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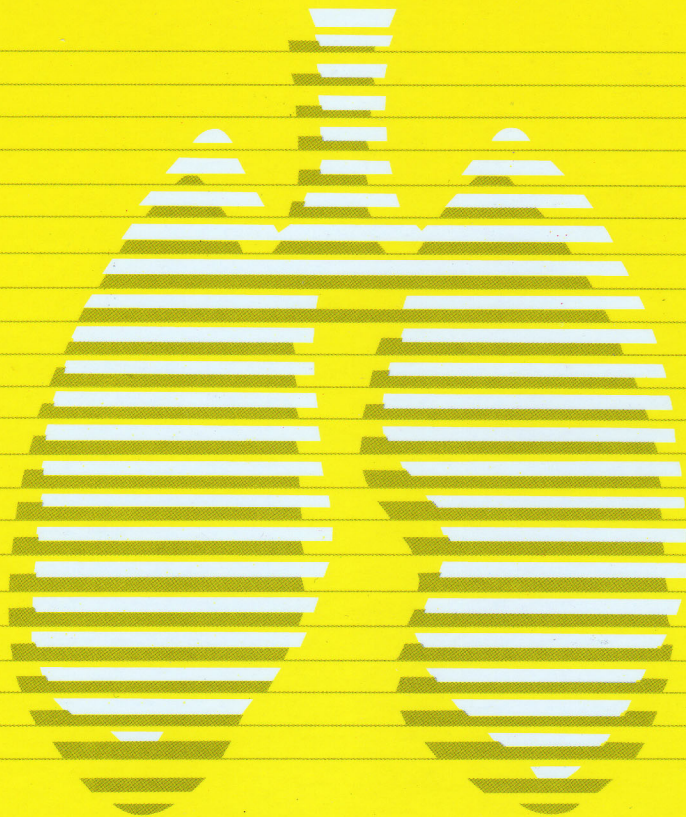
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台灣胸腔暨重症加護醫學會

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Effects of Mishandling of Inhalers on the Management of Asthmatic Patients

Ying-Hao Huang, Yu Sophie Wang*, Jeng-Shing Wang**, Shih-Min Chen

Introduction: Incorrect usage of inhaler devices might have a major influence on the clinical effectiveness of the delivered drug. The objectives of this study were to assess the effect on patients with asthma of using an incorrect technique with established inhalers, to highlight the common errors observed in inhalation techniques and to discuss implications for clinical efficacy.

Methods: First, recruited patients completed a standardized questionnaire; each questionnaire consisted of a general section and specific parts, each related to a specific inhaler. Then, each patient demonstrated for the investigator their inhalation technique with all devices in a quiet area, using a placebo device.

Results: We collected 100 records of the inhaler usage technique of asthmatic patients. At least 1 critical mistake was made by users of each of the inhalers, ranging from 19% for Evohaler[®], 19% for Accuhaler[®], and 29% for Turbuhaler[®]. There were significant differences between inhaler misuse and older age ($p=0.01$), few years of education ($p=0.01$) and lack of instruction or checking up on inhaler technique by healthcare professionals ($p=0.03$). Inhaler misuse was associated with increased risk of hospitalization ($p<0.001$), emergency room visits ($p<0.001$), courses of oral steroids ($p<0.001$) and antimicrobials ($p<0.001$) and poor disease control as evaluated by the Asthma Control Test (ACT) score for asthma ($p<0.001$).

Conclusion: Inhaler mishandling continues to be common among experienced outpatients referred to chest clinics and is associated with increased unscheduled healthcare resource use and poor clinical control. Instruction by healthcare professionals may be a modifiable factor useful in reducing inhaler mishandling. (*Thorac Med* 2015; 30: 1-8)

Key words: asthma control test, asthma, inhaler

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吸入器的處理不當對哮喘患者的效果

黃英豪 王貞云* 王正信** 陳世民

目的：吸入裝置的不正確使用可能對藥物的臨床效果產生重大影響。本研究的目的是評估哮喘患者不正確的吸入技術，要突顯吸入技術觀察到的常見錯誤，並討論對臨床療效的影響。

方法：首先，招募患者完成一個標準化的問卷，每份問卷包括一個常規部分和特殊部分，每部分涉及一個特定的吸入器。然後，在一個安靜的區域，每個病人使用安慰劑裝置對研究者示範吸入技術。

