further diagnosis, and treatment for fibrothorax. The pathology of the tissue from decortication showed yeast-like microorganisms. Due to the renal impairment after amphotericin B treatment, he received fluconazole therapy, and regularly followed up in the outpatient department. After antifungus treatment, he gained weight and felt better than before. Based on this unusual presentation of cryptococcosis, physicians should consider the possibility of cryptococcosis of the lung complicated with pleural effusion in the differential diagnosis of chronic pleural effusion in Taiwan. (*Thorac Med 2003; 18: 500-506*)

Key words: cryptococcosis, pleural effusion

---

Chest Department, Taipei Veterans General Hospital

Address reprint requests to: Dr. Chi-Huei Chiang, Chest Department, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei, Taiwan

## 以肋膜腔積液為表現之肺部新形隱球菌感染— 病例報告及文獻回顧

謝佳龍 江啟輝 彭瑞鵬

肺部新形隱球菌感染是一不常見的黴菌感染症。由於其症狀較不具特异性，病原體不易由肺分泌物培養出來，且其影像學上會有許多各種不同的表現，因此診斷上相對來說較為困難。雖然免疫功能不全的病患對罹患此病會有較高的危險性，它也會發生在免疫功能正常的病人身上。以免疫功能正常的病患來說，肺部的侵犯主要有三種形式：肺部結節，間質性浸潤，以及肺實質性病變。以肋膜積液來表現者極為罕見。

在此我們報告一個病例：他是一個結核性肋膜炎合併有胸壁結核菌感染的患者，經過完整的抗結核藥物治療，肋膜積液已完全消失。兩年後，肋膜積液再度出現，初步門診臆斷為肺結核復發或是肺腺癌合併肋膜積水。患者住院接受超音波導引肋膜液抽取術。肋膜液細胞學檢查高度懷疑為新形隱球菌感染，但仍不能排除結核性肋膜炎。患者並接受手術。手術取下之組織病理報告為酵母菌狀微生物且排除肺結核。因患者使用 amphotericin-B 後出現副作用，因此以 fluconazole 治療。

台灣疾病型態愈來愈像歐美，隱球菌感染較以前常見，所以今提出此罕見之病例，可讓臨床醫師對於肋膜積液鑑別診斷之參考。(胸腔醫學 2003; 18: 500-506)

關鍵詞：新形隱球菌，肋膜腔積液

# Pulmonary Nocardiosis with Brain Abscess — A Case Report and Literature Review

Yen-Kun Ko, Chih-Yu Hsu

Nocardiosis is an uncommon disease in humans, and is considered an opportunistic infection which characteristically develops in immunocompromised persons. We report a patient with chronic obstructive pulmonary disease (COPD) with acute exacerbation, who had been treated with long-term corticosteroids. About seven days after admission, the patient developed high fever and bilateral pneumonia. Unfortunately, acute respiratory failure and multiple brain abscesses developed during hospitalization. Gram's staining of deep-suctioned sputum revealed Nocardia species. Empirical antibiotics were then changed to trimethoprim-sulfamethoxazole (TMP-SMZ) and minocycline for pulmonary nocardiosis, and ceftriaxone for brain abscess. The condition of the central nervous system (CNS) still worsened, despite the fact that the pneumonic patch was resolving under the appropriate antibiotic therapy. Cardiopulmonary resuscitation was performed subsequently, on the 38th hospitalization day, but in vain. The relevant literature is reviewed, including the risk factors, clinical symptoms, diagnosis, and management of nocardiosis. (*Thorac Med* 2003; 18: 507-512)

