老年人的肺癌

陳育民

最近二十年來肺癌一直位居台灣癌症死因的前二名，肺癌是屬於一種較好發於晚年的癌症。發生率隨著年齡增加而逐漸增高，到 80 歲附近到達頂點。由於它是屬於一種老年人的癌症，對於老年肺癌的研究也就相對地顯得重要。 老人肺癌的組織型態與年輕患者稍有差異，鱗狀細胞癌相對比年輕患者多，肺癌的分期也是較早期發現，但是卻較易接受不完整的治療，或是拒絕治療。

雖然我們認為老年人的各種器官功能均較年輕者為差，但是只要小心處理，臨床治療經驗卻發現二者差異不大。一般而言，肺癌的治療原則，不因年紀不同而有明顯差異。 經診斷患有早期非小細胞肺癌的老年患者只要符合手術條件，並且沒有手術禁忌症，均可以施行手術切除，但是宜避免全肺切除手術。至於擴展期或晚期患者均可接受放射治療或化學藥物治療，而且患者耐受性並不比年輕人差。某些文獻報告甚至認為老年人對藥物反應率較年輕人為佳。小細胞肺癌治療原則也不變。台北榮民總醫院自 1987 年至 1996 年共有 6048 位非小細胞肺癌病患。其中 184 人年紀超過 80 歲，另外 127 人年紀小於 40 歲，在小於 40 歲的病患以女性與肺腺癌較多，老年肺癌診斷時的期別相對較年輕人為早。但是，這些小於 40 歲的病患接受較積極治療的方式（如手術切除）比老年人為高。而且，老年病患只接受保守的支持性治療的比率明顯比年輕人為多。其中尚有許多可以改善的空間。台北榮民總醫院胸腔部的肺癌化學治療臨床試驗的經驗也顯示，老年患者接受化學藥物治療的耐受性不比年輕人差，且副作用也沒有明顯增加。

結論：肺癌是一種老人的疾病，只要能夠適當診斷、適當治療，其治療過程與預後和年輕患者並無明顯差異。***（胸腔醫學 2002; 17: 187-193）***

關鍵詞：肺癌，老年人，化學藥物治療，肺葉切除

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Lung Cancer in the Elderly

Yuh-Min Chen

Lung cancer has been the leading cause of cancer death in Taiwan in the past two decades. It is found in older individuals, as well, with a peak incidence at around 80 years of age. There is more squamous cell carcinoma, at a relatively early staging, among this group, and a higher proportion of elderly patients refuse treatment or receive incomplete treatment, when compared with younger patients. In general, the treatment policy for lung cancer is essentially the same, regardless of age. Surgical intervention, such as lobectomy with mediastinal LN dissection, is the treatment of choice for early-stage non-small cell lung cancer (NSCLC), while pneumonectomy should be avoided if possible. Radiotherapy and/or chemotherapy can also be given to locally advanced and/or metastatic NSCLC patients. The treatment policy for SCLC is also the same, regardless of age. There were 6,048 NSCLC patients diagnosed in Taipei VGH between 1987 and 1996. Among them, 127 patients were younger than 40 years old and 184 patients were older than 80 years old. We found significantly more female patients and adenocarcinoma in the younger group, when compared with the older patients. Younger patients received surgical intervention more frequently than the aged, but older patients received supportive care only more frequently than the younger patients. The chemotherapy clinical trials among NSCLC patients in our hospital have also showed that elderly patients tolerate treatment well. In summary, lung cancer is a common disease among the elderly, and the treatment policy and prognosis are essentially the same as for younger patients.
(Thorac Med 2001; 17: 187-193)

Key words: lung cancer, elderly, chemotherapy, lobectomy

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Clinical Manifestations of 35 Cases of Narcolepsy

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Background: Narcolepsy is a sleep disorder characterized by excessive daytime sleepiness (EDS), cataplexy, sleep paralysis, and hypnagogic hallucinations. This study was designed to evaluate the clinical presentation of narcolepsy patients during the past 10 years at Taipei Veterans General Hospital (Taipei VGH).

Methods: We retrospectively reviewed the medical charts and polysomnographic results of 35 narcoleptics seen between 1992 and 2001 at Taipei VGH. Patient characteristics, clinical symptoms, response to treatment, and a telephone questionnaire regarding quality of life, academic achievement, job performance, and history of automobile accidents, were analyzed.

Results: There were 19 male and 16 female patients in total. The mean age at onset of symptoms was 21 years. The average delay between symptom onset and the diagnosis of narcolepsy was 12 years. While EDS (100%) was the principal symptom, 22 (63%) had cataplexy, 19 (54%) had sleep paralysis, and 16 (46%) had hypnagogic hallucinations. Only 11 (31%) experienced the full tetrad. Among the 22 patients whose symptoms developed before 20 years of age, 14 (64%) experienced a marked deterioration in academic performance and 10 (45%) had bad grades. For patients older than 20 years of age (n = 26), 10 (38%) reported a poor job performance. Among the 23 who drove a vehicle, 18 (78%) reported falling asleep during driving, and 12 (52%) had had sleep-related driving accidents. Patients with bad grades and bad job performance had significantly shorter mean sleep latency and more sleep onset rapid eye movement periods (SOREMP) on the Multiple Sleep Latency Test (MSLT) than patients with good grades and good job performance. Patients with sleep-related driving accidents had significantly higher Epworth Sleepiness Scale (ESS) scores than patients without driving accidents. All patients were treated with methylphenidate and/or antidepressants. However, 24 patients did not receive regular treatment and follow-up. Of these, 13 reported ineffective treatment and 10 disliked lifelong therapy with medication.