結果：我們已經收集了 100 條記錄吸入器技術。至少一個關鍵的錯誤分佈在吸入器的患者，從 Evohaler[®]19%，Accuhaler[®]19%，到 Turbuhale[®]29%。吸入器使用不當和年齡大 ($p=0.01$)，受教育低 ($p=0.01$)，缺乏健康照護者提供的吸入器技術教學或檢查 ($p=0.03$) 有顯著差異。吸入器使用不當是與住院 ($p<0.001$)，急診 ($p<0.001$)，口服類固醇課程 ($p<0.001$) 和抗菌劑 ($p<0.001$) 的風險增加，和疾病控制不佳 ($p<0.001$) 有關。

結論：吸入器處理不當仍是轉介到胸腔科門診經驗豐富的患者常見，並與計劃外增加的醫療保健資源的使用和不良臨床控制相關。由健康照護者教學或檢查也許是有助於減少吸入器處理不當的因素。(*胸腔醫學 2015; 30: 1-8*)

關鍵詞：哮喘控制測試，哮喘，吸入器

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Indicators of Successful Weaning from Prolonged Mechanical Ventilation in a Sub-acute Respiratory Care Ward in Northern Taiwan

Chang-Wei Lin*, Ning-Hung Chen*,**, Wei-Fen Wu***, Yu-Shan Yen*, Li-Fu Li*,**

Introduction: Prolonged mechanical ventilation may lead to a higher incidence of nosocomial complications and increased healthcare costs. Early and successful weaning of patients from prolonged use of mechanical ventilation has become an important task for medical professionals in the sub-acute respiratory care ward (RCC). The purpose of this study is to identify successful weaning parameters associated with the care of patients, using the new clinical performance indicators for the RCC released by the Taiwan Joint Commission of Hospital Accreditation in July 2013.

Methods: We recorded demographic data, biochemical markers, and weaning parameters through a retrospective observational study of 315 patients from July 2011 to June 2013 transferred from the intensive care unit (ICU) for further weaning from the ventilator.

Results: The average age of the 315 patients was 71.59 ± 15.38 years; 154 (42.53%) were successfully weaned from the ventilator. The mean length of RCC stay was 24.96 days. The successful weaning rate was 52.20%. The ICU transfer rate was 6.49%, and the chronic respiratory care ward (RCW) or home care transfer rate was 15.45%. The tracheostomy rate was 58.99%. The mean ventilator period in the RCC was 22.23 days. The mortality rate was 22.98%. In the stepwise multivariate logistic regression analysis, blood urea nitrogen (BUN) levels (odds ratio (OR)=0.985, $p < 0.002$), metabolic alkalosis (OR=2.100, $p < 0.02$), length of RCC stay (OR=1.074, $p < 0.001$), and number of mechanical ventilation days during RCC stay (OR=0.951, $p < 0.001$) were found to be significant predictors of successful weaning.

Conclusion: High rates of liberation from the ventilator can be achieved in a RCC setting as an alternative to ICU care. Factors associated with successful weaning included BUN levels, metabolic alkalosis, length of RCC stay, and number of ventilator days during RCC stay. (*Thorac Med* 2015; 30: 9-17)

Key words: prolonged mechanical ventilation, clinical performance indicator, sub-acute respiratory care ward

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北台灣亞急性呼吸照護病房成功脫離呼吸器的預測指標

林倡葦* 陳濤宏*,** 吳偉芬*** 顏佑珊* 李立夫*,**

背景：延長使用呼吸器常導致較高的院內併發症及增加醫療資源的支出。早期且有效的協助病人脫離呼吸器是亞急性呼吸照護病房醫療人員的重要任務。本研究目的乃藉由使用財團法人醫院評鑑暨醫療品質策進會於2013年7月公布的新版台灣臨床成效指標來找出有利於照顧病人成功脫離呼吸器的預測指標。