Key words: pulmonary nocardiosis, brain abscess

# 肺部奴卡氏菌感染症併發腦膿瘍——病例報告和文獻回顧

柯延昆 徐志育

奴卡氏菌感染症在臨床上是較為少見的疾病，一般被認為是一種伺機性感染，通常發生在免疫功能異常的人身上。我們報告一位長期使用類固醇藥物的慢性阻塞性肺病發生急性惡化的患者。在住院7天後，開始發高燒並產生了兩側性肺炎。病患不幸在住院期間接著發生急性呼吸衰竭及多發性腦膿瘍。深部痰液的革蘭氏染色發現了典型的奴卡氏菌，於是開始使用 trimethoprim-sulfamethoxazole 及 minocycline 來治療肺部奴卡氏菌感染症，甚至加上 ceftriaxone 來治療腦膿瘍。在合適的抗生素治療下，肺炎逐漸的改善，但是中樞神經症狀卻仍然持續惡化。在住院第38天時，病人因病情惡化而接受心肺復甦術急救，卻仍然急救無效。我們回顧一些文獻報告，並且討論奴卡氏菌感染症之危險因子及臨床表現之症狀，此外也討論其診斷方法以及治療。(胸腔醫學 2003; 18: 507-512)

關鍵詞：肺部奴卡氏菌感染症，腦膿瘍

# Cardiac Tamponade Due to Pneumopericardium — A Case Report

Meng-Hsuan Cheng, Jong-Rung Tsai, Chau-Chyun Sheu, Jen-Yu Hung,  
Te-Hung Hsu, Ming-Shyan Huang

Cardiac tamponade most commonly results from an accumulation of blood or other fluids within the pericardial sac. However, there is a growing body of clinical evidence showing that pneumopericardium can lead to cardiac tamponade, as well. Although air tamponade can be treated effectively by either needle aspiration or insertion of a pericardial tube, the development of a pneumopericardium is a bad prognostic sign. A review of the literature concerning the various causes of pneumopericardium, the clinical features, and the principles of treatment is included. (*Thorac Med* 2003; 18: 513-518)

Key words: pneumopericardium, cardiac tamponade, barotrauma

## 心包膜積氣合併心包填塞——病例報告

鄭孟軒 蔡忠榮 許超群 洪仁宇 許德宏 黃明賢

因心包膜積氣而引起的心包填塞是一種臨床罕見疾病，大部分發生於新生兒因呼吸窘迫症候群使用呼吸器時，或成人胸部受鈍傷，或與鄰近含氣體的器官產生瘻管時。病人的臨床表現有氣促，血壓降低，心包膜摩擦音，奇脈（pulsus paradoxus），中央靜脈壓上升，但因不一定每種症狀均會出現，且病人出現心包膜積氣時通常背後都有重大疾病，這兩大原因都可能使臨床醫師疏忽了這種死亡率超過百分之五十的罕見併發症。文獻報告成人因心包膜積氣而引起的心包填塞通常出現於胸部受鈍傷，插管不當或氣喘發作併高氣道壓時，但均屬個案報告，且出現此種併發症通常是非常快速的。這裡提出一位43歲男性因急性骨髓性白血病於接受化學治療後併發白血球低下性發燒與雙側肺炎，於使用呼吸器十五天後產生心包膜積氣併心包填塞。在此我們報告這位病人的臨床表現，胸部X光發現與治療經過並回顧歷年來與此種病歷相關的文獻報告。（*胸腔醫學 2003; 18: 513-518*）

關鍵詞：心包膜積氣，心包填塞，氣壓傷害



# Huge Pulmonary Cryptococcoma Treated with Pneumonectomy — A Case Report

Wei-Tong Woon, Chao-Chien Wu, Tzu-Cheng Wu, Ming-Jang Shieh\*

The pulmonary manifestations of cryptococcosis are diverse but most commonly include single or multiple pulmonary nodules and segmental or lobar consolidation. A large mass-like pattern is an uncommon finding. We report a case of 47-year-old healthy male presenting with a large pulmonary cryptococcoma with poor response to medical treatment alone. The patient was satisfactorily treated with a left pneumonectomy under cover of fluconazole therapy. Thus, thoracic surgery may be indicated in the event of a failure of medical therapy, and pulmonary cryptococcosis should be considered in the differential diagnosis of a mass lesion. Literature concerning the diagnosis and management of pulmonary cryptococcosis is also reviewed. (*Thorac Med 2003; 18: 519-524*)

Key words: pulmonary cryptococcosis, cryptococcoma, and pneumonectomy

---

Chest Division, Department of Internal Medicine, Thoracic Surgery\*, Department of Surgery, Kaohsiung Chang Gung Memorial Hospital, Taiwan.