Conclusions: Narcolepsy has a great impact on quality of life. Its diagnosis is often not made until a decade after symptoms develop. During the initial investigation, the MSLT and ESS provide important information about the prognosis. Current drug therapies are symptomatic and only modestly effective. A greater awareness of the pathophysiology and symptoms of narcolepsy may lead to an early diagnosis and an avoidance of serious consequences, such as traffic accidents. ***(Thorac Med 2002; 17: 198-209)***

Key words: narcolepsy, cataplexy, multiple sleep latency test

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三十五例猝睡症之臨床表現

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猝睡症(narcolepsy)為一種慢性睡眠疾病，其特性為白日過度嗜睡、猝倒(cataplexy)、睡眠麻痺(sleep paralysis)及臨睡幻覺(hypnagogic hallucinations)。我們回溯性地蒐集民國 81 年至民國 90 年間台北榮民總醫院猝睡症病患之病例紀錄及睡眠檢查資料，並分析病患之特性、症狀及治療情形。我們並以電話問卷方式，調查猝睡症對學業、工作之影響以及因嗜睡引發相關車禍之機率，另外利用 Epworth Sleepiness Scale (ESS)調查病患的嗜睡程度。並以統計之方法分析症狀嚴重度不同的個組之間，其睡眠檢查結果及 ESS scores 是否有差異。

總計 35 位病患包含 19 位男性、16 位女性。症狀發作之平均年齡為 21 歲，但發病到確定診斷的時間則平均達 12 年。病患皆有白日過度嗜睡之症狀，63%之病人有猝倒，54%有睡眠麻痺、46%有臨睡幻覺。符合全部四項症狀者僅有 31%。猝睡症對生活品質有重大影響。20 歲前發病者，64%有明顯學業成績退步、45%成績很差。已經從事工作的患者，有 38%工作表現不佳。有開車習慣之患者，有 78%曾在駕駛時睡著、52%曾因嗜睡而發生過車禍。我們發現對於猝睡症之病患，多重睡眠潛伏期試驗(Multiple Sleep Latency Test)及 ESS 不僅為主要診斷工具，亦對病患之預後提供了重要的資訊。目前對於猝睡症之治療多為症狀控制的療法，效果不盡理想。亟待更多的研究報告，以增進對猝睡症其致病機轉及症狀之了解，以期早期診斷並避免嚴重之後果，例如車禍。 ***(胸腔醫學 2002; 17: 198-209)***

關鍵詞：猝睡症，猝倒，多重睡眠潛伏期試驗

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CEA is More Useful Than Cytokines in the Differential Diagnosis Distinguishing Malignant Pleural Effusion from Benign Conditions

Kuang-Yao Yang, Yuh-Min Chen, Chun-Ming Tsai, Reury-Perng Perng

Background. We investigated the role of cytokines [tumor necrosis factor-α (TNF-α), interleukin-1 β (IL-1β), macrophage inflammatory proteins 1 β (MIP-1β), granulocyte-macrophage colony stimulating factor (GM-CSF), IL-15] in the evaluation of pleural effusion etiology.

Methods. Using commercially-available ELISA kits, concentrations of these cytokines were measured in the pleural fluid and peripheral blood of patients with malignant effusions (n=51), parapneumonic effusions (n=7), tuberculous pleurisy (n=8), and transudative (n=8) effusions due to congestive heart failure or liver cirrhosis. Carcinoembryonic antigen (CEA) levels were also checked and used for comparison.

Results. The results showed that 75% of blood TNF-α and 50% of effusion TNF-α, 90% of blood IL-1β and 67.5% of effusion IL-1β, and 97.5% of blood GM-CSF and 55% of effusion GM-CSF, were below minimal detectable concentrations, while 92.5% of blood IL-15 and 100% of effusion IL-15, and 95% of blood MIP-1β and 92.5% of effusion MIP-1β, were detectable. There was no significant difference in cytokine levels among a subgroup of patients with benign pleural effusion, in either the pleural fluid or peripheral blood; however, the pleural fluid TNF-α and IL-15 levels were higher in TB pleurisy (p=0.048 and 0.045, respectively), and blood MIP-1β levels were lower in patients with transudates. In general, the pleural fluid cytokine levels were higher than the blood levels, if they were detectable, in both the benign and malignant effusions. However, MIP-1β was higher in the peripheral blood than in the pleural fluid in patients with malignant effusion (p=0.009). None of these cytokines could be used for the differential diagnosis of benign and malignant pleural effusion (p>0.05), in either the pleural fluid or the peripheral blood, except for pleural fluid TNF-α, which was relatively higher in benign disease (p=0.028). On the other hand, there were significant differences in the CEA levels in the peripheral blood (p=0.012) and pleural fluid (p=0.001) of benign and malignant diseases.

Conclusions. These findings suggest that pleural fluid CEA levels are still better than cytokines for the differential diagnosis of benign and malignant pleural effusion. ***(Thorac Med 2002; 17: 210-217)***

Key words: chemokine, cytokine, pleural effusion, malignancy

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胚胎絨毛抗原(CEA)比細胞激素對區別良性與惡性助膜積水的鑑別診斷有所助益

陽光耀　陳育民　蔡俊明　彭瑞鵬

背景　我們研究是否可以利用細胞激素（TNF-α, IL-1β, MIP-1β, GM-CSF, IL-15）做為評估肋膜積水原因的鑑別診斷。

方法　使用 ELISA 的分析方式，我們測定患者肋膜積水與周邊血液的這些細胞激素的濃度。收集的病例包括 51 例癌症合併惡性肋膜積水的病患、7 例因肺炎引起的肋膜積水、8 例結核性肋膜積水，與 8 例因心臟衰竭或肝硬化引起的積水。我們也同時測定 CEA，以做為比較。

