Bronchopulmonary Carcinoids—An Analysis of 26 Cases

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Bronchopulmonary carcinoids comprise about 5% of all primary tumors of the lung. Though more benign in nature, bronchopulmonary carcinoids have a potential for local invasion, regional nodal involvement, and distant metastasis.

From 1977 to 1998, 26 patients were admitted to our section with surgical proof of bronchopulmonary carcinoids. They were classified into two subtypes: typical and atypical carcinoids. We retrospectively analyzed the clinical data, diagnostic rate, surgical results, and prognostic factors. Of these 26 patients, 22 patients had typical carcinoids and 4 atypical. The mean age was 57.4 years, with a range of 34 to 79 years. Sixteen were male and 10 were female. Ten patients were smokers. The most common presenting symptom was cough (76.9%), followed by hemoptysis (38.5%). Carcinoid syndrome was observed in 2 patients. The tumors were predominantly localized in the right middle lobe (34.6%), with a right-sided preference in 73% of the cases. Lobectomy was the treatment of choice for most of our patients. No surgical morbidity or mortality was noted. Eight patients had a 10-year disease-free survival, and 13 patients had a 5-year disease-free survival. The prognostic factors that were analyzed included clinical presentation, surgical method, pathological subtype, regional lymph node metastasis, and distal metastasis. Only distal metastasis could influence survival.

In conclusion, we believe that surgical resection for typical carcinoids is sufficient; but a more aggressive treatment for atypical carcinoids is needed, especially in cases with nodal or distal metastasis. ***(Thorac Med 2001; 16: 228-235)***

Key Words: bronchopulmonary carcinoid, typical carcinoid, atypical carcinoid

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Bronchopulmonary Carcinoids

支氣管肺類癌—二十六例之病例分析

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支氣管肺類癌大約佔所有原發性肺腫 5%。支氣管肺類癌之本質雖較肺癌為良性，然其仍具局部侵犯，區域淋巴轉移，和遠處轉移之能力。自 1977 至 1982 年，台北榮民總醫院胸腔外科收集了 26 個於本院接受手術之支氣管肺類癌病人。這些病人又被分為典型及非典型類癌兩類。 我們迴溯性分析了這些病人的臨床診斷率、手術結果及預後因子。

在這 26 個病人中，22 個病人為典型支氣管肺類癌，4 個病人為非典型支氣管肺類癌。十六個病人為男性；十個病人為女性。年齡分佈自 34 歲至 79 歲。平均年齡為 57.4 歲。吸煙的有十個病人。最常見的症狀是咳嗽(76.9%)其次為咳血(38.5)。兩個病人有類癌症候群。腫瘤主要位在右中葉(34.6%)，73%的腫瘤位於右側肺葉。在非典型類癌之病人中有一人有局部淋巴轉移；在典型類癌之病人中有一人有肝臟轉移。大多數的病人接受肺葉切除術。沒有任何手術併發症或者死亡。 有 13 個病人術後存活超過 5 年，其中有 8 人超過 10 年。預後因子分析包含了臨床症狀，手術方式，病理形態，淋巴節和遠處轉移。在我們的研究中只有遠處轉移會影響預後。

從我們二十二年的經驗中，我們建議對支氣管肺類癌採取手術切除。對非典型支氣管肺類癌，甚至淋巴節或遠處轉移的病人，採取更積極的治療方法。*(胸腔醫學 2001; 16: 228-235)*

關鍵詞：支氣管肺類癌，典型類癌，非典型類癌

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台南地區機構呼吸器依賴個案特質探討

葉莉莉

本研究旨在瞭解台南地區機構呼吸器依賴個案之人口學資料、整體性照護需求、個案之家庭經濟狀況與機構照護花費及其主要照顧家屬特質。研究對象為居住於台南地區 9 家呼吸照護機構之個案，依研究者自擬並經專家確認之資料收集表收集資料，以 SPSS8.0 系統進行分析。結果顯示，100 位個案中，男性佔 58%，平均年齡 73.1 歲，轉入機構之疾病診斷以呼吸衰竭為多，計 30%。全日使用呼吸器者計 88%，曾接受呼吸器脫離訓練者有 36%；個案中意識清醒警覺者有 29%；身上有二種以上管路者達 94%；家屬探訪狀況以每天探訪至少 1 次者為多，計 43%。身體功能狀態由巴氏量表平均得分僅 7.3 分，顯示日常生活需求他人完全協助者多。個案住機構花費以自付 2 萬 5 仟至 3 萬者為多，計 44%，家屬主訴之經濟負荷以可平衡為多（87%）。本研究結果對居住機構呼吸器個案及其家屬特質有初步了解，可做為政策制訂與機構服務提供之參考。 ***(胸腔醫學 2001; 16: 236-243)***

