The Anti-Apoptotic Bcl-2 Homologue: A1

Chien-Ying Liu, Han-Pin Kuo

Apoptosis is an important physiological process for maintaining tissue homeostasis. Proteins of the Bcl-2 family, together with the caspase system, mitochondria, and nucleus-targeting factors, have been considered essential components of the intracellular apoptotic signaling pathways. A1, as a member of the anti-apoptotic Bcl-2 homologues, was first identified as a hematopoietic-specific early-response gene with a role in the development and differentiation of lymphoid and myeloid lineages. Recent studies have further demonstrated the important role of A1 in embryonic development and in modulating the inflammatory response in endothelial cells. A1 may function on mitochondria to delay cell death and interact with nuclear factor-κB signaling pathways. With the findings of multiple gene duplication and the expression of murine A1, as well as the difficulty of raising a specific anti-human A1 antibody to date, most of the knowledge regarding the molecular mechanisms of the biological function of A1 is not clear. This review introduces the identification of A1, the similarity of protein structure with and the functional differences of A1 from other Bcl-2 members, as well as recent progress in A1 research. Further study using conditional gene-engineered models will be helpful to clarify the exact role of A1 in cell functions and tissue development. ***(Thorac Med 2002; 17: 89-105)***

Key words: apoptosis, Bcl-2, A1, mitochondria, nuclear factor κB

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The Antiapoptotic Bcl-2 Homologue: A1

B 細胞淋巴瘤相關蛋白：A1

劉劍英　郭漢彬

細胞生理死亡在維持組織生理平衡上具有重要角色。Bcl-2 蛋白質群和 Caspase 胰系統、粒腺體、以及以細胞核為標的之細胞生理死亡因子群已經被認為是細胞內細胞生理死亡傳訊路徑的基本組成。A1 為抗細胞生理死亡 Bcl-2 同類蛋白之一員，最初被認為是具血球生成系統專一性的早發反應性基因，與淋巴系和骨髓系血球生成及分化有關。最近的研究更進一步的發現 A1 對胚胎發育具有重要角色並可能調控血管內皮細胞之發炎反應。A1 可能做用於粒腺體而延緩細胞死亡，並且與核因子 NF-κB 有交互作用。隨著在鼠類發現多重基因表現以及至今仍無法製造出抗人類 A1 蛋白之專一抗體、大部份與 A1 有關之生物機能的分子機轉仍不明白。這篇文獻回顧介紹了 A1 基因的發現、A1 蛋白與其它 Bcl-2 蛋白結構的相似處和生物機能的相異處、以及有關 A1 研究最近的進展。以條件調控基因表現為模式的研究將有助於進一步闡明 A1 在組織發展和細胞生物學上的確切功能。 ***(胸腔醫學 2002; 17: 89-105)***

關鍵詞：細胞生理死亡，Bcl-2 蛋白質群，A1，粒腺體，核因子 NF-κB

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The Role of Noninvasive Positive Pressure Ventilation in Hypoxemic Respiratory Failure —A Review of the Literature

Yu-Wung Yeh, Shang-Jyh Kao

Noninvasive positive pressure ventilation (NIPPV) was first adopted in the 1930's for use on patients with respiratory failure. It did not gain popularity until the 1980's when a number of small reports came out in favor of its use in primarily hypercapnic failure and post-extubation patients. Its benefit in hypoxemic respiratory failure is still controversial. We reviewed randomized trials published since 1995 on the use of NIPPV in patients with hypoxemic respiratory failure.Of the eight randomized trials published since 1995, six reported a significant decrease in the endotracheal intubation (ETI) rate with NIPPV use. However, one of the six trials had a large proportion of COPD patients and did not show a decrease in the ETI rate when the COPD patients were excluded from the analysis. Of the two that did not show a decrease in the ETI rate, one had a small sample size, and the other was done on emergency room patients. Two of the eight studies also reported a decrease in the mortality rate. In conclusion, NIPPV is probably helpful in patients with hypoxemic respiratory failure as well, but not to such a marked extent as with hypercapnic respiratory failure. ***(Thorac Med 2002; 17: 106-113)***