結果　結果顯示 75% 的血液 TNF-α與 50% 的肋膜液 TNF-α, 90% 的血液 IL-1β與 67.5% 的肋膜液 IL-1β, 與 97.5% 的血液 GM-CSF 與 55% 肋膜 GM-CSF 都低於最低可偵測濃度，而 IL-15 與 95% 血液 MIP-1β與 92.5% 肋膜 MIP-1β可以測的到。在不同種類的良性肋膜積水患者之間的肋膜液與血液細胞激素的含量並沒有明顯差異，除了肋膜液的 TNF-α 與 IL-15 在結核性肋膜積水有較高含量，而血液 MIP-1β在 transudates 含量較低。一般而言，如果細胞激素可以測的到的話，病患肋膜積液的細胞激素含量都比周邊血液含量為高，但是，惡性肋膜積水病患的周邊血液 MIP-1β含量則明顯比肋膜液為高（p=0.009）。這些細胞激素在血液或肋膜液的含量均不適合用來區別良性與惡性肋膜積水（p>0.05），除了肋膜液 TNF-α在良性肋膜積水比惡性肋膜積水為高（p=0.028）。相反的，血液與肋膜液的 CEA 含量在良性與惡性肋膜積水則有明顯差異（血液 p=0.012, 肋膜液 p=0.001）。

結論　本篇研究發現，以 CEA 含量做為鑑別良性與惡性肋膜積水的診斷，還是比細胞激素為佳。

(胸腔醫學 2002; 17: 210-217)

關鍵詞：吸引激素、細胞激素、肋膜積水、癌症

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Determination of Respiratory Disability in Taiwanese Coal Miners

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Coal workers' pneumoconiosis (CWP) is a common occupational lung disease which may be associated with demonstrable pulmonary impairment and can potentially cause disability in miners exposed to coal dust. To promote a better understanding of respiratory disability among Taiwanese coal miners, and to estimate their ventilatory function, conventional spirometry and tests for diffusing capacity (DLCO) were conducted on 125 working or retired miners who had been referred to the hospital by the Bureau of Labor Insurance. Our results show that the 43 miners without radiological evidence of pneumoconiosis had normal ventilatory capacity, and 31 out of the 68 (45.6%) subjects with simple CWP had spirometric indices meeting the extant criteria for disability. Seven additional disabled miners were detected as the result of supplementing DLCO measurement. All of the 14 miners with progressive massive fibrosis (PMF) met the spirometric criteria for disability. Among them, 12 (88.4%) had more than 2 indices of ventilatory capacity that would qualify the subjects for disability benefits. We conclude that it may be worthwhile to carry out DLCO measurement, in addition to spirometry, in workers with simple CWP who are claiming disability compensation, while this is unnecessary for miners with PMF. ***(Thorac Med 2002; 17: 218-225)***

Key words: coal workers' pneumoconiosis, determination of respiratory disability, spirometry, measurement of diffusing capacity

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台灣煤礦工之呼吸障害鑑定

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吸入煤塵會造成煤礦工塵肺症，而塵肺症會損害呼吸功能。當呼吸功能減低到一定程度時，患者的工作能力及日常活動就會受到限制。呼吸功能檢查在塵肺症時之功能損失的評定上非常重要。為瞭解目前台灣煤礦工之呼吸障害等級的狀況，吾人對 125 位由勞保局轉介來院申請呼吸功能檢查之煤礦工進行肺量測定及肺瀰散量測定。結果發現：胸部 X 光片上無塵肺症跡象者 43 位，其肺量測定均為正常；單純塵肺症患者 68 位，其中 31 位(45.6%) 之肺量測定符合勞保局呼吸障害標準，若再加上肺瀰散量測定，則有另外 7 人符合標準；至於進行性重度纖維化患者其肺量測定全部符合標準，而且其中 88.4%的患者至少有 2 項肺量參數達到標準。本文的結論是：除肺量測定外，單純塵肺症患者值得另外加作肺瀰散量試驗，而進行性重度纖維化患者則無此必要。 ***(胸腔醫學 2002; 17: 218-225)***

關鍵詞：煤礦工塵肺症，呼吸障害鑑定，肺量測定，肺瀰散量測定

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Experiences in the Treatment of Recurrent Pneumothorax after VATS: Focusing on Operative Findings

Yung-Wei Tung, Chung-Ping Hsu*, Cheng-Yen Chuang, Sen-Ei Shai, Jiun-Yi Hsia, Shyh-Sheng Yang, Chih-Yi Chen

Background: Although video-assisted thoracoscopic surgery (VATS) is considered to be the first choice for the management of primary spontaneous pneumothorax (PSP), the long-term recurrence rates and the causes of recurrence have not been well evaluated.

Methods: Between January 1993 and July 2001, nine of 216 patients diagnosed with primary spontaneous pneumothorax (PSP) who had received VATS, and latter had recurrent pneumothorax, were reviewed, and the operative findings were evaluated.

Results: All of the patients were male, and aged between 15 and 27 years. Apical blebs were found in all cases, except one, in the first operation. In the re-operation, four patients had blebs in the lower lobe and three patients had apical blebs in the upper lobe. All patients were found to have few or no pleural adhesions. The mean interval of recurrence was 8.3 months (1 to 26 months), and only one patient developed recurrent pneumothorax after the 2nd operation.

