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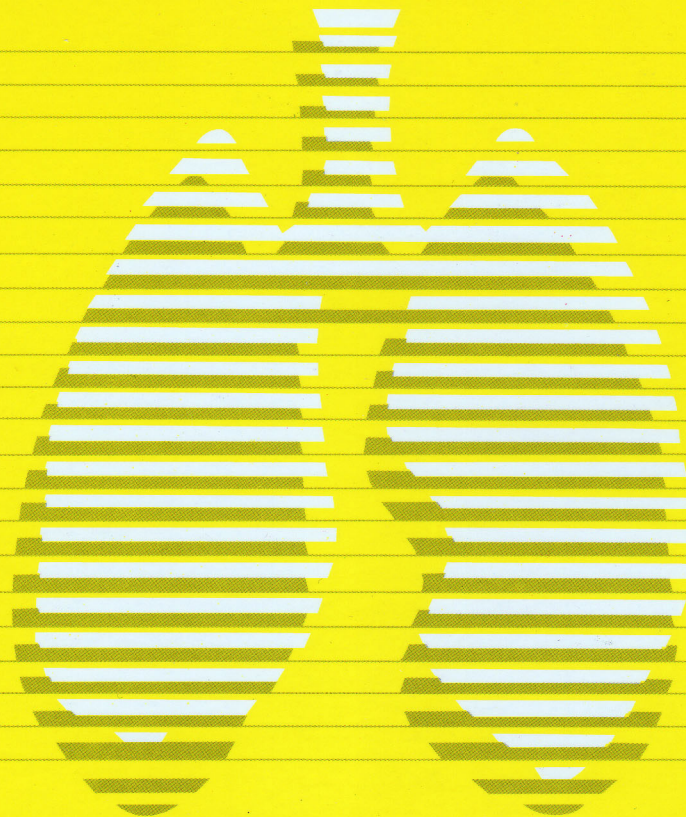
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台灣胸腔暨重症加護醫學會

83301 高雄市鳥松區大埤路 123 號

No. 123, Dapi Rd., Niasong Dist.,

Kaohsiung City 83301, Taiwan



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Real-World Crizotinib Use for Anaplastic Lymphoma Kinase (ALK)-Positive Advanced Non-Small Cell Lung Cancer under First-Year National Health Insurance Coverage in Taiwan

Yen-Ting Lin, Chung-Yu Chen, Jin-Yuan Shih*

Background: Crizotinib is effective in treating advanced non-small cell lung cancer (NSCLC) with anaplastic lymphoma kinase (ALK) rearrangement [ALK(+)]. It has been approved by the National Health Insurance (NHI) administration in Taiwan for second-line treatment since September 2015. The clinical benefits and adverse effects of crizotinib in Taiwanese NSCLC patients have not yet been well investigated.

Patients and Methods: We enrolled patients who applied for NHI-covered crizotinib treatment for ALK(+) NSCLC from September 1st, 2015 to September 30th, 2016 at National Taiwan University Hospital. ALK gene rearrangement was detected by immunohistochemistry or fluorescence in situ hybridization. The patients' demographics, cancer status, crizotinib treatment response, drug-related adverse effects and survival were analyzed.

Results: Twenty-seven patients received crizotinib for ALK(+) advanced NSCLC during the study period. The tumor response rate was 26% and the disease control rate was 63%. The median progression-free survival (PFS) was 5.4 months; the median overall survival after crizotinib has not been reached yet. The PFS of patients with brain metastases before crizotinib treatment did not differ from the PFS of those without brain metastases. The crizotinib PFS between patients with brain progression and those with non-brain progression did not differ significantly. Nine (33%) patients were given a reduced dosage or discontinued crizotinib because of severe drug-related adverse effects.