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非侵襲性陽壓呼吸輔助於缺氧性呼吸衰竭之運用

葉育雯　高尚志

非侵襲性陽壓呼吸輔助(NPPV)有許多理論上的益處，包括避免氣管內管插入所引起之併發症、增進病患的舒適度、保留呼吸道天然的保衛機轉、說話能力、以及吞嚥能力。自 1935 年起便有報告提出持續性陽壓呼吸輔助(CPAP)於肺水腫之病患治療上之益助。在 1970 年代更有持續性陽壓以及間歇性陽壓呼吸輔助(IPPV)運用於缺氧性呼吸衰竭以及神經肌肉性及慢性阻塞性肺病之報告出爐。在 1980 年代開始有較大型隨機試驗探討非侵襲性陽壓呼吸輔助在高二氧化碳以及缺氧性呼吸衰竭之運用。以目前已出版之報告來評估，非侵襲性陽壓呼吸輔助在高二氧化碳性呼吸衰竭病患之治療有一定的助益。在缺氧性呼吸衰竭之治療上，由於人數較少，可參考資料較不齊全。自 1990 年起，才陸續有著重於缺氧性呼吸衰竭與非侵襲性陽壓呼吸輔助之研究。研究證明，非侵襲性陽壓呼吸輔助再缺氧性呼吸衰竭的治療上亦佔了一席之地。 ***(胸腔醫學 2002; 17: 106-113)***

關鍵詞：非侵襲性陽壓呼吸輔助，呼吸衰竭，缺氧

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呼吸胸腔科門診病患藥物吸入技術衛教成效

吳沼漪　陳瓊珠　杜美蓮　賴永發*

目的：評估呼吸胸腔科門診病患使用定量噴霧劑（MDI）及乾粉吸入劑（DPI）藥物吸入技術衛教之成效。

病患及設置：針對本院呼吸胸腔科曾接受過定量噴霧劑（MDI）或乾粉吸入劑（DPI）藥物吸入衛教之門診病患，由專職呼吸治療師進行藥物吸入技巧評估及修正衛教。

措施及測量：利用一份病患正確使用各種吸入藥物方法及再次檢視修正的評估表（如附件一），作為176位門診病患藥物吸入技術的評估工具，並對病患使用之不同藥物吸入形式（MDI或DPI）分別作評估。

結果：經由此評估表之統計結果發現，病患正確吸藥的技巧與年齡、首次諮詢對象、吸入藥物種類有明顯關係，但經由衛教後，病患吸藥技巧可立即獲得改善。

結論：於評估門診病患藥物吸入技巧時，常可見到病患不當的吸藥技巧[1-2]，進而影響病情的改善，但大多數的病患皆可經由衛教學習正確的藥物吸入技巧[3]，由專人給予正確的衛教對病患而言是有益的。

（胸腔醫學 2002; 17: 114-119）

關鍵詞：定量噴霧劑，乾粉吸入劑，藥物吸入技術衛教，專職呼吸治療師

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Evaluation of the Effectiveness of Inhaler Technique Education in the Respiratory Outpatient Department

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Background: Inhaler therapy【metered-dose inhaler (MDI) or dry-powder inhaler (DPI)】is the primary method of managing asthma and chronic obstructive pulmonary disease (COPD). The proper technique of using the inhaler can control the disease. This study was undertaken to evaluate the effectiveness of inhaler technique education by different primary consultants, and to evaluate the impact of inhaler technique reeducation by the special respiratory therapist.

Patients and Setting: 176 outpatients were included, with 55 males (aged 62 ±14 years) [mean ± standard deviation], and 36 females (aged 52 ± 16 years) using MDI, and 38 males (aged 53 ± 16 years), and 47 females (aged 54 ± 14 years) using DPI for their asthma or COPD. All patients had received some instruction on the technique of using the MDI or DPI from doctors, nurses, or pharmacists.

Interventions and Measurements: A checklist on the technique of using the MDI and DPI was used to evaluate the properness of inhaler usage by a special respiratory therapist. Patients with an incorrect technique were given reeducation, and reevaluated by the special respiratory therapist 2 to 4 weeks later.

Results: Incorrect inhaler technique is very common among these patients. To test the difference in the inhaler technique before and after the reeducation by the special respiratory therapist, the two-paired t test was used. These results showed there was a significant difference in the technique of using the inhaler before and after the reeducation, no matter whether the inhaler was a MDI ($t=9.87$ $p<0.001$) or DPI ($t=9.69$ $p<0.001$). We also found the effectiveness of education regarding inhaler usage differed among the technique from various primary consultants.

Conclusions: Most patients had a more correct inhaler technique after education by the special respiratory therapist. We strongly recommend that every hospital have a special program for patient inhaler technique education. ***(Thorac Med 2001; 17: 114-119)***

Key Words: metered-dose inhaler (MDI), dry-powder inhaler (DPI), inhaler technique education, special respiratory therapist.