Conclusion: The main reasons for recurrent pneumothorax after VATS include failed pleurodesis and unidentified blebs. Better results can be achieved by performing further bleb resection and more extensive pleural abrasion in the re-operation. ***(Thorac Med 2002; 17: 226-231)***

Key words: video-assisted thoracoscopic surgery, recurrent pneumothorax

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自發性氣胸在胸腔鏡輔助手術術後復發的手術處理經驗

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背景　雖然胸腔鏡的發展已經使得原發性自發性氣胸的處理變得更加容易，至今仍沒有足夠的研究來探討有關胸腔鏡術後的復發率以及復發的原因。

方法　從 1993 年 1 月到 2001 年 6 月，我們一共分析了 216 位原發性自發性氣胸接受胸腔鏡輔助手術的病人。其中有九個復發病人接受第二次手術。資料收集主要是在於第二次手術的發現。

結果　所有病人都是男性，年齡界於 15 到 27 歲之間。有八位在第一次手術發現肺尖小泡的存在。在第二次手術中，四位存在下葉肺泡且三位存在上葉肺泡。 所有的病例均未有足夠之肋膜沾粘形成。平均復發時間為 8.3 個月(1 到 26 個月之間)。其中有一位病人在第二次手術後仍復發。

結論　一般認為造成復發的主要原因是失敗的肋膜沾粘術以及沒有發現的小泡。在第二次手術中，藉由更廣泛的肋膜括除術和進一步的肺泡切除便能改善治療結果。 ***(胸腔醫學 2002; 17: 226-231)***

關鍵詞：胸腔鏡鋪助手術，復發性自發性氣胸

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Performance of the BDProbeTec ET Assay for Identification of *Mycobacterium Tuberculosis* from Clinical Isolates

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To assess the performance of the BDProbeTec assay in the identification of *Mycobacterium tuberculosis*, 60 cultures of *Mycobacterium* from respiratory specimens were tested with *M. tuberculosis* complex probes. Using conventional biochemical tests, 30 of them were determined to be *M. tuberculosis* and 30 nontuberculous mycobacteria (NTM) (13 *M. avium* complex, 7 *M. abscessus*, 2 *M. fortuitum*, 2 *M. kansasii*, 2 *M. phlei*, 2 *M. terrae*, 1 *M. simiae*, and 1 *M. vaccae*). The BDProbeTec detected 100% (30) of the *M. tuberculosis* isolates, while 96.7% (29) of the NTM isolates tested negative. Only 1 NTM isolate, which was *M. phlei*, showed a positive result. The sensitivity, specificity, positive predictive value, and negative predictive value were 100%, 96.7%, 96.7%, and 100%, respectively. We conclude that the BDProbeTec ET system is a robust assay for the identification of *M. tuberculosis* from mycobacterium cultures. Determining the reliability of the BDProbeTec system for the direct detection of *M. tuberculosis* in respiratory specimens requires further study. ***(Thorac Med 2002; 17: 232-237)***

Key words: BDProbeTec ET, *M. tuberculosis*, Nontuberculous Mycobacteria

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BDProbeTec ET 系統由臨床培養檢體中鑑定 *Mycobacterium Tuberculosis* 的臨床運用

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這個研究的主要目的是評估 BDProbeTec ET 系統由臨床培養檢體中鑑定的可靠性。我們從慢性病防治局取得 60 個臨床菌株，其中結核分枝桿菌與非結核分枝桿菌(non-tuberculous mycobacteria)各佔 30 株。非結核分枝桿菌包括(*M. avium* complex 13 株， *M. abscessus* 7 株，*M. fortuitum* 2 株， *M. kansasii* 2 株，*M. phlei* 2 株，*M. terrae* 2 株，*M. simiae* 1 株，*M. vaccae* 1 株)。所有的菌株都用 BDProbeTec ET 系統的 *M. tuberculosis* complex 探針測試。結果發現 30 株結核分枝桿菌全部都呈陽性反應。非結核分枝桿菌菌株只有一株 *M. phlei* 呈陽性反應，其他都呈陰性反應。整個研究的敏感性、特異性、正預估值、負預估值分別是 100%、96.7%、96.7%、100%。我們下了一個結論，BDProbeTec ET 系統的 *M. tuberculosis* complex 探針，在鑑定 *M. tuberculosis* 上，是一種快速又非常準確的方法。 ***(胸腔醫學 2002; 17: 232-237)***

關鍵詞：BDProbeTec ET，結核分枝桿菌，非結核分枝桿菌

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Postoperative Chylothorax Subsequent to Cardiac Surgery

Shi-Min Yuan, Jia-Qiang Guo

Objectives: The purpose of this paper is to describe the features of postoperative chylothorax subsequent to cardiac surgery and further discuss the management strategies.

Methods: Reports of postoperative chylothorax after cardiac surgery were collected from the Index Medicus/MEDLINE database of the U.S. National Library of Medicine from 1966 to the present. In all, 198 cases of postoperative chylothorax following cardiac surgery were collected from 61 reports, and included 161 cases (81.31%) of congenital heart defect operations from 28 reports, 24 coronary bypasses (12.12%) from 22, 5 heart valve replacements (2.53%) from 3, 4 aortic aneurysm surgeries (2.02%) from 4, and 4 heart transplantations (2.02%) from 4 reports.

Results: Postoperative chylothorax occurred most often in the correction of coarctation of the aorta (15.70%), more often in patent ductus arteriosus ligation (10.47%), the tetralogy of Fallot correction (8.72%), the Mustard procedure (7.56%), modified Fontan procedure (7.56%), and Blalock shunt (6.98%), in reference to the types of operation for congenital heart defects. As for the 64 cases whose management strategies were recorded, conservative regimens were applied in 41 patients (64.06%), and surgical intervention in 23 (35.94%). Patients recovered due to either medical or surgical treatment with a curative rate of 97.47%. Five patients died with a mortality of 2.53%, and 4 (80%) of these deaths were clearly identified to be unrelated to chylothorax.

