Comparison of Lactate Threshold Using Plasma and Whole Blood Lactate during a Ramp-Pattern Exercise in Dyspneic Patients

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Objective: The lactate threshold (LT) has been an important marker for physical fitness. Processing the plasma lactate assay usually requires more time and manpower to spin the deproteinated whole blood in the perchlorate solution. We decided to use whole blood (WB) lactate instead of plasma (PL) lactate to save time while we determined the LT (turning-point) of a ramp-pattern exercise test. Thus we determined the LT from WB and PL lactate levels.
Design: This study was a comparative investigation and was followed up for one year.
Setting: A referral cardiopulmonary exercise testing lab of a medical center.
Patients: Forty-eight dyspneic patients (43 COPD and five without a specific diagnosis), aged 23-76 years, were enrolled into the study.
Investigations: Each subject performed a ramp-pattern exercise test, to his limit of tolerance, using a gas exchange measurement. Blood from the brachial artery was sampled at rest, during unloaded cycling, and followed by one sample every minute during the period of increased load exercise. The WB lactate concentration was analyzed using an amperometric, enzymatic technique. The remaining blood was assayed for PL lactate concentrations.
Results: The WB lactate levels were systemically lower than the PL lactate levels. The correlation between WB lactate and PL lactate was excellent ($r = 0.97$, $P < 0.0001$). The WB lactate levels were approximately parallel to the PL lactate levels before the turning-point of each subject during the exercise test. After the LT, the slope of increase in plasma lactate was slightly steeper than that of the whole blood lactate. The LT measured with WB lactate was no different from that with PL lactate (5.4 ± 1.7 vs. 5.5 ± 1.8 min, $P > 0.05$).
In summary: The pattern of change in plasma lactate is analogous to that in whole blood in response to a ramp-pattern exercise. The LT in plasma lactate is not different from that determined from whole blood lactate, suggesting that the LT can be determined from whole blood. ***(Thorac Med 2001; 16: 80-88)***

Keywords: lactate threshold, incremental exercise; amperometric technique

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比較呼吸困難病人在執行漸進式運動時使用血漿及全血乳酸鹽濃度測定乳酸閾值之差異

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目的：乳酸鹽閾值一直被用來做為體能狀況的重要指標。然而血漿中乳酸鹽的測定需要使用高氯酸鹽溶液將全血去蛋白化因而耗費較多的人力與成本。在本實驗中我們以漸進式運動肺功能檢查的病人為對象，分別以血漿及全血為樣本來測量乳酸鹽的濃度及測定乳酸鹽閾值，比較以兩種樣本所測量的閾值有無差異。

實驗設計：共 48 位轉介至本院運動心肺功能實驗室之病人進入本實驗，43 位慢性阻塞性肺病及 5 位無特定診斷的病人；年齡介於 23 至 76 歲。每位病人均接受漸進式運動心肺功能測驗並達到病人之運動極限。分別在休息、無負荷，及開始負荷運動起的每一分鐘接受臂動脈血取樣，並先以安培計量酵素分析法進行全血的乳酸鹽濃度分析，其餘樣本則用以分析血漿中之乳酸鹽濃度。

結果：整體上全血所測得的乳酸鹽值較血漿低而兩者的相互關連性極高 (r 值 0.97, P<0.0001)。 在運動期間血漿及全血之乳酸鹽值在閾值前大致上成平行關係；在閾值後血漿的乳酸鹽值增加幅度較全血大。分別以血漿及全血乳酸值所推定之乳酸鹽閾值在統計學上無明顯差異(5.5±1.8 min vs. 5.4 ±1.7, P > 0.05)。

結論：在漸進式運動測驗中血漿中乳酸鹽值的變化趨勢與全血中乳酸鹽值變化類似，以血漿中乳酸鹽值所推定之閾值與以全血中乳酸鹽值所推定之閾值並無不同。因此，我們推論可以測定全血之乳酸鹽值來測定乳酸鹽閾值。*(胸腔醫學 2001; 16: 80-88)*

關鍵詞：乳酸鹽閾值，漸進式運動測驗

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Diagnosis of Tuberculosis Pleurisy by Detection of Specific IgG and IgA Anti-Antigen 60 in Pleural Fluid