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Clinical Characteristics of Patients with Coexisting Bronchogenic Carcinoma and Pulmonary Tuberculosis

Wei-Chieh Lin, Yuan-Chih Chu, Chiung-Zuei Chen, Cheng-Hung Lee, Chang-Wen Chen

Several previous studies have demonstrated a higher incidence of lung cancer in patients with pulmonary tuberculosis than in the general population. There has also been evidence that lung cancer patients with coexisting pulmonary tuberculosis may have a poor prognosis. Unfortunately, the early diagnosis of carcinoma in patients with tuberculosis is difficult because bronchogenic carcinoma often masquerades the changes in pulmonary tuberculosis in their radiographic manifestations. Besides, the signs and symptoms of both diseases are frequently non-specific. We retrospectively reviewed the medical records of 26 patients with coexisting bronchogenic carcinoma and pulmonary tuberculosis who were diagnosed between 1989 and 2001. In order to determine whether there is a difference in the clinical and radiological features, the patients who were initially suspected of having carcinoma were compared with those who were not. Most of our patients were elderly and male chronic cigarette smokers. Squamous cell carcinoma was most common histologically, and accounted for 50% of these cases. The patients who were not initially suspected of lung cancer had a significantly higher incidence of sputum positive for acid-fast bacilli ($p < 0.05$), and a more frequent occurrence of lung cancer and pulmonary tuberculosis appearing in the same lung ($p < 0.05$). Both obviously contributed to a delay in the diagnosis of carcinoma. The majority had been in an advanced stage at the time of diagnosis of carcinoma, and only 3 of our patients had lesions amenable to adequate resection. We concluded that the early diagnosis of coexisting bronchogenic carcinoma and pulmonary tuberculosis is difficult, particularly if the sputum is positive for acid-fast bacilli. Only a high level of suspicion and the close surveillance of high-risk patients with pulmonary tuberculosis offer an early opportunity to diagnose and consequently improve the prognosis of this coexisting disease.
(Thorac Med 2002; 17: 120-127)

Key words: pulmonary tuberculosis, bronchogenic carcinoma, squamous cell carcinoma

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Lung Cancer and Pulmonary Tuberculosis

合併有肺癌和肺結核的病人之臨床研究

林偉傑　朱遠志　陳炯睿　李政宏　陳昌文

先前有許多研究顯示，肺結核的病人肺癌的發生率比一般人高，而且這些同時具有肺結核與肺癌的病人的預後也較差。不幸的是，要早期診斷出這些病人是困難的，因為在影像學上肺癌的表現常與肺結核類似，在症狀和病徵上，兩者也皆不具特異性。所以我們回顧性研究 26 位從 1989 至 2001 年間在本院診斷出同時具有肺癌和肺結核的病人。結果顯示，大多數的病人是男性且長期抽煙的老年人，組織學上以鱗狀上皮細胞癌佔 50%為大多數。我們把這些病人分成兩組：一開始即被懷疑有肺癌的病人和僅肺結核被懷疑的病人。我們發現那些一開始不被懷疑有肺癌的病人，其痰液 acid-fast bacilli 呈陽性反應的比例比另一組高 ($p < 0.05$)，而且肺癌和肺結核居於同側肺的比例也比另一組高 ($p < 0.05$)。這兩點很明顯延誤肺癌的診斷。大多數我們的病人癌症被診斷出來已經是末期了，而且僅有三位可以接受手術治療。結論是，要早期診斷出同時合併有肺癌和肺結核的病人是困難的，尤其是當痰液呈陽性 acid-fast bacilli 時。唯有靠臨床醫師對高危險群的肺結核病人保持高度的警覺性，才能提早診斷出合併的肺癌，並改善其預後。 ***(胸腔醫學 2002; 17: 120-127)***

關鍵詞：肺結核，肺癌，鱗狀上皮細胞癌

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Pulmonary Actinomycosis Extension From Lung to Retroperitoneum—A Case Report

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Thoracic actinomycosis is an uncommon bacterial infection characterized by its ability to spread to contiguous tissues without regard to normal anatomic barriers. Together with the reduction of its incidence, the clinical presentation has changed markedly over the past decade. Nowadays, extensive destruction of the chest wall is rarely seen. We report a patient who was admitted with a soft tissue mass on the left lateral chest wall. Radiography and CT scans of the chest showed lower left lobe consolidation with fluid collection and extension to the pleura, chest wall, and retroperitoneum. Pulmonary actinomycosis was confirmed by operation and pathology. Treatment consisted of surgical resection, drainage, and antibiotics. ***(Thorac Med 2002; 17: 128-132)***