Conclusions: Chylothorax is an uncommon complication after cardiac surgery. The diagnosis is mainly based on an examination of the pleural fluid. Once chylothorax is identified, nutritional support is the priority. Surgical treatment is recommanded after a 2-week trial of conservative therapy with chest drainage and diet modulation. ***(Thorac Med 2002; 17: 238-251)***

Key words: chylothorax, complication, heart operation

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Chylothorax Following Cardiac Surgery

心臟外科手術後乳糜胸

袁師敏　郭加強

目的：本文旨在描述心臟外科手術後乳糜胸的特徵，並進一步檢討其治療策略。

方法：搜集 1966 年至今的美國國立醫學圖書館 Index Medicus/MEDLINE 數據庫的心臟外科手術後乳糜胸的文獻，共檢得 61 篇文獻 198 病例。其中包括 28 篇文獻中的 161 例 (81.31%) 先天性心臟病，22 篇文獻中的 24 例 (12.12%) 冠狀動脈繞道手術，3 篇文獻中的 5 例 (2.53%) 瓣膜置換術，4 篇文獻中的 4 例 (2.02%) 主動脈瘤手術，4 篇文獻中的 4 例 (2.02%) 心臟移植手術。

結果：就先天性心臟病的手術種類而言，術後乳糜胸最多發生在主動脈弓中斷手術 (15.70%)，其次爲開放性動脈導管的結紮手術 (10.47%) Fallot 四聯症根治術 (8.72%)、Mustard procedure (7.56%) modified Fontan procedure (7.56%) 以及 Blalock shunt (6.98%)。64 例記錄了治療方法，其中 41 例 (64.06%) 採取保守治療，23 例 (35.94%) 採取外科治療 兩種治療措施的治愈率爲 97.47%。5 例死亡，死亡率爲 2.53%，其中 4 例 (80%) 死因與乳糜胸無關。

結論：乳糜胸是心臟外科手術後少見的併發症。診斷主要依賴胸液的檢查。一旦確診，首先應給予營養支持。包括胸腔引流和飲食控制的保守治療 2 周無效，應採取外科治療。 ***(胸腔醫學 2002; 17: 238-251)***

關鍵詞：乳糜胸，併發症，心臟手術

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Acute Abdomen Due to Unusual Metastatic Manifestation of Pulmonary Squamous Cell Carcinoma —A Case Report and Literature Review

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Acute abdomen due to metastatic primary lung cancer has been reported rarely in the literature, and is associated with a very high operative mortality. Recently, we experienced a patient who presented with a life-threatening complication of small bowel perforation due to the metastasis of primary lung cancer. We reviewed the literature and found that there had been twenty-four cases of lung cancer with small bowel metastasis and perforation since 1961. All patients survived less than 16 weeks and the predominant tumor cell type was squamous cell carcinoma (11/24, 46%). The major site of small bowel perforation was the jejunum (16/24, 67%). In conclusion, lung cancer with metastasis to the small bowel often presents as intestinal perforation and indicates a poor prognosis. ***(Thorac Med 2002; 17: 252-257)***

Key words: acute abdomen, squamous cell carcinoma, small bowel perforation

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急性腹痛—扁平細胞肺癌之罕見的臨床表現—病例報告與文獻回顧

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由於原發性肺癌轉移，造成急性腹部併發症，且合併非常高的手術死亡率，在先前的文獻已有零星的報告。最近，我們發現一個原發性肺癌的病人，併發致命的小腸轉移及穿孔。

我們回顧文獻，從 1961 年迄今，原發性肺癌合併小腸轉移且破裂者，共有 24 個病例。所有病患存活不超過 16 週，主要的腫瘤細胞型態為扁平細胞癌(11/24，46%)，主要的小腸破裂部位是在空腸(16/24，67%)。肺癌轉移到小腸，其臨床表現以小腸破裂為主且是一個不良預後的警訊。 ***(胸腔醫學 2002; 17: 252-257)***

關鍵詞：腹部急症，扁平細胞癌，小腸破裂

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Post-Extubation Pulmonary Edema—A Case Report

I-Jen Chen, Chiung-Zuei Chen, Yuan-Chih Chu, Tzuen-Ren Hsiue

Post-extubation pulmonary edema is a critical condition which may be the complication of upper airway obstruction due to post-extubation laryngospasm. Such an episode often develops quickly without warning and results in severe respiratory distress. An extreme intrathoracic negative pressure is considered to be the causative factor. After adequate oxygen supplementation and supportive treatment, patients often recover rapidly, and the prognosis is good. We herein present a case of post-extubation pulmonary edema in a healthy middle-aged male patient. This 34-year-old male patient was admitted to undergo an operation for chronic sinusitis and nasal polyps. The operation course was smooth but the patient developed dyspnea and hypoxemia soon after extubation. The chest radiograph revealed pulmonary edema. After adequate oxygen therapy, he recovered rapidly and the lung fields quickly cleared. The patient was discharged on the fifth postoperative day, with no sequel on the follow-up. ***(Thorac Med 2002; 17: 258-263)***

Key words: pulmonary edema, upper airway obstruction, larygospasm, intrathoracic negative pressure

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Post-Extubation Pulmonary Edema

拔管後之肺水腫——病例報告

陳奕仁　陳炯睿　朱遠志　薛尊仁

拔管後引起之肺水腫為一臨床急症。其可能是因拔管後喉部筋攣引起上呼吸道阻塞所造成。它的發生經常是快速而無預兆，並有可能導致嚴重的呼吸窘迫。極度的胸內負壓被認為是可能的發生機制。在適當的氧氣供應及支持性治療後，患者大都能迅速痊癒並且預後十分良好。我們在此提出一發生於健康中年男性之拔管後肺水腫病例報告。這位 34 歲男性病人因慢性鼻竇炎及鼻息肉而入院接受手術。手術過程順利，但病患拔管後突然發生呼吸困難並血氧濃度下降，胸部 X 光呈現雙側肺水腫，以右側肺野較為明顯。在適當的氧氣治療後，病患病況迅速回復並且肺野也很快變乾淨。該患者於術後五天出院，於門診追蹤並無發現任何不適後遺症。 ***(胸腔醫學 2002; 17: 258-263)***

關鍵詞：肺水腫，上呼吸道阻塞，喉部筋攣，胸內負壓

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Scrub Typhus Complicated with Acute Respiratory Distress Syndrome, Meningoencephalitis and Disseminated Intravascular Coagulation —A Case Report

Hung-Jen Chen, Liang-Wen Hang, Te-Chun Hsia

Scrub typhus can be found everywhere in Taiwan, especially in Kinmen, Nantou, Penghu, Hualien, and Taitung Counties. The clinical manifestations are persistent high fever, headache, lymphadenopathy, and a painless eschar at the site of chigger feeding. The illness varies in severity from mild and self-limiting to fatal.