Address reprint requests to: Dr. Chao-Chien Wu, Chest Division, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital, No.123, Ta-Pei Road, Niao-Sung Hsiang, Kaohsiung Hsien, Taiwan, R.O.C.

## 手術切除巨大肺隱孢球菌瘤：病例報告及文獻回顧

溫偉東 吳沼漉 吳自成 謝敏璋\*

隱孢球菌感染在肺部的表現是多樣性的，但大部份是以單獨或多個肺結節、肺小葉或肺大葉肺性肺實質化病變來表現。以巨大腫瘤樣的形態來表現是不常見的。我們報告一位47歲的健康男性，其肺部隱孢球菌感染是以肺腫瘤的形態來表現，同時對單獨藥物治療效果不彰。最後病人是以左肺切除併用抗黴菌藥物治療。據此，肺部隱孢球菌感染若對內科治療失敗，可考慮外科手術治療。同時，隱孢球菌感染可能要列入肺腫塊的鑑別診斷。我們並且回顧了隱孢球菌感染的診斷及處置的相關回顧。*(胸腔醫學 2003; 18: 519-524)*

關鍵詞：肺隱孢球菌感染，隱孢球菌瘤，肺切除術

---

高雄長庚紀念醫院 胸腔內科 胸腔外科\*

索取抽印本請聯絡：吳沼漉醫師，高雄長庚紀念醫院 胸腔內科，高雄縣鳥松鄉大埤路 123 號

# Invasive Pulmonary Aspergillosis in Immunocompromised Cases with Acute Respiratory Failure — Three Case Reports

Chao-Shin Cheng, Ming-Jhieh Chang, Shiu-Feng Huang\*, Chung-Chi Huang

The early diagnosis and prompt aggressive management of invasive pulmonary aspergillosis (IPA) are continuing problems. We herein report 3 cases. The first 2 had leukemia; one of them was diagnosed by necropsy as having IPA and the other was proved to have IPA by open lung biopsy while he was alive. Case 3 had been diagnosed as systemic sclerosis, and was found to have IPA by necropsy. Whenever bacterial cultures are all negative or the clinical condition deteriorates despite adequate antibiotics use in immunocompromised hosts, physicians should suspect this disease. Chest CT films are more sensitive than radiograms. Video-assisted open lung biopsy is also a relatively safe procedure. Pathological diagnosis is often more rapid than culture. (*Thorac Med* 2003; 18: 525-530)

Key words: invasive aspergillosis, immunocompromised host, video-assisted open lung biopsy

---

Division of Pulmonary and Critical Care Medicine, Department of Pathology\*, Chang Gung Memorial Hospital, Taipei, Taiwan

Address reprint requests to: Dr. Chung-Chi Huang, Chang Gung Memorial Hospital, Taipei, Taiwan, 5, Fu-Shin Street, Kweishan, Taoyuan 333, Taiwan

## 免疫妥協侵犯性肺麩菌病患併發呼吸衰竭— 3 病例報告

鄭朝馨 張明哲 黃秀芬\* 黃崇旂

如何早期診斷和積極治療侵犯性肺麩菌病一直是棘手的問題,我們報導三位病例,前兩位是白血病患,其中一位是死後屍體檢驗發現,另一例是開胸肺部切片診斷,第三例是全身性鞏皮症患者,他也是經由屍體檢驗診斷侵犯性肺麩菌病。每當免疫妥協的病人在適當的抗生素治療下,病情惡化但是細菌培養都是陰性時,我們必須懷疑這個診斷;電腦斷層要比 X 光敏感,胸腔鏡肺切片相對上是個安全的檢查,而且病理學的檢查結果往往比培養來的迅速。(胸腔醫學 2003; 18: 525-530)