Conclusions: In real-world practice, crizotinib is effective as a second-line treatment for advanced ALK(+) NSCLC. However, side effects are not uncommon. The response rate is lower and the PFS is shorter than that of clinical trial patients. (*Thorac Med* 2018; 33: 1-13)

Key words: non-small cell lung cancer, ALK, crizotinib, brain metastasis, side effects, Taiwan

Department of Internal Medicine, National Taiwan University Hospital Yunlin Branch, Yunlin, Taiwan; *Department of Internal Medicine, National Taiwan University Hospital and College of Medicine, National Taiwan University, Taipei, Taiwan

Address reprint requests to: Dr. Chung-Yu Chen, Department of Internal Medicine, National Taiwan University Hospital Yunlin Branch, No. 579, Sec. 2, Yunlin Rd., Douliou City, Yunlin County 640, Taiwan

Crizotinib 在台灣健保給付的第一年於 ALK(+) 晚期非小細胞肺癌患者之使用

林彥廷 陳崇裕 施金元*

前言：Crizotinib 可有效治療晚期有 ALK 基因重組 ([ALK(+)]) 之非小細胞肺癌。2015 年 9 月起二線 crizotinib 治療已納入台灣全民健保給付，然而 crizotinib 在台灣健保病患的治療效果及副作用仍然尚不清楚。

方法：分析台灣台大醫院於 2015 年 9 月 1 日至 2016 年 9 月 30 日，申請使用全民健保 crizotinib 治療晚期 ALK(+) 非小細胞肺癌病患之臨床特徵、腫瘤狀況、crizotinib 治療的反應以及副作用。

結果：在研究期間總共有 27 位 ALK(+) 晚期非小細胞肺癌病患接受健保 crizotinib 治療，腫瘤的反應率為 26%，疾病控制率為 63%，中位數無病存活期 (PFS) 為 5.4 個月，中位數存活期 (OS) 則尚未達到。無論病患在 crizotinib 治療前有無腦部轉移，PFS 並無顯著差異；無論病患在 crizotinib 治療後無論是否發生腦部轉移，PFS 亦無顯著差異。有 9 位 (33%) 病患在治療中因為副作用需要減量或停藥。

結論：在現實臨床的病患，crizotinib 對台灣晚期 ALK(+) 非小細胞肺癌的病患是有效的二線治療。然而腫瘤反應率及 PFS 均較臨床試驗差，治療相關的副作用也不少見。(*胸腔醫學* 2018; 33: 1-13)

關鍵詞：非小細胞肺癌，ALK，crizotinib，腦轉移，副作用，台灣

Concomitant Mycobacterium and Nocardia Bacteremia Presenting with Acid-Fast Bacilli-Positive Blood Smears: A Case Report

You-Lung Chang, Chien-Hong Chou

Mycobacterium tuberculosis infection is endemic in Taiwan, and an acid-fast bacilli (AFB) smear-positive specimen is a diagnostic reference for mycobacterium infection. Systemic mycobacterium infection or mycobacteremia will be suspected first if an AFB-positive blood smear is documented. Here, we report the case of a patient who had concomitant *Mycobacterium avium complex* and *Nocardia nova* bacteremia presenting with AFB-positive blood smears, and emphasize the importance of the differential diagnosis of a positive acid-fast stain. (*Thorac Med* 2018; 33: 14-19)

Key words: mycobacterium, Nocardia, myasthenia gravis, bacteremia

Department of Internal Medicine, National Taiwan University Hospital, Yunlin Branch, Douliu City, Yun-Lin County, Taiwan

Address reprint requests to: Dr. You-Lung Chang, Department of Internal Medicine, National Taiwan University Hospital, Yunlin Branch, Douliu City, Yun-Lin County, Taiwan, No. 579, Sec. 2, Yunlin Road, Douliu City, Yunlin County 640, Taiwan (R.O.C.)