關鍵詞：機構呼吸器依賴、個案特質

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Characterisitcs of Institutionalized Ventilator Dependent Client in Tainan Area

Lily Yeh

This exploratory study was conducted to identify the following characteristics of institutionalized ventilator-dependent clients: demographic distribution, physical care needs, monthly payment to the institution, family economic sufficiency, and family caregiver characteristics. Nine institutions located in the Tainan area participated this study. Data was gathered using a data collection tool, and analyzed with SPSS 8.0 software. Of the 100 clients studied, the following characteristics were revealed: 58% were male; the average age was 73.1years old; the leading diagnosis was respiratory failure (30%); 88% needed 24-hour ventilator use; 36% were trained to wean the ventilator; 44% had family visits at least once a day; 29% were conscious clearly; and 94% had more than two kinds of catheter. The average score on the Barthel's Index was 7.3, showing that most of the clients were completely dependent on help in their daily living activities. Forty-four percent of the families paid from NT$ 25,000 to NT$ 30,000 to the institution monthly, and 87% said they could afford it. The results of this study can be used as a reference in policy-making and for the services provided by the institution. ***(Thorac Med 2001; 16: 236-243)***

Key Words: institutionalized ventilator dependent, characteristics

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Primary Pulmonary Meningioma

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Primary extraneuraxial meningiomas (PEMs) outside of the head and neck regions are extremely rare. To the best of our knowledge, fewer than 20 cases of PEMs of the thorax have been reported in the past 25 years. We report a case of PEM incidentally detected by chest radiography (CXR) and a computed tomographic (CT) scan of the chest, with an initial impression of mediastinal tumor. Thoracic exploration revealed an intrapulmonary mass 3 cm x 3 cm x 3 cm in dimension. The histologic picture was compatible with meningioma, and immunostaining showed a positive epithelial membrane antigen (EMA) and vimentin stain. No intracranial lesion could be found in the subsequent brain CT scan, nor could focal neurological signs be identified. We report this case as the first documented primary pulmonary meningioma in Taiwan. ***(Thorac Med 2001; 16: 244-249)***

Key words: meningioma, mediastinal tumor, primary pulmonary meningioma

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Primary Pulmonary Meningioma

原發性肺部腦膜腦瘤

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有少數的腦膜腦瘤(meningioma)並非源發於中樞神經系統，它們被統稱為原發性神經軸外腦膜腦瘤(primary extraneuraxial meningiomas, PEMs)或者是異位性腦膜腦瘤(ectopic meningioma)。PEMs 經統計約佔所有腦膜腦瘤案例中約 7% 至 10% 左右，其中原發於胸腔(lung, pleura, and mediastinum)者更是罕見。本例報導一位 70 歲男性患者意外由胸部 X 光檢查發現一疑似前縱隔腔腫瘤，經手術病理組織切片證實為罕見之原發性肺部腦膜腦瘤，且為台灣地區首次發現之原發性肺部腦膜腦瘤病例報導。***(胸腔醫學 2001; 16: 244-249)***

關鍵詞：腦膜腦瘤，縱隔腔腫瘤，原發性肺部腦膜腦瘤

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Adult Langerhans Cell Histiocytosis in the Form of Oligo-organic Involvement—A Case Report

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We herein report the case of a 25-year-old male with a rare disease: Langerhans cell histiocytosis in the form of an oligo-organic (lung and bone) involvement. The patient presented himself to our OPD with a non-specific complaint, and the radiologic findings prompted the suspicion of this diagnosis, which was later proved by open lung biopsy and pathology examinations. Treatment should be tailored to suit the extent of involvement and the clinical activity of the disease. The increased incidence of malignancy in patients with this disease is emphasized in this article, so the patient will be followed regularly and carefully. ***(Thorac Med 2001; 16: 250-255)***