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The diagnosis of tuberculous (TB) pleural effusion, in this study, was evaluated by means of an enzyme-linked immunosorbent assay (ELISA) of IgG and IgA antibodies to mycobacterial antigen 60 (A60). The study population consisted of 22 patients with TB pleural effusions. The control group consisted of 23 patients, comprising 16 cases of malignant pleural effusions, 4 cases of empyema/ parapneumonic effusions, and 3 cases of transudative pleural effusions. The mean titers of IgG and IgA against A60 in patients with TB pleural effusions were significantly higher than those of the mean values of the control group ($p<0.001$ in anti-A60 IgG, and $p<0.001$ in anti-A60 IgA). Using 150 ELISA units (EU) as a cutoff value, the sensitivity and specificity of the IgG measurement were 63.7% and 82.6%, respectively; and using the IgA measurement, these parameters were 54.5% and 95.6%, respectively. Serum IgG levels were simultaneously detected in 19 out of 22 patients with tuberculous pleural effusion. A positive correlation was found between the IgG titers of pleural fluids and their corresponding sera ($r=0.77$, $p<0.01$). A significant correlation was also found between pleural fluid IgG titers and IgA titers in patients with tuberculous pleural effusions ($r=0.59$, $p < 0.01$). The sensitivity and specificity of the combined test detecting pleural fluid IgG and IgA levels in patients with TB pleurisy was 81.8% and 82.6%, respectively. In conclusion, the ELISA method, using IgG and IgA against A60, is a quick test with an acceptable sensitivity and specificity for the differentiation of TB and non-TB pleural effusions. ***(Thorac Med 2001; 16: 89-94)***

Keywords: antigen 60, IgA, IgG, TB pleurisy

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藉由偵測肋膜積液中抗 A60 IgG 及 IgA 特異抗體來診斷結核性肋膜炎

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利用 ELISA 偵測 IgG 及 IgA 對分枝桿菌 A60 抗原的抗體來診斷結核性肋膜積液。研究的群體包括 22 個結核性肋膜積液的病人。非結核性肋膜積液組有 23 個病人，包括 16 個惡性肋膜積液的病人，4 個膿胸/肺炎旁積液，及 3 個滲出性肋膜積液的病人。結核性肋膜積液組對分枝桿菌 A60 抗原的 IgG 及 IgA 抗體的血清濃度平均值比非結核性肋膜積液組的血清濃度平均值有意義的升高(在抗 A60 IgG 抗體 P<0.001,在抗 A60 IgA 抗體 p<0.001）。若以 150 IU 為切點，IgG 的敏感度及特異度分別是 63.7%及 82.6%。若測量 IgA,則其敏感度及特異度分別是 54.5%及 95.6%。22 個結核性肋膜積液的病人中有 19 個同時測量了血清 IgG 的濃度，這些病人的肋膜積液與血清的 IgG 濃度成正相關（r=0.77,p<0.01）。同時，在這些結核性肋膜積液的病人中，肋膜積液裡的 IgG 及 IgA 抗體亦有相關（r=0.59,P<0.01）。藉由同時偵測結核性肋膜積液裡的 IgG 及/或 IgA 抗體，敏感度及特異度分別是 81.8%及 82.6%。總之，藉由 ELISA 偵測抗 A60 抗原的 IgG 及 IgA 抗體是一個迅速且敏感度及特異度均可以接受的鑑別結核及非結核性肋膜積液的方法。*(胸腔醫學 2001; 16: 89-94)*

關鍵詞：A60 抗原，IgG，IgA，結核性肋膜炎

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Pulmonary Metastasis of Hepatocellular Carcinoma

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Hepatocellular carcinoma (HCC) is one of the leading causes of malignancy in Taiwan and in the world. Pulmonary metastasis is the most common extrahepatic metastasis, according to antemortem and postmortem studies. We reviewed 964 HCC patients who were admitted to Kaohsiung Medical University Hospital from Jan 1998 to Dec 1999. Among them, there were 51 (5.3%) HCC cases with pulmonary metastasis. The main presentations of HCC with pulmonary metastasis on the chest x-ray were multiple nodules (43 cases) and pleural effusion (16 cases). Five patients with a solitary nodule, and one with lymphangitic carcinomatosis of the lung, were also found. The common characteristic of these metastases was that most cases arose from the lower right lung field.