以陽性抗酸性染色血液塗片為表現的分支桿菌及奴卡氏菌的合併菌血症：一病例報告

張祐綸 周建宏

在臺灣結核桿菌感染是常見的流行病，而抗酸性染色陽性標本是結核分枝桿菌感染的診斷參考之一。如果抗酸性染色血液塗片呈陽性，最先想到的第一個診斷通常是全身性結核分枝桿菌感染或分支桿菌菌血症。在這裡，我們報導了一例以血液陽性抗酸性染色塗片為表現的鳥分枝桿菌和奴卡氏菌合併菌血症，以彰顯陽性抗酸性染色鑑別診斷的重要性。(*胸腔醫學* 2018; 33: 14-19)

關鍵詞：分支桿菌，奴卡氏菌，重症肌無力症，菌血症

Massive Hemoptysis due to Left Inferior Phrenic Artery-to-Left Pulmonary Artery Fistula in the Lingular Lobe of the Lung: A Case Report and Literature Review

Ching-Chieh Lin, Tsai-Wang Huang*, Kai-Hsiung Ko**, Wann-Cherng Perng***, Chih-Feng Giian***, Ying-Chieh Chen***

Massive hemoptysis is a pulmonary emergency requiring immediate management, such as bronchial angiographic embolization or surgical intervention. It occurs in various pulmonary diseases and typically derives from the bronchial arteries. We herein report a very rare case of a patient bleeding from a left inferior phrenic artery-to-pulmonary artery fistula, accompanied by focal bronchiectasis in the left lingular lobe of the lung. In this case, pulmonary angiography was useful for clarifying the etiology and the abnormal anastomosis. In cases of hemoptysis with an uncommon etiology, video-assisted thoracic surgery with surgical resection of the bleeding vessel is the definitive management. (*Thorac Med* 2018; 33: 20-26)

Key words: bronchiectasis, fistula, hemoptysis, non-bronchial artery

Division of Pulmonary and Critical Care, Department of Internal Medicine, Taoyuan Armed Forces General Hospital, Taoyuan, Taiwan, Republic of China; *Division of Thoracic Surgery, Department of Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, Republic of China; **Department of Radiology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, Republic of China; ***Division of Pulmonary and Critical Care, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan, Republic of China

Address reprint requests to: Dr. Ying-Chieh Chen, Division of Pulmonary and Critical Care, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, 325, Section 2, Cheng-Gung Road, Nei-Hu Dist. 114, Taipei, Taiwan, Republic of China

左肺舌葉之左下橫膈動脈到左肺動脈瘻管合併大量咳血： 病例報告與文獻回顧

林靖傑 黃才旺* 柯凱雄** 彭萬誠*** 簡志峯*** 陳盈潔***

大量咳血是一種肺部急症，需要立即進行支氣管血管造影栓塞或外科手術。它發生於各種的肺部疾病，通常起源於支氣管動脈。我們的案例報告是一個 71 歲女性，曾有肺結核和支氣管擴張症的病史，最近 1 個月陸續有咳嗽症狀，入院前 1 天開始出現大量咳血，胸部電腦斷層發現左側肺部舌葉有異常的血管顯影合併支氣管擴張症。肺血管造影證實為一左下橫膈動脈到左肺動脈之瘻管。最後，藉由胸腔內視鏡輔助手術切除異常部分的肺葉，並改善咳血的症狀。(*胸腔醫學* 2018; 33: 20-26)

關鍵詞：支氣管擴張症，瘻管，咳血，非支氣管動脈

Spinal Cord Infarction after Embolization of the Bronchial Artery due to Massive Hemoptysis: A Case Report and Literature Review

Li-Chiang Sung^{*,**}, Chung-Kan Peng^{*}, Chih-Feng Chian^{*}, Wann-Cherng Perng^{*}, Shih-En Tang^{*}, Kai-Xiong Ke^{***}, Chih-Hao Shen^{*}