Key words: Pulmonary actinomycosis, chest CT, retroperitoneal abscess

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肺部放線菌病從肺部蔓延到後腹腔—病例報告

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肺部放線菌病是個少見的細菌感染，它的特徵是擴散到週邊組織而不遵守解剖構造。現今不但發生率逐漸的減少而且嚴重的個案更是越來越少。本病例為 51 歲的男性病人因為左側胸部腫塊住院，胸部 X 光及電腦斷層掃描顯現出左下葉實質化而有多房性膿瘍，病灶擴散到肋膜、胸壁及後腹腔。經手術後病理診斷為放線菌感染。病人的治療包括左下葉部份切除、膿瘍引流及青黴素抗生素使用。***(胸腔醫學 2002; 17: 128-132)***

關鍵詞：肺部放線菌，胸部電腦斷層掃描，後腹腔膿瘍

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Ectopic Spleen in Thorax—A Case Report

Chia-Man Chou, Cheng-Yen Chuang, Chou-Ming Yeh, Chung-Ping Hsu, Chih-Yi Chen

Splenic ectopia is a rare condition following splenectomy or splenic trauma, and is diffucult to diagnose preoperatively. Thoracic ectopic spleen has never been reported in the past. We report a 53-year-old male who received a splenectomy twenty years ago. Thoracic ectopic spleen was noted as an incidental finding recently and surgical intervention was performed with satisfactory results. ***(Thorac Med 2002; 17: 133-136)***

Key words: ectopic spleen, thoracic, splenectomy

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位於胸腔之異位脾—病例報告

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異位脾為一罕見疾病，常發生於脾臟切除手術後或脾臟外傷之病人，且一般術前很難正確診斷，但就我們所知，文獻上未曾報告位於肋膜腔中。報告一 53 歲男性病例，於 20 年前曾接受脾臟切除手術，肋膜腔異位脾經手術後確定診斷。 ***(胸腔醫學 2002; 17: 133-136)***

關鍵詞：異位脾，肋膜腔，脾臟切除手術

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Endobronchial Actinomycosis with Nontuberculous Mycobacterial Colonization—A Case Report and Literature Review

Bor-Yiing Jiang, Wen-Bin Shieh, Tung-Jung Huang, Chung-Chin Hua, Teng-Ren Yu

Actinomycosis is a chronic granulomatous disease caused by the fungus *Actinomyces israelii*, and is characterized by suppuration, abscess formation, and eventually the development of multiple drainage sinuses. The number of lesions that mimic actinomycosis of the lung is extensive. We report a case of a 60-year-old women who presented with chronic cough and profuse sputum. The sputum acid-fast stain showed positive (one plus) and the culture yielded nontuberculous mycobacterium. Fiberoptic bronchoscopy revealed an endobronchial tumor with stenotic bronchus. Histologic examination of the biopsy specimen demonstrated *Actinomyces* infection. There was a clinical response to penicillin therapy. ***(Thorac Med 2002; 17: 137-142)***

Key words: endobronchial actinomycosis, nontuberculous mycobacterium, bronchogenic carcinoma

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支氣管放線菌症合併肺部非結核性分枝桿菌症—病例報告及文獻回顧

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放線菌症是由以色列放線菌所引起的慢性肉芽腫疾病，它具有化膿、膿瘍形成或甚至形成多個引流瘻管。有多種疾病疑似肺部放線菌症。我們報告一位以慢性咳嗽併多量痰液的六十歲女性。痰液抗酸性塗片為陽性且培養結果為非結核分枝桿菌。光纖支氣管鏡檢查顯示支氣管性腫瘤併支氣管狹窄。切片生檢組織學檢查證實為放線菌感染且對青黴素靜脈給藥有效。 ***(胸腔醫學 2002; 17: 137-142)***

關鍵詞：支氣管放線菌症，非結核性分枝旱菌症，支氣管性癌

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Single Lung Transplantation for Pulmonary Langerhans' Cell Histiocytosis—A Case Report