Additionally, we studied the survival time of the HCC patients with pulmonary metastasis. The median survival time of these 51 cases was 10 months. Once pulmonary metastasis was found, the mean survival time was 3.3 months. ***(Thorac Med 2001; 16: 95-101)***

Keywords: hepatocellular carcinoma (HCC), chest X-ray, pulmonary metastasis, survival time

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Hepatocellular carcinoma with lung metastasis

肝細胞癌之肺部轉移

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肝細胞癌（肝癌）是台灣和世界常見癌症死因之一，肝癌病人的轉移不管生前或死後的研究都是以肺部最多。我們研究了 964 個肝癌病人，他們是從 1998 年 1 月到 1999 年 12 月住在高雄醫學大學附設中和紀念醫院的病人。從胸部 X 光的檢查追蹤總共有 51 位肺部移轉的病人被診斷出來。這些肺部轉移的病人在肺部 X 光片上的主要表現是多發性結節（43 名病人）和肋膜積水（16 名病人），另外有 5 名病人是單一結節和一名肺部癌性淋巴管炎的病人。大部分的病例是從右下肺野開始發生。

此外，我們研究肺癌病人肺部轉移的生存時間。51 位病人的中間存活時間是 10 個月，一旦肺部轉移被發現後期平均存活時間是 3.3 個月。 ***(胸腔醫學 2001; 16: 95-101)***

關鍵詞：肝細胞癌，胸部X光，肺部轉移，存活時間

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Physical Findings and Cephalometric Variables as Risk Factors for Obstructive Sleep Apnea Syndrome— A Preliminary Report

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Obstructive sleep apnea syndrome (OSAS) results from the repeated collapse of the upper airway during sleep, accompanied by arousal from sleep. Increased pharyngeal collapsibility and abnormal anatomic structures have been postulated to contribute to the pathophysiology of OSAS. To determine the risk factors of the oropharyngeal structure and the morphological characteristics specific to patients with OSAS, 20 adults with an AHI higher than 10, and 15 adults with an AHI less than 10, were recruited for oropharyngeal physical examination and cephalometry evaluation. The OSAS patients had a higher mean AHI (41.0 ± 20.2 vs 4.1 ± 3, P<0.01) than the control group. The neck circumference (NC) (40.8 ± 3.7 cm vs 37.1 ± 5.1 cm, P<0.05) and the percentage of males (75 % vs 40 %, P<0.05) were significantly higher compared to the control subjects. Soft palate length (SPL) (42.9 ± 9.0 mm vs 37.6 ± 3.9 mm, p<0.05) and superior posterior airway space (SPAS) (5.9 ± 2.6 mm vs 7.9 ± 2.8 mm, p<0.05) were found to be significantly different between the OSAS and control groups. The physical findings of lateral pharyngeal wall narrowing, tonsillar enlargement, uvula enlargement, overjet, and retrognathia were not significantly associated with OSAS patients. In addition, NC was found to be highly correlated with AHI (r= 0.52, p=0.002). As to cephalometric variables, AHI was strongly associated with SPL (r=0.55, p=0.001), and negatively associated with SPAS (r= -0.33, p=0.04). Our results suggest that males with an expanded neck circumference, elongated soft palate length, and a short superior posterior airway space, were at an increased risk for OSAS. ***(Thorac Med 2001; 16: 102-111)***

Keywords: obstructive sleep apnea syndrome, cephalometry

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阻塞性睡眠窒息症候群(OSAS)在理學檢查及頭顱X光危險因子的表現－初步報告