We report a 42-year-old farmer who lived in Shinyi Shiang, Nantou County, and who suffered from fever, dry cough, and severe headache for one week, complicated with disturbed consciousness and acute respiratory failure. A 0.5 x 0.5 cm^2 eschar was found near the patient's navel. A radiograph of the chest showed air-space disease involving the bilateral lungs. A cerebrospinal fluid (CSF) study revealed mononuclear leukocytosis, an increased protein concentration, and decreased glucose concentration. Hematological values showed thrombocytopenia (platelets: $119x10^3$/ul), an abnormal prothrombin time (PT 19.93 seconds), partial thromboplastin time (PTT 65.50 seconds), FDP (>20 ug/ml), and D-Dimer (>2.0 ug/ml). The patient's critical condition dramatically improved after urgent intravenous minocycline therapy. The final laboratory diagnosis was proved to be scrub typhus, using a serum antibody, in the Center for Disease Control, Department of Health, Taiwan. ***(Thorac Med 2002; 17: 264-270)***

Key words: scrub typhus, ARDS, meningoencephalitis, DIC

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恙蟲病併發急性呼吸窘迫症候群、腦膜腦炎及血管內凝血病變——一病例報告

陳鴻仁　杭良文　夏德椿

恙蟲病存在於台灣各縣市，尤其好發於金門縣、南投縣、澎湖縣及花東等地區。其發病特徵為持續性高燒、頭痛、淋巴腺腫大、螯口處形成特有的無痛性焦痂。病況由多數的自限性痊癒到少數的嚴重致死皆有可能。本文報告一例居住於南投信義鄉的 42 歲農夫，在持續約一星期的發燒、乾咳和劇烈頭痛後，因併發意識不清及呼吸衰竭而轉診至本院。理學檢查發現臍旁有一 0.5x0.5 cm^2 的焦痂。胸部 x 光呈現雙側肺野瀰漫性浸潤，腦脊髓液分析呈現白血球增多（180/ul）、蛋白質上升（183 mg/dl）及糖份下降（32 mg/dl）。血液檢查呈現血管內凝血病變。在高度懷疑為恙蟲病的情況下，投予 minocycline 治療，症狀獲得迅速改善並脫離呼吸器之使用。本例最後經衛生署疾病管制局證實為恙蟲病感染。 ***(胸腔醫學 2002; 17: 264-270)***

關鍵詞：恙蟲病、急性呼吸窘迫症候群、腦膜腦炎、血管內凝血病變

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Silicone Fluid-Induced Pulmonary Emboli — A Case Report

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Silicone fluid is a good substitute for human subcutaneous fat, but has been associated with many complications, including local tissue granulomatous reaction, systemic sclerosis, connective tissue disease-like syndromes, granulomatous hepatitis, and systemic involvement. It is a well-known illegal procedure for mammary augmentation in Taiwan. Pulmonary involvement in human beings has been reported in a few cases, and presents as acute pneumonitis, pulmonary emboli, and acute respiratory distress syndrome after the silicone injection. We report a 30-year-old previously healthy female who received a silicone fluid injection for mammary augmentation and developed an acute onset of cough, hemoptysis, and progressive dyspnea. Pulmonary embolism was diagnosed from the histopathology of lung tissue obtained from a wedge biopsy, which revealed variably-sized vacuoles within the pulmonary vessels, alveolar septal capillaries and intra-alveolar spaces, extensive intra-alveolar hemorrhage, and a few foamy histocytes infiltrating into the alveolar spaces. After steroid treatment, the patient gradually improved. One month after the silicone fluid injection, the pulmonary function test showed a moderate reduction in the diffusing capacity. The patient had reached a nearly complete recovery without any lung sequence as determined by a follow-up chest roentgenogram and the normal pulmonary function test after eight months. ***(Thorac Med 2002; 17: 271-275)***

Key words: silicone fluid, pulmonary emboli

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Silicone Fluid-Induced Pulmonary Emboli

矽膠液注射引發肺栓塞之病例報告

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矽膠因為有穩定的物理及耐熱特性，而且被認為具有低免疫刺激性及最少的組織反應度。因此在臨床上被使用於人體皮下組織脂肪的填充，如隆乳及其它美容性用途。但經過數十年的應用，有許多併發症已被報告，包括局部的及全身系統的反應，如肉芽腫，硬化症，類結締組織症候群。對肺部的影響，有使用矽膠隆乳數年後，產生纖維性變化的報告。回顧文獻，僅有少數的報告是因局部液態矽膠注射後引發之急性肺炎，急性呼吸窘迫症候群，或肺栓塞的病例。目前國內使用液態矽膠局部注射隆乳已被禁止。但仍有少數小針美容的非法醫療行為時有所聞。我們報告一位三十歲女性，進行局部胸部隆乳液態矽膠注射後，引發肺栓塞及廣泛性肺泡出血。以類固體治療後，症狀獲得改善。在八個月後追蹤，肺功能及胸部 X 光，恢復正常，無明顯併發症產生。 ***(胸腔醫學 2002; 17: 271-275)***

關鍵詞：液態矽膠，肺栓塞

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Nodular Pulmonary Amyloidosis Mimicking Metastatic Malignancy—A Case Report

Yih Chou, Yuan-Chih Chu, Fen-Fen Chen*, Tzuen-Ren Hsiue

Amyloidosis is a disorder associated with the extracellular deposition of characteristic insoluble protein fibrils which interfere with tissue structure and function. Amyloidosis may be focal, localized, or systemic. The deposits can be localized in the respiratory tract, especially the larynx, tracheobronchus, and lung parenchyma.