關鍵詞：侵犯性麩菌病，免疫妥協宿主，內視鏡開胸肺部切片

# Concomitant Active Pulmonary Tuberculosis and Tuberculous Tenosynovitis of the Wrist: A Case Report

Rong-Sow Lee, Chia-Wen Shih\*, Jia-Horng Wang, Ming-Sheng Chern\*\*

Tuberculous tenosynovitis is an uncommon extrapulmonary tuberculosis. The insidious onset and slow progression of symptoms usually result in delayed diagnosis. Surgical debridement and histologic and bacteriologic studies are essential to make the diagnosis. Antituberculous treatment combined with surgical debridement is mandatory to obtain satisfactory results with therapy. Herein, we present the case of a 79-year-old male with pulmonary tuberculosis and concomitant tuberculous tenosynovitis. Although the diagnosis of tuberculous tenosynovitis was delayed for 3 months, the patient still had a satisfactory result with treatment via adequate surgical debridement and anti-tuberculous therapy. Tuberculosis should be included in the differential diagnoses of chronic tenosynovitis of unknown cause whenever active pulmonary tuberculosis exists. (*Thorac Med* 2003; 18: 531-536)

Key words: Tuberculosis, Tenosynovitis, Wrist

## 肺結核合併腕結核性腱鞘炎：病例報告

李榮壽 施洽雯\* 王家弘 陳名聖\*\*

結核性腱鞘炎是罕見的肺外結核病。由於發病時癥狀不明顯且病程進展緩慢，通常造成診斷延誤。為正確診斷，外科擴瘡術併組織學及細菌學檢查是必要的。且經由適度的手術併抗結核藥物治療通常產生令人滿意的治療結果。在此我們報告一例 79 歲男性病患同時罹患肺結核合併腕結核性腱鞘炎，結核性腱鞘炎經三個月延遲後才被確認。然而經適度的手術及抗結核藥物治療呈現令人滿意的治療結果。慢性腱鞘炎不論是否同時罹患活動性肺結核，鑑別診斷均應包括結核病。(*胸腔醫學* 2003; 18: 531-536)

關鍵詞：結核病，腱鞘炎，腕

# Endobronchial Hamartoma – Correlation between Ultrasonographic and Pathologic Features with A Literature Review

Pei-Ching Oon, Yuang-Shuang Liaw\*, Yih-Leong Chang\*\*

Although pulmonary hamartomas are common benign tumors of the lungs, endobronchial hamartomas are very rare in women. We present a middle-aged woman with an endobronchial hamartoma and obstructive pneumonitis. The correlations between the ultrasonographic and pathologic features are the first described in the literature. The characteristic findings included a well-defined, iso- to hyperechoic central tumor with a regular margin, in one wedge-shaped hypoechoic heterogeneous consolidation. She underwent surgical removal of the tumor. No recurrence was noted after ten months of follow-up. (*Thorac Med* 2003; 18: 537-542)

Key words: endobronchial hamartoma, ultrasonographic findings, pathology

---

Department of Internal Medicine, En Chu Kong Hospital; Departments of Internal Medicine\* and Pathology\*\*, National Taiwan University Hospital, Taipei

Address reprint requests to: Dr. Yuang-Shuang Liaw, Department of Internal Medicine, National Taiwan University, Taipei, Taiwan, No. 7, Chung-Shan South Road, Taipei 100, Taiwan

## 氣管內缺陷瘤—超音波和病理之相關性和文獻回顧

溫佩卿 廖永祥\* 張逸良\*\*

缺陷瘤雖然是常見的肺部良性腫瘤，但女性氣管內的缺陷瘤卻是非常罕見。我們報告一名中年女性氣管內缺陷瘤合併阻塞性肺炎；本病例首次在文獻上報告氣管內缺陷瘤的超音波表徵和病理之間的相關性。氣管內缺陷瘤在超音波影像學上的表徵為位於楔形低回音狀阻塞性肺炎的中心處，邊緣清楚，具同或高回音的腫瘤。病人接受手術切除腫瘤後追蹤十個月無復發。 (*胸腔醫學* 2003; 18: 537-542)

關鍵詞：氣管內缺陷瘤，超音波，病理