Massive hemoptysis may be associated with high morbidity and mortality and may require emergency bronchial artery embolization (BAE). Complications following BAE for hemoptysis are rare. We report the case of an 87-year-old man with bronchiectasis who experienced cough with blood-streaked sputum for 3 days and hemoptysis for 1 day. With conservative treatment, the hemoptysis and dyspnea progressed. Angiography and BAE were performed. After the procedure, a sudden onset of right lower limb monoplegia occurred. Magnetic resonance imaging of the thoracic spine detected acute ischemic infarctions with water diffusion restriction at the ventral cord and right portion of the thoracic spinal cord (T3-T7 level). Treatment with an anti-platelet agent and a rehabilitation program were initiated. The right lower limb monoplegia improved gradually 3 months later. Embolization of the bronchial artery may have caused spinal cord infarction due to vascular occlusion. Early identification of this rare complication may be beneficial for successful treatment. (*Thorac Med* 2018; 33: 27-36)

Key words: embolization, bronchial artery, spinal cord infarction

*Division of Pulmonary and Critical Care, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan; **Division of Pulmonary and Critical Care, Department of Internal Medicine, Taichung Armed Forces General Hospital, Taichung, Taiwan; ***Department of Radiology, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Address reprint requests to: Dr. Chih-Hao Shen, Division of Pulmonary and Critical Care, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, 325, Section 2, Cheng-Gung Road, Nei-Hu Dist. 114, Taipei, Taiwan

咳血經支氣管動脈栓塞術後併發脊柱缺血性梗塞： 病例報告與文獻回顧

宋立強^{*,**} 彭忠衍^{*} 簡志峯^{*} 彭萬誠^{*} 唐士恩^{*} 柯凱雄^{***} 沈志浩^{*}

大量咳血病患會有較高的相關併發症及死亡率，需要緊急執行支氣管動脈栓塞術。咳血經支氣管動脈栓塞術後之併發症極少見。本案例是一個 87 歲男性，有支氣管擴張症病史，最近 3 天開始出現咳嗽帶血痰，以及咳血情形 1 天。支氣管鏡檢查顯示在氣管及右側支氣管有血塊，但是沒有發現自發性出血點。經住院保守治療後，仍然持續有大量咳血及呼吸急促情況，因此執行血管攝影及支氣管動脈栓塞術。術後突發右下肢偏癱情形，經胸椎核磁共振檢查，確診是胸段脊柱急性缺血性梗塞 (T3~T7 高度；腹側及右側區域脊柱)。經給予抗血小板藥物治療與復健，右下肢偏癱情形在三個月後逐漸改善。支氣管動脈栓塞術可能會導致脊柱缺血性梗塞。確認此少見的併發症，有助幫助早期診斷及成功的治療病患。(*胸腔醫學* 2018; 33: 27-36)

關鍵詞：栓塞術，支氣管動脈，脊柱缺血性梗塞

* 三軍總醫院 胸腔暨重症醫學科，** 國軍台中總醫院 胸腔內科，*** 三軍總醫院 放射科
索取抽印本請聯絡：沈志浩醫師，三軍總醫院 內科部 胸腔暨重症醫學科，台北市內湖區成功路二段 325 號

Eyelid Metastasis from Adenocarcinoma Lung Cancer – A Rare Case Report

Yi-Shen Chen*, Mei-Hsuan Lee*, Chee-Yin Chai**, Jen-Yu Hung*,***

Eyelid metastases are rare, representing less than 1% of malignant eyelid lesions. Eyelid metastasis usually presents with a variety of clinical features. Symptoms of lung cancer often do not present until the advanced stages. We report a very rare eyelid tumor finally confirmed to be metastasis from lung adenocarcinoma. A 64-year-old woman had a 3-month history of flesh-colored bumps on the right lower eyelid and left nasocheek. Biopsy and immunohistochemical evaluations of the eyelid lesion and nasocheek skin lesion confirmed the diagnosis of lung cancer with eyelid metastasis. In this case report, we highlight the importance of a more detailed workup, including biopsy, IHC study, and gene analysis, to determine the exact nature of an eyelid lesion. (*Thorac Med* 2018; 33: 37-42)