方法：自2011年6月至2013年7月，我們藉由回顧病歷收集315位由加護病房轉至亞急性呼吸照護病房嘗試脫離呼吸器病人的人口統計資料、生化指標及脫離呼吸器相關參數。

結果：315例病人平均年齡 71.59 ± 15.38 歲，315例中有134例(42.53%)成功脫離呼吸器。亞急性呼吸照護病房平均住院天數24.96天，呼吸器脫離成功率52.20%，回轉加護病房比率6.49%，未脫離呼吸器下轉至慢性呼吸照護病房或居家照護比率15.45%，氣切比率58.99%，平均呼吸器使用天數22.23天，死亡率22.98%。以多變項邏輯迴歸分析發現，成功脫離呼吸器的預測指標包括尿素氮(相對危險比： 0.985 ， $p < 0.002$)，代謝性鹼中毒(相對危險比： 2.100 ， $p < 0.02$)，亞急性呼吸照護病房住院天數(相對危險比： 1.074 ， $p < 0.001$)，亞急性呼吸照護病房呼吸器使用天數(相對危險比： 0.951 ， $p < 0.001$)。

結論：在亞急性呼吸照護病房可達到高呼吸器脫離率。成功脫離呼吸器的相關因子包括尿素氮、代謝性鹼中毒、亞急性呼吸照護病房住院天數、及亞急性呼吸照護病房呼吸器使用天數。(胸腔醫學 **2015**; **30**: 9-17)

關鍵詞：延長使用呼吸器，臨床成效指標，亞急性呼吸照護病房

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Central Airway Obstruction-Related Acute Respiratory Failure Due to Ovarian Carcinoma with Thyroid Metastasis – A Case Report and Literature Review

Yen-Liang Kuo, Wei-Chih Chen

Central airway obstruction (CAO) results from a variety of diseases and causes significant morbidity and mortality. We present a case of ovarian cancer with thyroid metastasis-related CAO and acute respiratory failure. After concurrent chemoradiation therapy, the patient was extubated successfully. This case reveals that patients with CAO-related respiratory insufficiency resulting from a malignancy with extrinsic compression may still have a chance to be successfully weaned from mechanical ventilation without tracheostomy, if the operation is deemed to be too risky and the patient responds to anticancer treatment. (*Thorac Med* 2015; 30: 18-23)

Key words: central airway obstruction, ovarian cancer, respiratory insufficiency, thyroid metastasis, wean

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因卵巢癌併甲狀腺轉移導致之中央氣道阻塞併 急性呼吸衰竭—病例報告及文獻回顧

郭彥良 陳威志

中央氣道阻塞可以因為很多不同的疾病導致並且造成很嚴重的病況甚至死亡。我們報告一位因卵巢癌併甲狀腺轉移導致中央氣道阻塞併急性呼吸衰竭的病人，在經過同步化學治療及放射治療後成功拔管。此病例報告顯示因惡性腫瘤之外部壓迫產生中央氣道阻塞併急性呼吸衰竭的病人，如果氣切手術風險過高，而且病人在抗腫瘤治療有反應的情況，仍可能有機會不做氣切手術而成功脫離呼吸器。(*胸腔醫學* **2015**; **30**: 18-23)

關鍵詞：中央氣道阻塞，卵巢癌，呼吸衰竭，甲狀腺轉移，呼吸器脫離

An Unusual Presentation of Pleural Effusion Caused by Mediastinal Angiomyolipoma: A Case Report and Literature Review

I-Yen Chen, Meng-Zhi Han, Ying-Ren Chen*, Kung-Chao Chang*, Yi-Ting Yen**, Han-Yu Chang