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阻塞性睡眠窒息症候群(OSAS)導因於睡眠時上呼吸道重複阻塞所致，是一個嚴重的大眾健康問題，主要影響 2~4%的中年族群。阻塞性睡眠窒息症候群(OSAS)的嚴重度及臨床表現差異極大，可透過心肺呼吸衰竭表現，亦可以精神意識不正常表現。咽部呼吸道的塌陷增加及結構上的異常被認為與阻塞性睡眠窒息症候群(OSAS)的病理機轉有關，為了正確了解阻塞性睡眠窒息症候群(OSAS)病人理學檢查及結構型態上的特殊差異，本研究比較二十個阻塞性睡眠窒息症候群(OSAS)病人及十五個對照組病人有關理學檢查及頭顱 X 光的差異。研究結果顯示二組病人間性別、頸圍、軟顎長度及後上呼吸道空間有明顯差異；理學檢查部分，有關側咽壁狹窄與否、扁桃腺大小、懸垂雍大小、咬合不正(Overjet)、縮下巴與否(Retrognathia)，則二組病人間無明顯差異，研究結果認為男性、頸圍較長、軟顎較長及後上呼吸道空間狹窄的病人，易得到阻塞性睡眠窒息症候群(OSAS)。 ***(胸腔醫學 2001; 16: 102-111)***

關鍵詞：阻塞性睡眠窒息症候群，頭顱測量

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Unilateral Gynecomastia and Lung Cancer— A Case Report

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Gynecomastia is a common condition found in different age groups. It can be caused by puberty, hormonal imbalance, liver disease, renal disease, medication, genetic factors, and even malignancy. Unilateral gynecomastia in elderly males might alert us to the possibility of underlying carcinoma. We report a case of unilateral left gynecomastia in a 73-year-old man who was later found to have lung cancer in the upper right lobe. After excluding other possible causes, we speculated that gynecomastia is highly related to primary lung cancer. Gynecomastia may be the only early sign of some life-threatening disease, especially breast cancer, lung cancer, and gonadotropin-releasing malignancies. Though gynecomastia is not uncommon in normal elderly males, we can not overlook it if it appears unilaterally. To avoid overshooting, taking a careful history of medications and other systemic disease is important, as is a precise physical examination. ***(Thorac Med 2001; 16: 112-118)***

Keywords: gynecomastia, lung cancer, calcium-channel blocker

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單側男性女乳化和肺癌－病例報告

劉人鳳　張西川

男性女乳症在不同年齡的男性都相當常見，可能原因包括新生兒期和青春期的正常生理現象，或是非生理性的荷爾蒙失調，肝腎疾病，藥物副作用，或甚至是癌症的初期表現。在中老年男性出現單側乳房變大，其原因常是病理性的，因此須特別注意。在此提出一例 73 歲男性病人，其左側男性女乳化伴隨右肺肺癌，在排除目前已知的其它因素，並佐以影像學上時間性證明，我們認為肺癌是造成此病患單側男性女乳化最可能的原因。單側男性女乳化對於一些危及生命的疾病也許是唯一的早期病徵，小心的病史，藥物史詢問及高度的臨床警覺性是最重要的。 ***(胸腔醫學 2001; 16: 112-118)***

關鍵詞：男性女乳症，肺癌，鈣離子阻斷劑

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Primary Pulmonary Rhabdomyosarcoma— A Case Report

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Rhabdomyosarcoma is not an uncommon malignant tumor of the soft tissue, but primary pulmonary rhabdomyosarcoma in adults is rare. We present the case of a 79-year-old man, including clinical symptoms, image pictures, surgical intervention, and detailed pathological studies. Early surgical excision of the tumor appears to be the most effective means of therapy. However, most patients reported in the literature did not survive more than 2 years after diagnosis. ***(Thorac Med 2001; 16: 119-123)***

Keywords: Primary pulmonary rhabdomyosarcoma

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Primary pulmonary rhabdomyosarcoma

原發性肺橫紋肌肉瘤－病例報告

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橫紋肌肉瘤在軟組織中是並非少見的惡性腫瘤，但是成人原發性肺橫紋肌肉瘤卻是一種罕見的病症。我們在此報告一位患咳嗽、漸進性呼吸困難的 79 歲男性病患。理學檢查顯示兩肺輕度呼氣期喘鳴及左上肺呼吸音減弱。胸部 X 光及電腦斷層顯現出左上肺葉狀腫瘤。經由切片、肺葉切除，再以免疫組織化學染色作顯微檢查，確定為肺橫紋肌肉瘤。早期腫瘤切除是最有效的治療方法，然而、文獻上大部分病例在診斷後的存活率不超過兩年。*(胸腔醫學 2001; 16: 119-123)*