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Pulmonary Langerhans' cell histiocytosis (LCH) is a diffuse, smoking-related, interstitial lung disease characterized pathologically by bronchiolocentric inflammation, cyst formation, and widespread intrinsic vascular abnormalities. Despite spontaneous remissions sometimes occurring, the clinical status progressively worsens, and lung transplantation offers a therapeutic option in a few cases. The present case is a 28-year-old man who underwent right single lung transplantation (SLT) for end-stage pulmonary Langerhans' cell histiocytosis. He survived the SLT. Postoperative recovery was uneventful, and his respiratory function improved significantly after 6 months of follow-up. ***(Thorac Med 2002; 17: 143-148)***

Key words: pulmonary Langerhans' cell histiocytosis, single lung transplantation

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單肺移植治療肺部 Langerhans'細胞組織細胞增生症—病例報告

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肺部 Langerhans'細胞組織細胞增生症是一瀰漫性，和抽煙病史有關的間質性肺疾，病理上的特徵是細小支氣管有向心性發炎，形成囊泡，以及廣泛性的內因性血管病變。雖然有時會自動緩解，對一些臨床上會逐漸惡化的病例，肺臟移植可以做為治療上的選擇。在此，我們報告一 28 歲男性病例，因為末期的肺部 Langerhans'細胞組織細胞增生症而實施右側單肺移植手術。他手術後存活，平安恢復，經 6 個月追蹤後，肺部功能有顯著改善。 ***(胸腔醫學 2002; 17: 143-148)***

關鍵詞：肺部 Langerhans'細胞組織細胞增生症，單肺移植

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Endobronchial Tuberculosis—A Case Report

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A 24-year-old female had suffered from chronic cough and dyspnea for five months. She was treated as bronchial asthma though there was no previous history of this condition. Serial chest radiographs within a five-month period had demonstrated no definite lesion. Physical examination revealed localized wheezing in the left hemithorax. However, two sputum examinations did not reveal acid-fast bacilli. Fiberoptic bronchoscopy revealed a stenotic left main bronchus with caseous material obstructing the common orifice of the upper left lobar bronchus. An endobronchial polypoid lesion leading to the total occlusion of the left lingular bronchus was identified. Sputum collected from the bronchoscopic examination demonstrated acid-fast bacilli, and the bronchoscopic biopsy confirmed the diagnosis of endobronchial tuberculosis (EBTB). An antituberculosis regimen was administered for this actively caseating subtype of endobronchial tuberculosis. A follow-up bronchoscopy six months after antituberculosis chemotherapy demonstrated a resolution of the caseous material, and only a slightly stenotic change in the orifice of the left main bronchus. The patient was found to be free of localized wheezes upon physical examination. ***(Thorac Med 2002; 17: 149-153)***

Key words: endobronchial tuberculosis (EBTB), actively caseating subtype

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Endobronchial Tuberculosis

支氣管結核病—病例報告

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這位 24 歲女性慢性咳嗽和呼吸困難已有五個月之久。雖然以前並沒有氣喘病史，卻接受吸入型類固醇及擴張劑治療。間隔五個月的胸部 X 光片並沒有發現任何明顯病灶。兩次痰液檢查並沒有發現結核菌。支氣管鏡檢查顯示左主支氣管明顯狹窄且可見乳酪狀塊狀物填塞左上葉氣管的共同開口氣管內塊狀物完全阻塞了左肺舌葉的支氣管。從支氣管鏡抽出的痰液經鏡檢可見結核菌。經支氣管鏡所作氣管內切片証實了支氣管內結核。對於這種呈現出活動性乳酪狀病變的支氣管內結核，我們採用了複合型抗結核菌藥物治療，抗結核菌藥物治療後六個月,再重作支氣管鏡檢查顯示左上葉支氣管開口處的乳酪狀病變已經消失，而且和抗結核菌藥物治療前的支氣管鏡檢查比較，左主支氣管僅呈現輕微狹窄。理學檢查並沒有單側肺部之喘鳴聲。 ***(胸腔醫學 2002; 17: 149-153)***

關鍵詞：支氣管內結核，活動性乳酪狀病變的類型

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Idiopathic Thrombosed Saccular Aneurysm of the Azygos Vein—A Case Report

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Ming-Jang Hsieh**

The idiopathic azygos vein aneurysm is a very rare abnormality, and frequently mimics a mediastinal tumor. The etiology of this rare entity is unknown, though most generally consider it to be of congenital origin. Computerized tomography is thought to be very important for diagnosing this abnormality, though to date it is not clear what an appropriate therapeutic strategy would entail.