Key words: Langerhans cell histiocytosis, histiocytosis X

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Langerhans cell histiocytosis in the form of oligo-organic involvement

侵犯少數器官之成人藍格罕士氏細胞組織球症—病例報告

徐青立　李毓芹　陳名聖*　彭瑞鵬

本篇報告一例僅侵犯肺及骨之成人藍格罕士氏細胞組織球症之25歲男性。患者因非特異性之主訴至本院門診，因胸部X光之特徵而被疑有此症，後經開胸切片及病理檢查得到確定診斷。其治療方式當依其侵犯範圍及疾病臨床表現而定。本篇也強調其與較高之癌變發生率相關，後續定期追蹤之處置將做此考慮。*(胸腔醫學2001; 16: 250-255)*

關鍵詞：藍格罕士氏細胞組織球症，組織球症－X

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Malignant Pleural Mesothelioma Appearing as A Bronchogenic Malignancy—A Case Report

Shih-Hsin Hsiao, Horng-Chyuan Lin, Shiu-Feng Huang*, Han-Pin Kuo

A 72-year-old male patient with no obvious asbestos exposure history complained of a nonproductive cough lasting for months, and presented with an unusual upper right lobe mass with a cavity and pleural invasion on the chest radiograph. Fluorescence bronchoscopy revealed a bronchogenic malignancy in the upper right lobe bronchus. An exploratory thoracotomy was performed and demonstrated an upper right lung mass with severe pleural adhesion. An upper right lobectomy and a palliative resection of the right 6th and 7th rib tumors were done. Detailed pathologic studies, including immunohisto-cytochemical staining, proved an extensive malignant mesothelioma with a right main bronchus invasion and lymph node metastasis. This pattern of the clinical and radiographic presentation has seldom been reported, and the fluorescence bronchoscopic finding has never been described as an indication of malignant mesothelioma. ***(Thorac Med 2001; 16: 256-263)***

Key words: malignant mesothelioma, asbestos, fluorescence bronchoscopy

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Malignant Pleural Mesothelioma Appearing as A Bronchogenic Malignancy

以惡性支氣管性腫瘤為表現之惡性肋膜間皮瘤—病例報告

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一位缺乏明顯石棉暴露經歷的七十二歲男性病患抱怨乾咳達數月之久，而其胸部X光在右上肺部呈現出一個開洞性腫瘤合併局部肋膜侵犯。透過螢光支氣管鏡可見右上肺葉支氣管處有一個惡性支氣管性腫瘤，而經開胸手術後，切除了右上肺葉腫瘤及被腫瘤侵犯的第六第七肋骨。利用包括免疫組織化學染色法在內的病理組織檢驗，證實這是個不尋常的廣泛性惡性肋膜間皮瘤合併有右主氣管侵犯及淋巴節結轉移。這樣的臨床及X光表現不但極為少見 而其在螢光支氣管鏡的發現更是世界上首見。*(胸腔醫學 2001; 16: 256-263)*

關鍵詞：惡性間皮瘤，石棉，螢光支氣管鏡

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Pleural Empyema Following A Silent Cholecystoduodenocolic Fistula—A Case Report

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A cholecystoduodenocolic fistula associated with pleural empyema is a rare pulmonary complication. We report a case of a 66-year-old man with fever, right pleural effusion, and common bile duct stones with pneumobilia. The examination of the right pleural effusion revealed an exudate with a high pleural effusion/serum total bilirubin ratio and *E. coli, Bacteroides* and *Candida albicans* in culture. The endoscopic retrograde cholangiogram showed a cholecystoduodenocolic fistula. The right pleural empyema could have been caused by a leakage of pathogens from the gastrointestinal tract through the diaphragm into the pleural cavity. Proper antibiotics treatment with drainage and repair of the digestive organ defects would be mandatory for such a patient. ***(Thorac Med 2001; 16: 264-270)***