Key words: eyelid metastasis, eyelid lesion, lung carcinoma

*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine; **Department of Pathology, Kaohsiung Medical University Hospital; ***School of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

Address reprint requests to: Dr. Jen-Yu Hung, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Medical University Hospital, Kaohsiung Medical University, No. 100, Tzyou 1st Road, Kaohsiung 807, Taiwan

肺腺癌的眼瞼轉移——一個罕見病例報告

陳奕森* 李玫萱* 蔡志仁** 洪仁宇*,***

癌症眼瞼轉移是罕見的，佔惡性眼瞼病變的百分之一以下，並且呈現多種臨床特徵。肺癌的症狀通常不顯著，且直到更晚期的階段才被發現。我們報告非常罕見的眼瞼腫塊，證實是肺腺癌的轉移。一個 64 歲的女性有一個三個月的病程，在右下眼瞼和左鼻孔臉頰處有一些肉色腫塊。眼瞼與鼻孔臉頰皮膚經組織切片檢查和免疫組織化學分析，顯示主要可能起源於甲狀腺癌或肺癌。這種情況之下，我們更強調詳細的檢查工作，包括組織切片檢查，確定病變的確切性質的重要性。(*胸腔醫學* 2018; 33: 37-42)

關鍵詞：眼瞼轉移，眼瞼病變，肺癌

Radiocontrast-Induced Acute Respiratory Distress Syndrome (ARDS): A Case Report

Ying-Fan Tseng, Shuenn-Wen Kuo, Jang-Ming Lee, Hsao-Hsun Hsu

Hypersensitivity to radiocontrast media is not a common clinical event, and life-threatening delayed-type hypersensitivity is even less encountered. Herein, we present the case of a 57-year-old man with idiopathic pulmonary fibrosis, who underwent coronary angiography as part of pre-lung transplant evaluation. After angiography, the patient's oxygen demand substantially escalated over time, and non-cardiogenic lung edema developed. When considering the cause, hypersensitivity seemed more likely than infection. When the patient's clinical condition deteriorated, and even mechanical ventilation and pure oxygen failed to support the patient's respiratory needs, we summoned veno-venous extracorporeal membrane oxygenation to combat acute respiratory distress syndrome, and used steroids judiciously. The patient recovered gradually and was successfully bridged to lung transplant at post-contrast day 29, after this unexpected delayed-type hypersensitivity crisis was resolved. (*Thorac Med* 2018; 33: 43-49)

Key words: radiocontrast media, acute respiratory distress syndrome, hypersensitivity

Division of Thoracic Surgery, Department of Surgery, National Taiwan University Hospital
Address reprint requests to: Dr. Hsao-Hsun Hsu, Division of Thoracic Surgery, Department of Surgery, National Taiwan University Hospital, No. 7, Chung-Shan South Road, Taipei, Taiwan

顯影劑引發之急性呼吸窘迫症候群：案例報告

曾穎凡 郭順文 李章銘 徐紹勛

顯影劑之過敏反應並非常見的臨床狀況，而致命之延遲性過敏反應更為臨床上所罕見。在此，我們報告的案例為一位 57 歲男性，診斷為原發性肺纖維化。病人為進行肺移植前評估，接受冠狀動脈造影術，術後病人的氧氣需求明顯增加，進而引發非心因性肺水腫。在釐清因果時，我們認為過敏反應比感染為更有可能之鑑別診斷。當病人病況惡化，呼吸器及純氧皆無法滿足病人的呼吸需求時，我們使用靜脈-靜脈體外膜氧合器以拮抗急性呼吸窘迫症候群，同時也審慎地使用類固醇治療。當這次非預期的延遲性過敏反應危機解除，病人逐漸康復，並於接受顯影劑施打的第二十九日後成功地接受肺臟移植。(胸腔醫學 2018; 33: 43-49)

關鍵詞：顯影劑，急性呼吸窘迫症候群，過敏反應