

# Resection for Pulmonary Metastasis of Colorectal Cancer

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Surgical resection remains an important procedure for treatment of pulmonary metastases from colorectal cancer. To evaluate the efficacy of pulmonary metastasectomy, we retrospectively studied 12 patients who underwent pulmonary resection for lung metastases from colorectal cancer from 1990 through 1999. Ten patients had solitary nodule, and 2 patients had multiple nodules. Eleven patients underwent a single thoracotomy. Wedge resection was the main surgical procedure.

The average survival following thoracotomy was 40.8 months. The cumulative 3 year and 5 year survival rates were 66%, and 25%. Seven of these patients were still alive up to date without evidence of recurrence after pulmonary metastasectomy.

There is a tendency for longer survival with a normal preoperative CEA level, longer disease free interval and solitary pulmonary metastatic nodule in this small retrospective study.

The resection of pulmonary metastases from colorectal cancer may translate into survival benefits. (*Thorac Med* 2000; 15: 70-76)

Key words: metastasectomy, pulmonary metastases, colorectal cancer

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## 大腸直腸癌肺轉移的切除

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以外科手術作局部肺部切除，已成為大腸直腸癌合併肺轉移的主要治療方式，為評估此種治療的有效性，我們回顧性研究從 1990 至 1999 年間，有 12 位大腸直腸癌合併肺轉移病患，作過此種轉移癌的切除手術。其中 10 個病人為單獨轉移結節，2 位病人為多發性結節，有 11 位病人僅作一次開胸手術，1 位病人因局部復發作過 2 次手術，主要的手術方式是作肺部楔狀切除。

手術後這些病人平均存活期為 40.8 個月，3 年與 5 年的存活率分別為 66%與 25%。其中有 7 位病人術後目前仍存活，且沒有任何轉移或復發的現象，由此研究發現病人如果為單獨肺轉移結節，手術前的癌胚抗原值正常，或原發癌至發現肺轉移的期間越長，病人會有較長存活期的趨勢。所以大腸直腸癌合併肺轉移的病人經篩選後作局部肺切除手術有助於提高病人的存活率。(胸腔醫學 2000; 15: 70-76)

關鍵詞：轉移癌切除手術、肺轉移、大腸直腸癌

# 台南地區居家呼吸器依賴個案照顧者 之返家決策及其遷移照護經驗探討

葉莉莉 薄景華

本研究旨在探討台南地區居家呼吸器依賴個案照顧者之返家決策思考與其遷移照護經驗感受。對十二位已返家照顧至少一個月以上之照顧者進行深度訪談，將訪談過程錄音並轉換成文字後進行資料分析。結果顯示照顧者決策返家思考之六項因素為：環境變數——院醫囑之遵從、後續照護資源取得困難、對後續照護資源提供之照護品質存疑、家庭經濟困窘。個人變數——體認醫療照護的有限性、為維持家庭系統的平衡因素。對遷移照護之正向感受源於持續性照護經驗，負向感受源於中斷性照護經驗。遷移照護過程中，照護技能的學習大都經歷破碎的指導。沒有照顧者後悔所做的返家決策，亦無照顧者需求長期安置機構。以上現象加深對居家呼吸器依賴個案返家決策與遷移照護經驗之認識，相關結果得以強化健康專業人員對此類個案及其照顧者之服務。(胸腔醫學 2000; 15: 77-84)

關鍵字：居家呼吸器依賴個案、返家決策、遷移照護。

## Discharge Decision Making and Perception of Transitional Care of Caregiver of Home Ventilator Dependent Client in Tainan

Lily Yeh, Ching-Hua Po

Purposes of this qualitative study were to thoroughly explore the discharge decision-making and perception of transitional care of caregiver for Home Ventilator Dependent (HVD) clients. Twelve caregivers that had cared HVD for at least one month were invited to participate. Semi-structured interview was designed to collect the data. The interview was tape-recorded, transcribed as a narrative verbal process recording, and then carefully analyzed. Results showed factors considered for discharge of patients. The environmental variables included compliance to doctor's discharge order, perceived limitation of quantity and quality of the post-care institutions, and perceived restriction of family's economics. Personal variables included perceived limitation of health care and wish to maintain the balance of family system. Those who experienced continuity of care had positive perception to transitional care and vice versa. In transitional care process, most of the caregivers received insufficient and non-structured instructions regarding care, skill, and knowledge. Yet, neither did the caregivers regret going home, nor did they wish to re-institutionalize whom they cared. Results of this study could be used to refine discharge planning for HVD clients and their caregivers. (*Thorac Med* 2000; 15: 77-84)

Key words: home ventilator dependent, discharge decision making, transitional care

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# Tracheobronchopathia Osteochondroplastica— A Report of Two Cases

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Tracheobronchopathia osteochondroplastica (TO) is a rare and usually benign disorder affecting the trachea, and occasionally the bronchi. We describe two cases of TO: one, a 47 y/o man with long-term intermittent hemoptysis, and the other, a 71 y/o woman with the symptoms of cough with occasional hemoptysis. Bronchoscopy revealed multiple papilla-like nodules along the anterolateral wall of the trachea in both patients, which extended to the right main bronchus in the latter patient. Pathologic examination confirmed the diagnosis of TO. Bronchoscopic examination revealed no changes after 4 years in the latter case.