Key words: Pleural empyema, Cholecystoduodenocolic fistula

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膽囊十二指腸結腸廔管合併膿胸—病例報告

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膽囊十二指腸結腸廔管併膿胸在臨床上是一種少見的肺部併發症。我們描述一位66歲男性，因膽囊及總膽管結石合併感染，造成膽囊十二指腸結腸廔管、膽道充氣顯影及發燒、右側肋膜積液入院。右側肋膜積液抽吸檢查發現為滲出液，其肋膜積液與血清之總膽紅素比值偏高且培養長出 *E. coli, Bacteroides* 及 *Candida albicans* 混合感染。內視鏡逆流膽道攝影證實為膽囊十二指腸結腸廔管。我們探討其右側膿胸的原因，認為可能是腸道溢出之病原菌，經由橫膈膜的缺口進入肋膜腔後再併發感染。我們回顧過去的文獻報告並探討其原因與處理方式。 ***(胸腔醫學 2001; 16: 264-270)***

關鍵詞：膿胸，膽囊十二指腸結腸廔管

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Pulmonary Melioidosis—A Case Report

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Melioidosis, caused by the bacterium *Burkholderia pseudomallei*, is a tropical disease. It is a rare but potentially fatal infectious disease in Taiwan. In this article, we report a 52-year-old female diabetic patient with pneumonia caused by *B. pseudomallei*. The patient had never been abroad. The initial presentations included fever, chills, and productive cough. She visited our hospital because of a lack of response to previous antibiotic treatment in a local hospital. The image study in our hospital revealed left upper lobe lesions, and the patient was treated as pulmonary tuberculosis (TB) initially. The antibiotic therapy was later shifted to ciprofloxacin, for lack of evidence of TB. However, her symptoms persisted despite ciprofloxacin treatment. The pneumonia was cured after a 2-month treatment with amoxicillin/clauvulanic acid, and there was no recurrence in the subsequent 3 months' follow-up. This case implicates that pulmonary melioidosis should be included in the differential diagnosis list of community-acquired pneumonia in Taiwan, since the patient had never been abroad. ***(Thorac Med 2001; 16: 271-276)***

Key words: melioidosis, *Burkholderia pseudomallei*.

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肺類鼻疽——一案例報告

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類鼻疽是由 *Burkholderia pseudomallei* 所引起的一種熱帶疾病。在台灣很少見，但卻可能造成致命性的感染。我們在此報告一例由 *B. pseudomallei* 引起肺炎的 52 歲糖尿病女性病患。此位病患從未出國。一開始的臨床表現，包括發燒、寒顫、及咳嗽。影像學檢查顯示左上肺葉病變。起初曾被當做肺結核治療，由於無明顯結核感染證據，而改用 ciprofloxacin 治療。但病人症狀仍然持續，直到改用 amoxicillin/clauvulanic acid 治療 2 個月後，病人完全康復。且經三個月後續追蹤，並無復發。由此案例提醒我們，在台灣即使病人並未到過流行地區，也應將肺類鼻疽列入社區感染肺炎的鑑別診斷中。 ***(胸腔醫學 2001; 16: 271-276)***

關鍵詞：類鼻疽，*Burkholderia pseudomallei*

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Malignant Melanoma Presenting as an Endobronchial Pulmonary Mass—A Case Report and Literature Review

Kuo-Hwa Chiang, Jiunn-Min Hsieh, Ching-Nan Lin*

Malignant melanomas in the lung are frequently seen with multiple nodular lesions, and as a complication of cutaneous melanoma. However, solitary endobronchial lesions, either as metastasis or a primary neoplasm, are rarely seen. We report a 26-year-old female who suffered from hemoptysis and chest pain for month. The CXR showed a left lingual collapse and the following bronchoscopy revealed a blackish endobronchial lesion in the LUL bronchus, with nearly total occlusion. pathology with a special stain disclosed malignant melanoma. The patient had no other occult skin lesion, nor did she demonstrate melanoma in other organs at the time of presentation. ***(Thorac Med 2001; 16: 277-281)***

Key words: malignant melanoma, endobronchial lesion, lung collapse

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Malignant Melanoma Presenting as Endobronchial Pulmonary Mass

以支氣管內病灶表現之惡性黑色素瘤—病例報告及文獻回顧

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肺部之惡性黑色素瘤通常以多發之轉移性病灶為常見，以單一肺質塊支氣管內病灶表現者較少見，本篇報告一位 26 歲女性病人，主訴咳血及前胸痛達 1 個月，胸部 X 光片顯示左上肺塌陷，支氣管鏡檢見左上肺支氣管內病灶，病理切片經特殊染色為惡性黑色素瘤，但病人全身上下並無任何皮膚病灶，先前亦無任何皮膚切片之病史。*(胸腔醫學 2001; 16: 277-281)*