關鍵詞：原發性肺橫紋肌肉瘤

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Castleman's Disease Presenting with Massive Pleural Effusion—A Case Report

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Castleman's disease is an unusual disorder characterized by the abnormal proliferation of B lymphocytes and plasma cells in the lymphoid organs. It is subdivided into three histologic variants: hyaline-vascular, plasma cell, and mixed. Most patients are asymptomatic and found incidentally. Pleural effusion is an uncommon manifestation of Castleman's disease. We report a 23-year-old female with localized Castleman's disease associated with massive pleural effusion. This patient is surviving well and has experienced no recurrence since undergoing a surgical resection of the giant lymph node mass. ***(Thorac Med 2001; 16: 124-128)***

Keywords: Castleman's disease, giant lymph node hyperplasia, pleural effusion

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Castleman's Disease 以大量肋膜積水表現－病例報告

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Castleman's disease 為一種罕見淋巴組織內 B 淋巴球或漿性球不正常增生之疾病。它可區分為三種組織學分類：透明血管型，漿性球型，以及混合型。大多數病患都是意外發現且無症狀，而肋膜積液是 Castleman's disease 之少見徵候。我們報告一位 23 歲女性之局限性 Castleman's disease 患者，以左側大量肋膜積液為其表現症狀。患者接受手術將其左後縱膈淋巴腫塊切除，術後病人情況良好且無復發現象。 ***(胸腔醫學 2001; 16: 124-128)***

關鍵詞：Castleman's disease 巨淋巴結增生，肋膜積液

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Sjögren's Syndrome and Systemic Amyloidosis Associated with Pulmonary Bullae Formation— A Case Report

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We report a 58-year-old female patient with Sjögren's syndrome (SS) and amyloidosis who presented with chronic cough. Her initial chest roentgenograph showed multiple bilateral nodules, linear infiltrates and cysts. Her condition remained stable for three years, but then deteriorated progressively a few months after beginning levamisole treatment. Multiple pulmonary bullae were recognized concurrently. A open lung biopsy disclosed nodular amyloidosis and a low-grade malignant lymphoma. SS associated with amyloidosis and pulmonary bullae formation has rarely been reported. We also believe it is the first report of the effects of levamisole in such a condition. A determination of the possible detrimental effects of levamisole may require further study. ***(Thorac Med 2001; 16: 129-135)***

Keywords: Sjögren's syndrome, amyloidosis, bullae, levamisole

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Sjögren's Syndrome and Systemic Amyloidosis Associated with Pulmonary Bullae Formation

索格倫氏症候群及類澱粉樣沉積病併有肺部大泡形成－病例報告

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我們報告一 58 歲女性病患，合併有索格倫氏症候群及類澱粉樣沉積病，而以慢性咳嗽呈現。其初始胸部 X 光影像呈雙側肺野多發性結節，囊腫及線狀浸潤陰影。此病人維持穩定狀況達三年之久而後在經 levamisole 治療後數月間急速惡化。追蹤之肺部影像檢查顯示嚴重的肺實質破壞及大泡形成。肺部生檢結果顯示廣泛之類澱粉樣陳積及早期輕度惡性淋巴瘤之徵兆。索格倫氏症候群及類澱粉樣沉積病合併肺部大泡形成在以往很少被報告出來，我們相信這是首例此類病人接受 levamisole 治療的報告。Levamisole 對此類病人可能有害，不宜使用。*(胸腔醫學 2001; 16: 129-135)*

關鍵詞：索格倫氏症候群，類澱粉樣沉積病，大泡，levamisole

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Endobronchial Hamartoma—A Case Report

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Endobronchial hamartoma is a rare benign tumor arising in the bronchial wall. We present a 64-year-old male patient who suffered from cough with bloody sputum and dyspnea. Chest X-ray revealed atelectasis of the upper left lobe. The gross bronchoscopic finding was that the orifice of the upper left lobe was obstructed totally by a lobulated nodule with a smooth surface, and the bronchoscopic biopsy showed chronic inflammatory mucosa. Due to the finding of fat tissue and calcification in the nodule on CT, an endobronchial hamartoma was diagnosed preoperatively. Later, the patient underwent a sleeve-lobectomy resection, without incident.