Herein, we present a case of a large, saccular, totally thrombosed azygos vein aneurysm found in a 33-year-old man complaining of cough and chest pain. The chest radiograph revealed a large mass in the right paratracheal region. Enhanced computerized tomography showed some rim enhancement of the mass, only, and magnetic resonance imaging did not demonstrate a flow void. Surgery then confirmed a thrombosed azygos vein aneurysm. ***(Thorac Med 2002; 17: 154-158)***

Key words: azygos vein aneurysm, mediastinal mass

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自發性栓塞性奇靜脈囊狀瘤—病例報告

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自發性奇靜脈囊狀瘤是一種非常罕見的血管變異，且它常常看起來極似縱膈腔腫瘤。它眞正的病因並不清楚，但一般較傾向先天性來源。電腦斷層被認為是診斷此種血管變異的一項重要檢查。至於此病適當的治療對策則至今仍不清楚。

我們在此報告一個完全栓塞的奇靜脈囊狀瘤的病例。它發生在一位 33 歲男性有咳嗽胸痛的主訴。胸部 X 光顯現出右側氣管旁有一個大的腫塊狀的病灶；胸部電腦斷層顯示出這個病灶僅有周邊對顯影劑顯影而磁振攝影檢查也顯示不出此病灶有明顯血流信號。手術後來証實這是一個栓塞的奇靜脈囊狀瘤。***(胸腔醫學 2002; 17: 154-158)***

關鍵詞：奇靜脈囊狀瘤，縱膈腔腫塊

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Multiple Intrapulmonary Metastases of Atypical Bronchial Carcinoid Tumor—A Case Report and Literature Review

Jong-Rung Tsai, Chau-Chyun Sheu, Jen-Yu Hung, Te-Hung Hsu, Kun-Bow Tsai, Ming-Shyan Huang

The bronchial carcinoid tumor is a low-grade malignant neoplasm which is believed to be derived from neuroendocrine cells, and is subdivided into typical and atypical categories. Owing to the significant difference in prognosis, it is important to differentiate typical from atypical. Atypical bronchial carcinoid tumors have a carcinoid morphology with 2-10 mitoses/2mm^2(10HPF) or necrosis (often punctate). They usually appear as solitary lesions and are more often endobronchial than peripheral. Atypical carcinoid tumors are more prone to metastasis than typical carcinoid tumors. Multiple intrapulmonary metastases are rarely reported, although other sites of metastasis, such as the brain, heart, skeleton, kidney, lymph nodes, etc, have been reported. In this report, we present a 46-year-old female with hemoptysis and progressive malaise. Multiple nodules of varying size on both lungs were found on the chest radiograph. The thoracoscopic biopsy revealed a neuroendocrine neoplasm with amyloid deposition, so a carcinoid tumor of the lung or metastatic thyroid medullary carcinoma was also taken into the differential diagnosis. However, there was a negative thyroid study. We concluded that this was a rare case of atypical carcinoid tumor of the lung with bilateral intrapulmonary metastases. ***(Thorac Med 2002; 17: 159-164)***

Key words: typical, atypical bronchial carcinoid tumor, multiple intrapulmonary metastases

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非典型肺類癌合併多發性肺內轉移一病例報告與文獻回顧

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肺類癌是一種低度惡性之腫瘤，起源於神經性內分泌細胞，可分成典型與非典型兩型。因兩型之預後有相當之差別，所以如何去分類是相當的重要，其分類依據為細胞分裂數及壞死之有無。肺類癌常以單一病變表現，氣管內腫瘤比週邊常見，非典型肺類癌比典型肺類癌易有轉移現象。多發性肺部轉移則不常見，腦、心臟、骨頭、腎臟、淋巴等也偶有例子報告。我們報告一名46歲女性因咳血及全身性衰弱求診，X光發現兩側肺野有數個大小不一的結節。經胸腔鏡切片診斷為肺類癌或轉移性甲狀腺髓質瘤，因甲狀腺檢查並無明顯病變，所以診斷為非典型肺類癌。 ***(胸腔醫學2002; 17: 159-164)***

關鍵詞：典型肺類癌、非典型肺類癌、多發性肺部轉移

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High-Grade Bronchial Mucoepidermoid Carcinoma—A Case Report