關鍵詞：惡性黑色素瘤，支氣管內病灶，肺塌陷

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Pulmonary Lymphangioleiomyomatosis (LAM) with Initial Presentations Mimicking Bronchial Asthma —A Case Report

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Pulmonary lymphagioleiomyomatosis is a rare disease occurring in women of reproductive age, and leads to progressive respiratory failure in spite of treatment. Patients with pulmonary lymphangioleiomyomatosis frequently present with dyspea, chest pain, pneumothorax, or chylous pleural effusion at the time of diagnosis. We report a case of pulmonary lymphangioleiomyomatosis, wich presented with dyspnea, wheezing, airway hyper-responsiveness mimicking bronchial asthma, and a normal chest radiography, but not pneumothorax or chylothorax initially. Diagnosis was made when exertional oxygen desaturation was found during a 6-minute walking test. Typical findings in the high-resolution computerized tomography and histology were also present. ***(Thorac Med 2001; 16: 282-288)***

Key words: lymphangioleiomyomatosis, bronchial asthma

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肺淋巴血管平滑肌增生症以類似支氣管氣喘表現之一病例報告

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肺淋巴血管平滑肌增生症(Lymphangioleiomyomatosis)是一個好發在生殖年齡婦女之罕見病症，往往無論施以各式方法治療卻仍導致漸進性呼吸衰竭。罹患本疾病之患者，經常是以呼吸困難，自發性氣胸，乳糜樣肋膜積水構成診斷。我們在此個案報告一位以呼吸困難和哮喘，呼吸氣道高度敏感性類似支氣管氣喘症狀呈現臨床病症，並且胸部放射檢查並無氣胸發生或是乳糜胸合併發作來呈現其肺淋巴血管平滑肌增生症病症之案例。在病患接受了六分鐘步行運動測驗而表現出明顯運動中氧氣去飽和而獲得診斷。典型的高解析胸部電腦斷層和組織學特徵亦加以說明。 ***(胸腔醫學 2001; 16: 282-288)***

關鍵詞：淋巴血管平滑肌增生症，支氣管氣喘

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Pulmonary Histiocytosis X Presenting as Prolonged Fever—A Case Report and Review of the Literature

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Pulmonary histiocytosis X is an uncommon interstitial lung disease that primarily affects young adults. Patients commonly present symptoms of cough and dyspnea. The diagnosis can be made with confidence when the patient is a young adult with a smoking habit、a classic HRCT pattern and there is a typical histologic appearance. There are of limited value in the treatment of this disorder, but some reports have suggested that positive responses to corticosteroid therapy in the early stage.

Herein, we report a young male without a smoking habit who presented with a persistent high fever of 6 months duration. The diagnosis was made only after the second open lung biopsy, and with diagnostic pathologic confirmation. The response to pulse corticosteroid therapy was dramatic and the clinical outcome was favorable. ***(Thorac Med 2001; 16: 289-296)***

Key words: pulmonary histiocytosis X, HRCT, corticosteroid therapy

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肺組織細胞症X以持續發燒作為表現——一病例報告及文獻回顧

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肺組織細胞症 X 是一種罕見的間質性肺病，常影響年輕成人病患。最常見的臨床症狀為咳嗽及呼吸困難。此病的確定診斷有幾種方法，包括年輕成人有抽煙習性且胸部高解析度電腦斷層呈現典型之異常發現，或病理切片發現典型之組織細胞變化。此病之藥物治療效果有限，但數篇文獻指出，在疾病早期以類固醇治療會有良好療效。我們報告一位 20 歲男性病患，無抽煙習慣，以持續高燒達六個月作為臨床表現。在開胸切片檢查確定診斷後，給予脈衝式靜注類固醇治療，發現有顯著療效，其臨床症狀亦呈現明顯進步。*(胸腔醫學 2001; 16: 289-296)*

關鍵詞：肺組織細胞症X，胸部高解析度電腦斷層，類固醇治療

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