The etiology and pathogenesis of TO are unknown. The severity of TO ranges from no symptoms to severe dyspnea, hemoptysis, or pneumonitis. Treatment is seldom necessary. The differential diagnosis of nodular lesions includes amyloidosis, endobronchial sarcoidosis, calcified lesions of tuberculosis, papillomatosis, tracheobronchial calcinosis, and neoplasms. Awareness of this condition is important so as to avoid unnecessary surgery or chemotherapy. (*Thorac Med* 2000; 15: 85-89)

Key words: tracheobronchopathia osteochondroplastica, hemoptysis

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## 氣管支氣管的骨軟骨病變—兩例病例報告

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氣管支氣管的骨軟骨病變是一種罕見而且常是良性的一種疾病。最常發生的部位是在氣管，但有時也會影響到支氣管。我們現在報告兩例病例：一位是 47 歲的男性，主訴為長時間的間段性咳血；另一位是 71 歲女性，症狀是長期的乾咳和痰中帶血絲。氣管鏡檢查發現：第一個病人沿著氣管的前外側壁，有許多顆堅硬的疣狀突起，在第二個病人身上相同的突起更延伸到右側主支氣管內。病理報告證實是氣管支氣管的骨軟骨病變。第二個病患在 4 年後的氣管鏡追蹤下顯示，並無進一步變化。

氣管支氣管的骨軟骨病變其病因和發病原理目前仍然不是很清楚。它的嚴重度可從毫無症狀到嚴重的氣喘、咳血、和肺炎。一般來說，治療的方向主要為症狀處理。而它的鑑別診斷包括：澱粉樣變性病、氣管內類肉瘤病、結核病鈣化、乳頭狀瘤病、氣管支氣管鈣化症、及腫瘤。即早明白這一種病變，可以避免不必要的外科手術和化學治療。( *胸腔醫學* 2000; 15: 85-89 )

關鍵詞：氣管支氣管的骨軟骨病變，咳血

# Salmonella Lung Abscess and Empyema in a Patient with Metastatic Papillary Thyroid Carcinoma— A Case Report

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Huey-Bin Huang\*\*\*, Yao-Peng Hsu\*\*\*\*

Pulmonary infections caused by *Salmonella* species are very uncommon. Among them, *S. typhimurium* and *S. choleraesuis* are the salmonella species most commonly responsible for respiratory infection. They usually occur in people with severe underlying diseases, preexisting abnormalities of the lung or pleura, or in patients with a suppressed immune system. The true incidence of pleuropulmonary infections due to nontyphoid *Salmonella* is not known. To our knowledge, empyema and lung abscess induced by nontyphoid salmonella (*Salmonella enteritidis*) in a patient with malignant disease has not been reported yet. We present a case of a 71-year-old female with empyema and lung abscess with underlying metastatic papillary thyroid carcinoma. *Salmonella enteritidis* was isolated from the lung abscess, empyema fluid, and sputum. She was first treated with antibiotics ceftazidime and then changed to ceftriaxone, but she expired later due to uncontrolled secondary infection, septicemia, and multiorgan failure. (*Thorac Med* 2000; 15: 90-96)

Key words: *Salmonella* lung abscess, empyema, *Salmonella enteritidis*, metastatic papillary thyroid carcinoma.

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## 轉移性乳頭狀的甲狀腺癌症病患 併發沙門桿菌肺膿瘍及膿胸一病例報告

蘇義仁\* 鄭天寶\* 郭華基\*\* 黃慧彬\*\*\* 許耀平\*\*\*\*

沙門桿菌屬所引起的肺部感染是非常少見的。而其中以鼠傷寒桿菌(*S. typhimurium*)和豬霍亂桿菌(*S. choleraesuis*)所引起的肺部感染是較為常見的。它們通常發生在那些具有潛在嚴重的系統性疾病、肺部或肋膜有結構性的異常、或者是免疫系統受到抑制的人身上。由 nontyphoid *Salmonella* 所引起的肋膜肺部感染的確實發生率目前並不清楚。但據我們的了解，由 nontyphoid *Salmonella* (*Salmonella enteritidis* 腸炎桿菌)在癌症病人身上，所造成的肺氣腫和肺膿瘍，目前還沒有被報導過。我們在這裏報告一個病例，這是一位七十一歲的女性病人，她原本就有轉移性乳頭狀的甲狀腺癌症，被發現有肺氣腫和肺膿瘍產生。從肺氣腫和肺膿瘍所形成的痰和膿液培養出 *Salmonella enteritidis*。一開始先用 ceftazidime 治療，後來再改用 ceftriaxone 治療，但是最後病人還是因為併發無法控制的二度感染、敗血症和多發性器官衰竭而死亡。(胸腔醫學 2000; 15: 90-96)