We herein report a case of a 67-year-old female who had suffered from a cough with bloody sputum for a month. The image studies, including chest radiograph and computed tomograph, revealed bilateral multiple nodular lesions with a predilection for the basal lung fields, mimicking metastatic malignancy. Pathological examinations revealed dense pale-pink amorphous deposits and an apple-green color on Congo-red staining viewed under polarized light. Based on the above results, pulmonary amyloidosis was diagnosed. The disease was found to be localized within the respiratory tracts after a series of studies. ***(Thorac Med 2002; 17: 276-281)***

Key words: amyloidosis, pulmonary nodules, Congo-red stain, polarized light

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Pulmonary Amyloidosis Mimicking Malignancy

肺部結節性類澱粉沉著症仿似轉移性惡性病變—病例報告

周翊　朱遠志　陳芬芬*　薛尊仁

類澱粉沈著症是於細胞外沈積大量特異，難溶性的蛋白纖維，因而玻壞正常組織結構及功能。類澱粉的沈積可以是局部性或是系統性的，當類澱粉沈積局限於呼吸道時可侵犯咽喉、氣管－支氣管或肺實質。在此我們報告一位 67 歲家庭主婦主訴咳嗽合併血痰已有一個月的時間。影像檢查包括胸部 X 光及電腦斷層掃瞄皆呈現兩側多發性結節病灶並傾向分佈於兩側下肺葉—仿似轉移性惡性病變。病理上的發現包括支氣管鏡切片及電腦斷層導引細針肺切片皆未顯示惡性細胞，反而呈現大量無定形物質沈積於細胞外，且在剛果紅染色並以偏光鏡檢查下呈現特異性蘋果綠的顏色，最後診斷為“類澱粉沈著症”而後續的檢查顯示除了呼吸系統外並無其它系統的侵犯。 ***(胸腔醫學 2002; 17: 276-281)***

關鍵詞：類澱粉沈著症、肺結節、剛果紅染色、偏光

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Amiodarone Pulmonary Toxicity—A Case Report

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Amiodarone, an iodinated benzofuran derivative, is frequently used for the treatment of cardiac arrhythmia. However, a variety of adverse effects have been reported. Among them, pulmonary toxicity is one of the most life-threatening complications. Because amiodarone pulmonary toxicity is relatively uncommon, and there is a lack of specific clinical features, it is easily missed or undiagnosed. A high index of suspicion and awareness of the various adverse effects associated with amiodarone are of clinical significance, because lung toxicity may be serious and fatal.

We report a 70-year-old male with ischemic ventricular tachycardia who received amiodarone to control the arrhythmia. He developed nonspecific symptoms, such as cough with blood-tinged sputum, shortness of breath, and fever, after amiodarone therapy. The chest radiograph showed multiple mass-like lesions in both lungs. A non-contrast chest CT revealed several mass- or consolidation-like lesions containing non-homogeneous high density in the bilateral lung fields. Under an electron microscope, the lung tissue biopsy taken by video-assisted thoracoscopic surgery (VATS) disclosed excessive lamellar bodies in the pneumocytes and intraalveolar macrophages. Amiodarone pulmonary toxicity was diagnosed. The patient's condition, follow-up chest radiographs, and serial pulmonary function tests showed improvement after the discontinuation of amiodarone. ***(Thorac Med 2002; 17: 282-289)***

Key words: amiodarone, pulmonary toxicity

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Amiodarone 引起之肺毒性——一病例報告

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Amiodarone 是一種 iodinated benzofuran 的衍生物，常用於治療心律不整。但此藥已有許多副作用被發現，肺毒性是其中對生命最具威脅的副作用之一。由於 amiodarone 引起之肺毒性並不常見，而且缺乏特異的臨床特徵，因此容易被臨床醫師所忽略。由於此肺毒性可能是嚴重而足以致死的，臨床醫師有必要認識 amiodarone 所引起的各種副作用，並且對其要有高度的警覺性。

我們的病例是一位 70 歲男性，因患缺血性心室性頻脈而服用 amiodarone。經過一段時間後，病患出現一些呼吸道的症狀，如咳嗽帶有血絲痰，呼吸急促，發燒等。胸部 x 光發現兩側肺野有多處腫塊狀陰影。未打顯影劑之胸部電腦斷層發現兩側肺野有多處腫塊狀或實質化之病變，其中並呈現不均勻的高亮度之浸潤。病患接受影像輔助胸腔鏡術，取得的肺切片在電子顯微鏡下顯示在 pneumocytes 及肺泡內巨噬細胞中有相當多的層狀結構，因此診斷病患為 amiodarone 引起之肺毒性。病患的症狀，放射線學上的異常，以及肺功能檢查等，在停止服用 amiodarone 後有明顯改善。 ***(胸腔醫學 2002; 17: 282-289)***

關鍵詞：amiodarone，肺毒性

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Chronic Necrotizing Pulmonary Aspergillosis —A Case Report

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Chronic necrotizing pulmonary aspergillosis (CNPA), also known as semi-invasive pulmonary aspergillosis, is a rare pulmonary infection caused by the genus *Aspergillus*, and usually is found in immunosuppressed patients. We report a 38-year-old man presenting with dyspnea, fever, anemia, and thrombocytopenia prior to admission. Acute myeloid leukemia (AML), M1, was diagnosed at the base of his bone marrow study. During the course of hospitalization, he developed neutropenic fever after induction chemotherapy. Initially, he was treated with a regimen of broad spectrum antibiotics, and then an anti-fungal agent was added for the prolonged neutropenic fever. Chest radiography showed multiple cavitary nodular lesions in both lungs. The transbronchial biopsy could not yield a diagnosis. Therefore, the patient underwent an exploratory thoracotomy, and the pathology confirmed a diagnosis of semi-invasive pulmonary aspergillosis. In order to reach a diagnosis of chronic necrotizing pulmonary aspergillosis, a high degree of clinical suspicion is required. Pulmonary tuberculosis and anaerobic infections should be carefully excluded. Treatment is based on the administration of anti-fungal drugs. In the event of a failure of medical treatment, thoracic surgery may be indicated. ***(Thorac Med 2002; 17: 290-296)***