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Bronchial mucoepidermoid carcinoma is a rare lung tumor comprising only 0.1%-0.2% of all primary lung cancers. Histologically, this neoplasm is characterized by the coexistence of mucus-secreting cells, squamous cells, and cells of an intermediate type. It can be found in all age groups, usually presenting with symptoms associated with airway irritation or obstruction, such as cough, hemoptysis, dyspnea, or wheezing. The treatments and outcomes vary depending on the histological grades and the clinical stages. We herein report a case of high-grade bronchial mucoepidermoid carcinoma in a 38-year-old woman with skin, breast and spine metastases. The patient presented with four cutaneous nodules and one in the right breast. She had dry cough for 6 months, which, however, was ignored. An excisional biopsy of one of the cutaneous nodules was reported as metastatic carcinoma. Chest radiography revealed a central lung mass. Bronchoscopy found an endobronchial tumor in the anterobasal segmental bronchus of the left lower lobe. The bronchoscopic biopsy proved the diagnosis of mucoepidermoid carcinoma. Despite aggressive chemotherapy and radiotherapy, the disease progressed rapidly with spinal metastasis and bronchial obstruction. The patient died 75 days after diagnosis. ***(Thorac Med 2002; 17: 165-171)***

Key words: mucoepidermoid carcinoma, Lung cancer, endobronchial tumor

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Primary Mucoepidermoid Carcinoma of Lung

高度惡性支氣管黏液類上皮癌—病例報告

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支氣管黏液類上皮癌為一種罕見之肺腫瘤，約佔原發性肺癌的 0.1%至 0.2%。組織學上，可見黏液細胞、鱗狀細胞及中間型細胞同時存在，依其表現可區分為低度惡性(low-grade)和高度惡性(high-grade)腫瘤。它可在任何年齡發生。患者之臨床症狀通常與氣道之刺激及阻塞有關，如咳嗽、咳血、喘鳴或呼吸困難。治療及預後則視組織學上之分級和臨床之分期而有所不同。雖然此腫瘤大多具有良性的臨床病程，但其中 20%-25%屬高度惡性腫瘤，其臨床表現亦較為惡性。

一位 44 歲的女性病患，於左下肺葉支氣管發生黏液類上皮癌，併有皮膚、乳房及脊椎等多處轉移。患者在因皮膚及乳房結節求診前已經咳嗽近半年，而皮膚結節之病理切片報告為轉移癌。胸部 X 光檢查發現在近左肺門處有一肺腫塊。支氣管鏡檢查則發現在左下肺葉前支有一氣道內腫瘤，切片病理報告証實為黏液類上皮癌。雖經積極之化學治療及放射治療，病情仍急速惡化，患者於診斷後 75 天死亡。此種罕見的原發性肺癌，臨床症狀並無特異性；但經由影像學及支氣管鏡檢查，很容易發現腫瘤的存在，加上組織學表現有其特色，診斷並不困難。低度惡性腫瘤可以外科手術切除治癒，高度惡性腫瘤之癒後不一。本例即為一具高度侵犯性，併多處轉移之病例，其治療方式仍需多方探討。 ***(胸腔醫學 2002; 17: 165-171)***

關鍵詞：黏液類上皮癌，肺癌，支氣管內腫瘤

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Ultrasound-Guided Transthoracic Core Biopsy for the Diagnosis of Mucosa-Associated Lymphoid Tissue Lymphoma (MALToma) of the Lung—A Case Report

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Mucosa-associated lymphoid tissue lymphoma (MALToma) of the lung is a rare low-grade B cell lymphoma. Pulmonary MALToma is difficult to diagnose because most patients with MALToma of the lung are asymptomatic or just present with a long and indolent course. The definite diagnosis of pulmonary MALToma is based on histological studies. In the past, specimens were obtained by thoracotomy, thoracoscopy, or anterior mediastinotomy, because the image modality and cytopathology were not as advanced as today. However, recent advances in the technique of ultrasonographic image guidance have greatly improved safety and diagnostic accuracy. We report a 40-year-old man with pulmonary MALToma who presented with dry cough and right-side chest pain, and was finally diagnosed using echo-guided transthoracic core biopsy, without any complications. ***(Thorac Med 2002; 17: 172-177)***

Key words: Mucosa-associated lymphoid tissue lymphoma (MALToma), ultrasound, core-biopsy

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Ultrasound-Guided Biopsy for Diagnosis of Pulmonary MALToma