The symptons of endobronchial hamartoma are related to bronchial obstruction. The findings on the chest X-ray and bronchoscopy are nonspecific. Because CT can effectively detect the characteristic findings of fat tissue and calcification in the endobronchial hamartoma, an accurate diagnosis becomes possible preoperatively. ***(Thorac Med 2001; 16: 136-142)***

Keywords: endobronchial hamartoma

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支氣管內過誤瘤－病例報告

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支氣管內過誤瘤被認為是來自支氣管內結締組織的罕見肺部良性腫瘤。本病例是一位 64 歲男性患者，主述於住院前一個月開始有咳嗽及氣促的現象，痰液為灰白色，偶而併有血絲。胸部 X 光顯示患者有左上肺葉塌陷的現象。支氣管鏡檢查，發現左上肺葉開口被表面平滑呈分葉狀的節結所阻塞，其切片檢查的病理報告為被慢性發炎細胞所浸潤的支氣管黏膜。由於肺部電腦斷層攝影顯示節結內含有脂肪組織及鈣化物，術前診斷為支氣管內過誤瘤。患者隨後接受袖式肺葉切除術。

支氣管內過誤瘤的臨床症狀和支氣管阻塞有關。胸部 X 光的表現及支氣管鏡檢查的發現都不具特殊性。電腦斷層攝影因為較容易發現腫瘤中的脂肪組織及鈣化物，提高了支氣管內過誤瘤的術前正確診斷率。 ***(胸腔醫學 2001; 16: 136-142)***

關鍵詞：支氣管內過誤瘤

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Chronic Eosinophilic Pneumonia—A Case Report

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Chronic eosinophilic pneumonia (CEP) is a rare disease. It is characterized by profound systemic symptoms (fever, malaise, weight loss, and anorexia), localized pulmonary manifestations (cough, wheeze with sputum) lasting more than one month, pulmonary infiltrates with eosinophils, and a dramatic response to corticosteroid therapy. We describe a 73-year-old male patient who was referred from a local hospital after 2 months of fever, dry cough, weight loss, and progressive dyspnea. His chest radiograph at admission showed pulmonary infiltrates, predominantly in the periphery of the lower right lung. Laboratory data revealed mild blood eosinophilia (460/cumm). A computed tomography of the chest did not reveal bronchiectasis. Cells from the bronchoalveolar lavage contained 15% eosinophils. A thoracoscopic biopsy showed organizing pneumonia with eosinophilic infiltrations. Under the diagnosis of CEP, prednisolone 40 mg per day was given. This treatment led to defervescence, reduced dyspnea within 48 hours, and radiographic improvement after 1 week. ***(Thorac Med 2001; 16: 143-147)***

Keywords: eosinophilic pneumonia

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慢性嗜伊紅白血球性肺炎－病例報告

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慢性嗜伊紅白血球性肺炎為一罕見疾病，特徵為持續一個月以上之全身(發燒，倦怠，體重減輕，厭食)和肺部(咳嗽，喘鳴，多痰)症狀，肺部伊紅性血球浸潤，以及對類固醇治療有快速反應。本文描述一位 73 歲男性病人，因發燒，乾咳，體重減輕及呼吸困難約 2 個月而由其他醫院轉診至本院。入院時之胸部 x 光呈現右下肺野邊緣性浸潤。實驗室檢查發現伊紅性血球增多(460/cumm)，血清 IgE 上升(618 IU/ml)。胸部電腦斷層掃瞄顯示無支氣管擴張，支氣管肺泡灌洗呈現 15%之伊紅性血球，胸腔鏡肺部組織病理檢查證實為慢性嗜伊紅性白血球肺炎。投予每日 40 mg 之 prednisolone 48 小時後病人症狀改善，1 週後胸部 x 光浸潤消退。 ***(胸腔醫學 2001; 16: 143-147)***

關鍵詞：嗜伊紅白血球性肺炎

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