Key words: chronic necrotizing pulmonary aspergillosis, semi-invasive pulmonary aspergillosis, aspergillosis

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慢性壞死性肺麴菌病—病例報告

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慢性壞死性肺麴菌病又稱為半侵入性肺麴菌症，是一由麴菌屬所造成的罕見肺部感染且通常發生於免疫缺乏患者身上。在此我們報告一位38歲男性患者，以呼吸困難，發燒，貧血及血小板缺乏症表現來院。經骨髓檢查證實為急性白血病之後，他開始接受化學治療。化學治療後發生嗜中性顆粒細胞減少性發燒，因此他接受廣效性抗生素治療。但由於持續的嗜中性顆粒細胞減少性發燒，因此加上抗黴菌藥物。此時病患胸部 X 光片顯示雙側多發性結節病兆。氣管鏡檢查並未得到確診，因此建議病患接受進一步胸廓切開術檢查。後來病理報告證實為慢性壞死性肺麴菌病。診斷慢性壞死性肺麴菌病，須靠臨床上的高度警覺性，並且須小心的排除肺結核及其他厭氧性感染等。治療上以抗黴菌藥物為主，若是內科療法失敗則可考慮外科手術治療。***(胸腔醫學2002; 17: 290-296)***

關鍵詞：慢性壞死性肺麴菌病，半侵入性肺麴菌症，麴菌病

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Vocal Cord Dysfunction Mimicking Asthma —A Case Report

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Vocal cord dysfunction (VCD) is a respiratory condition characterized by an adduction of the vocal cords, with a resultant airflow limitation at the level of the larynx. The previously reported cases with VCD have been predominantly young women. We herein present an uncommon, elderly case of VCD. This 75-year-old male had been suffering from intermittent inspiratory difficulty and chest discomfort for about 6 years. He had been diagnosed as having asthma for 3 years. Since diagnosis, he has had repeated exacerbations despite aggressive therapy that included corticosteroids, theophylline, and inhaled bronchodilators. However, in the current evaluation, a methacholine inhalational challenge revealed a negative result. The spirometry indicated remarkable flattened inspiratory loops on the flow volume curve while he was experiencing acute symptoms aggravated by an exercise test. Direct visualization, by bronchoscopy, of paradoxical adductive vocal cords movement in the inspiratory phase during a symptomatic period further confirmed the diagnosis. After undergoing maneuvers directed at laryngeal relaxation, and receiving anxiolytic agents from the psychiatrist, he has demonstrated a significantly improved quality of life. ***(Thorac Med 2002; 17: 297-302)***

Key words: asthma, flow volume curve, vocal cord dysfunction

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似氣喘病之聲帶功能異常—病例報告

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聲帶功能異常是指在呼吸時，聲帶不正常地內收而導致氣流在喉部受阻。文獻上之病例大都為年輕女性，而且常被誤診為氣喘病。我們報告一罕見之老年男性聲帶功能異常之病例。一名年齡七十五歲之病人患有間歇性呼吸困難及胸悶六年之時間，被誤診為有氣喘病三年。雖然已接受氣管擴張劑與類固醇之積極治療，其病情並無改善。在最近的一次住院當中，支氣管誘發測驗顯示陰性反應。我們利用電子腳踏車來進行運動測驗，以誘發病患症狀發作。結果發現在吸氣期，其氣流與肺容積曲線圖有明顯之截平現象。在症狀發作時，氣管鏡檢查亦發現在吸氣期，聲帶有反常之內收現象，這更進一步幫我們確定診斷。之後病患接受精神科醫師所提供之喉部放鬆技巧及投予抗焦慮藥物，其生活品質獲明顯之改善。 ***(胸腔醫學 2002; 17: 297-302)***

關鍵詞：氣喘病，氣流與肺容積曲線圖，聲帶功能異常

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Pulmonary Lymphangioleiomyomatosis—A Case Report and Review of the Literature

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Pulmonary lymphangioleiomyomatosis (LAM), a rare disorder of unknown cause that occurs almost exclusively in women of childbearing years, and is characterized by a proliferation of abnormal smooth muscle cells within the lung parenchyma and elsewhere, leading to a progressive loss of lung function and death.

We report a 44-year-old female presenting with the characteristic clinical, radiographic, and histologic features of LAM. In the examination, renal and hepatic angiomyolipoma (AML), and a unique histopathologic feature were found in this patient. The literature is reviewed for further discussion. ***(Thorac Med 2002; 17: 303-308)***

Key words: lymphangioleiomyomatosis, angiomyolipoma

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肺淋巴管平滑肌增生症—病例報告及文獻回顧

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肺淋巴管平滑肌增生症是一種原因不明且罕見的疾病，幾乎都發生在停經前的婦女身上。其特徵為肺實質異常平滑肌細胞增生，造成肺功能逐漸惡化乃至死亡。肺外的病灶也可見於此病患者。

我們報告一位四十四歲的女性，其臨床表徵、放射學檢查和組織切片皆符合本病。同時在病人身上也發現腎臟及肝臟有血管肌肉脂肪瘤。此外，本病患的病理組織切片亦有一獨特的發現。我們回顧了相關的文獻並予以探討。 ***(胸腔醫學2002; 17: 303-308)***

關鍵詞：肺淋巴管平滑肌增生症，血管肌肉脂肪瘤

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