藉超音波導引切片來診斷肺部 MALToma 之病例報告

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MALToma 是一種 B 細胞淋巴癌，它可生長在胃、肺、唾液腺或甲狀腺。肺部的 MALToma 是個很少見之疾病，其診斷需根據病理切片。以前在影像診斷工具尚未成熟時，病人常藉由支氣管鏡、胸腔鏡或開胸手術來取得病理組織；然而，這些檢查除了病患不舒服外，亦有麻醉的危險性。在此，我們報告一例 40 歲男性，無抽煙史，主要臨床症狀為乾咳、右側胸痛，胸部 X 光片顯示右中肺有約 6 公分的腫塊，在接受支氣管鏡檢查及經氣管切片後，仍無法獲得正確診斷。我們藉超音波導引，使用 18 號大小的針頭做了 core-biopsy，病人做完切片後無任何併發症，病理報告為 MALToma。病人現接受放射治療及化學治療，並在門診持續追蹤觀察。對於肺部 MALToma 的診斷，藉由超音波導引做 core-biopsy 可能扮演重要的角色。 ***(胸腔醫學 2002; 17: 172-177)***

關鍵詞：肺部 MALToma，超音波，core-biopsy

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Mediastinal Parathyroid Cyst—A Case Report and Literature Review

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Parathyroid cysts in the neck or mediastinum are uncommon. Mediastinal parathyroid cysts occur much less frequently than those in the neck. A mediastinal parathyroid cyst may be asymptomatic, but may also be symptomatic due to a mass or functional effect. We herein report a rare case of mediastinal parathyroid cyst. ***(Thorac Med 2002; 17: 178-181)***

Key words: parathyroid cyst, medistinum

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Mediastinal Parathyroid Cyst

縱膈腔副甲狀腺囊腫—病例報告及文獻回顧

柯煥章　許文虎

臨床上，頸部或是縱膈腔的副甲狀腺囊腫都不是常見的疾病，尤其是縱膈腔的副甲狀腺囊腫更是少見。縱膈腔的副甲狀腺囊腫大部份是無症狀，偶爾會因為腫瘤壓迫附近器官或是高血鈣危象而被發現。在此我們報告一例縱膈腔副甲狀腺囊腫及回顧過去的文獻。 ***(胸腔醫學 2002; 17: 178-181)***

關鍵詞：副甲狀腺囊腫，縱膈腔

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Good's Syndrome Presenting with Bronchiectasis and Recurrent Pulmonary Infection—A Case Report

Kuen-Daw Tsai, Liang-Wen Hang, Wei-Erh Cheng, Te-Chun Hsia

Good's syndrome (immunodeficiency associated with thymoma) is a rare condition which occurs in only about 10% of patients with adult onset hypogammaglobulinemia. Patients reported in the literature develop defects in both the immune and hematopoietic systems with the clinical features of anemia, diarrhea, and recurrent pulmonary and opportunistic infections such as esophageal candidiasis, and others. We herein report a 48-year-old male with a history of bronchiectasis and recurrent pulmonary infection, beginning in 1997, which required mechanical ventilation at one time due to respiratory failure from infectious complications. In Nov. 2000, he was found to have an enlarged anterior mediastinal mass with a needle aspiration-proven thymoma. Immunological testing showed pan-hypogammaglobulinemia, a depletion of CD 19 cells, and decreased CD4 & CD8 cells with a low CD4/ CD8 ratio, indicating the presence of combined immune deficiency. Good's syndrome (GS) should be suspected when a patient with thymoma has a history of bronchiectasis combined with recurrent pulmonary or opportunistic infection. ***(Thorac Med 2002; 17: 182-186)***

Key words: thymoma, hypogammaglobulinemia, immunodificiency, recurrent infection.

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以支氣管擴張症和反覆肺部感染表現的 Good's 症候群—病例報告

蔡昆道　杭良文　程味兒　夏德椿

Good's 症候群(免疫缺乏合併胸腺瘤)是一種少見的疾病，僅發生在約百分之十的成人型低免疫球蛋白病人。臨床上病人都發現有免疫及血液系統的缺陷，其表徵有貧血、下痢、反覆性肺部及機會性感染，如念珠菌食道炎等。本報告為一位 48 歲男性病患，從 1997 年就有支氣管擴張症和反覆肺部感染，甚至因此呼吸衰竭而需機械性通氣。在 2000 年 10 月，病人被發現有前縱隔腔腫塊，經細針抽取的細胞學抹片証實為胸腺瘤。免疫檢查發現全免疫球蛋白低下，CD19 細胞缺乏，CD4、CD8 細胞減少和低比例的 CD4/CD8 細胞。當病人有胸腺瘤，且合併支氣管擴張症和反覆性肺部及機會性感染病史時，Good's 症候群應被懷疑。***(胸腔醫學2002; 17: 182-186)***

關鍵詞：胸腺瘤，低免疫球蛋白症，免疫不全，反覆感染

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