關鍵詞：沙門桿菌肺膿瘍，膿胸，腸炎沙門桿菌，轉移性乳頭狀的甲狀腺癌症

# 支氣管肺泡灌洗術在石綿症診斷的應用—病例報告

邱昭華 張西川

詳實的暴露史在間質性肺病變的診斷流程中，扮演相當重要的角色，職業史對職業性肺病診斷的確立更是一必要條件。然而，有時或因醫生的疏忽，或是病人對工作或周遭環境的認知不夠，因此無法得到正確或有意義的暴露史資料，此時一個客觀評量物質暴露的方法就有其重要性。本篇提出一56歲男性病例，藉由支氣管肺泡灌洗術（bronchoalveolar lavage, BAL）檢查中發現病人肺泡有大量石綿體，進而確定石綿症的診斷。在告知病人石綿症的預後以及抽菸對其罹患肺癌危險性有加成作用後，病人已戒菸，並規則在門診追蹤。BAL在間質性肺病診斷的重要性已無庸置疑，吾人若能熟悉石綿體在一般細胞學檢查的特殊發現，雖然沒有可靠暴露史的幫助，也能客觀而快速的確立病人的診斷。（*胸腔醫學*2000; 15: 97-101）

關鍵字：石綿，石綿症，石綿體，支氣管肺泡灌洗術

## Application of Bronchoalveolar Lavage in the Diagnosis of Asbestosis — A Case Report

Jau-Hwa Chiou, Shi-Chuan Chang

Thorough exposure history plays an important role in establishing a diagnosis of interstitial lung disease. Furthermore, occupational history is one of the criteria for the definite diagnosis of occupation lung disease. However, either the carelessness of the doctor or the ignorance to the working environment or living place of the patient, exposure history may be unavailable or unreliable sometimes. Therefore, an objective measurement of exposure is of clinical importance in this circumstance. We present a case of a 56 year-old man here. After identification of significant amount of asbestos bodies in the recovered bronchoalveolar lavage (BAL) fluid, we confirm the diagnosis of asbestosis. We have informed the patient about the outcome of asbestosis and the addictive effect of smoking on lung cancer. Then the patient has quit smoking and is regularly followed up at our OPD. The role of BAL in the diagnosis of interstitial lung disease is clinically considerable. If we are familiar with the characteristic finding of asbestos body in routine cytology smear of BAL fluid, we can make sure the asbestos exposure history rapidly and objectively even without the help of a reliable exposure history. (*Thorac Med* 2000; 15: 97-101)

Key words: asbestos, asbestosis, asbestos body, bronchoalveolar lavage

# Acute Respiratory Failure as an Initial Manifestation of Motor Neuron Disease – A Case Report and Literature Review

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Respiratory failure usually occurs late in the course of motor neuron disease (MND), but it can present very rarely as an initial manifestation of the disease. We report a patient with MND who presented with acute respiratory failure, recurrent atelectasis of the left lower lobe, and difficulty in weaning from the ventilator. After excluding other causes of respiratory failure, motor neuron disease was diagnosed based on the clinical manifestations and the electrophysiological study. Several therapeutic strategies were undertaken including the use of mechanical ventilation with a high tidal volume and high positive end-expiratory pressure (PEEP), and endobronchial room-air insufflation, but none of them was effective. After tracheostomy, he was transferred to a chronic respiratory care center for further management. We herein review the literature and discuss this unusual initial manifestation of motor neuron disease, as well as its management. Based on this case report, we would suggest that a patient with recurrent lung atelectasis and acute respiratory failure may be exhibiting an early presentation of motor neuron disease. (*Thorac Med* 2000; 15: 102-109)

Key words: motor neuron disease (MND), respiratory failure, atelectasis, endobronchial room-air insufflation

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## 運動神經元疾病以急性呼吸衰竭為起始表現－ 病例報告及文獻回顧

王國書 楊光耀 彭瑞鵬

呼吸衰竭通常出現在運動神經元疾病(motor neuron disease, MND)的病程晚期；隨著疾病的進展，罹患運動神經元疾病的病患會逐漸發展出呼吸衰竭的症狀。但是，有非常少數的病人在病程早期便出現此情況。我們報告一位以急性呼吸衰竭來表現的病人，在病程中並有持續性的左下肺葉萎陷(atelectasis)及呼吸器依賴，最後在住院 31 天後經由神經傳導及肌電圖檢查確定診斷為運動神經元疾病。此病人接受過正壓呼吸器(positive-pressure ventilation)，大潮氣容積(tidal volume)，高吐氣末陽壓(PEEP)，及支氣管內空氣灌注法(endobronchial room air insufflation)治療，但是情況並未改善。由於需要長期依賴呼吸器治療，最後他接受氣管造口術並轉至慢性呼吸照護中心繼續治療。我們將就其病程、診斷、及治療加以討論，並回顧相關的文獻報告。經由此病例，我們建議臨床醫師對於無法解釋的急性呼吸衰竭病人應考慮運動神經元疾病的可能性，而儘早給予適當的診斷及治療。如預防感染及早期使用非侵襲性呼吸器等，以改善生活品質及避免嚴重的後果。( *胸腔醫學* 2000; 15: 102-109 )

關鍵詞：運動神經元疾病，呼吸衰竭，肺萎陷，支氣管內空氣灌注