Angiomyolipomas (AMLs) are benign tumors composed of various tissues, including fat, abnormal blood vessels and smooth muscle cells. Renal AMLs are often associated with tuberous sclerosis complex (TSC) or pulmonary lymphangioma- leiomyomatosis (LAM). However, mediastinal AMLs are less reported and the association with pleural effusion are less frequently reported. We present a case of middle-aged woman with left pleural effusion. The analysis of pleural effusion shows exudate with macrophage/monocyte-predominant exudate. Chest computed tomography (CT) reveals mediastinal mass (about 6.0cm). Mediastinal tumor was excised through video-assisted thoracoscopic surgery (VATS) and pathology revealed angiomyolipoma. After tumor excision, pleural effusion didn't recur. We reported this unusual presentation of pleural effusion caused by mediastinal angiomyolipoma, and review the related articles. (*Thorac Med* 2015; 30: 24-29)

Key words: angiomyolipoma, mediastinum, pleural effusion

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縱膈腔血管肌脂瘤併發肋膜積液為不尋常之表現： 病例報告及文獻回顧

陳逸燕 韓孟志 陳盈妊* 張孔昭* 顏亦廷** 張漢煜

血管肌脂瘤為良性腫瘤且大多好發在腎臟，在過去文獻中有被報告過發生於肝臟、後腹腔、口腔、皮膚、脊椎，但僅有極少數案例發現於縱膈腔內，至於跟肋膜積水的相關性就更少提及。本篇案例報告介紹了一名五十一歲女性一開始表現為肋膜積液引起喘的症狀，電腦斷層顯示有一縱膈腔腫瘤（約六公分），經外科手術切片後病理報告顯示為血管肌脂瘤，術後患者順利出院，並無惡性腫瘤之跡象。據文獻指出血管肌脂瘤所引起的肋膜積液皆為乳糜胸，在此，我們報告一位縱膈腔血管肌脂瘤引起肋膜滲出液之罕見病例。(*胸腔醫學* 2015; 30: 24-29)

關鍵詞：血管肌脂瘤，縱膈腔，肋膜積液

Pulmonary Nocardiosis in a Non-HIV Patient: A Case Report

Chia-Hao Chang, Ping-Huai Wang, Hou-Tai Chang

The occurrence of pulmonary nocardiosis (PN) among patients with community-acquired pneumonia is quite uncommon. The diagnosis is usually delayed and as a result the mortality rate is high. Furthermore, the incidence of *Nocardia beijingensis* is low in Taiwan. We report a 67-year-old man with chronic obstructive pulmonary disease (COPD) who was admitted under a diagnosis of community-acquired pneumonia. Chest radiography showed multiple nodular infiltrates in bilateral lungs. The sputum Gram stain revealed Gram-positive branched filaments. *Nocardia beijingensis* was subsequently confirmed by 16S ribosomal RNA gene sequencing analysis. The patient's clinical condition improved after receiving trimethoprim/sulfamethoxazole treatment. The non-specific clinical manifestations of PN render the correct diagnosis challenging. Therefore, a high degree of clinical suspicion is the key when making a diagnosis, even in patients with a non-human immunodeficiency virus (HIV) status. (***Thorac Med* 2015; 30: 30-35**)

Key words: chronic obstructive pulmonary disease, nocardiosis

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非人類免疫缺陷病毒帶原者併發北京諾卡氏菌感染： 病例報告

張家豪 王秉槐 張厚台

社區型肺炎的病患中，因為肺諾卡菌感染是非常罕見的。診斷上通常延遲，並且有很高的死亡率。在 85 種肺諾卡菌中，北京諾卡氏菌在台灣的發生率是很低的（約 1.2% 至 5.9%）。我們報告一位 67 歲本身有慢性阻塞性肺疾病的男性病患，病人因為社區型肺炎住院，住院時的胸部 X 光片顯示雙肺為多發結節狀浸潤。病患的痰液的革蘭氏染色顯示革蘭氏陽性分枝絲狀體。16S ribosomal RNA 基因序列分析證實為北京諾卡氏菌感染。病人的臨床狀況在使用 trimethoprim/sulfamethoxazole 後有明顯改善。肺諾卡菌的感染臨床表現並無明顯的特異性，這使得診斷更加困難。即使在免疫正常的病人肺諾卡菌感染也需要保持高度警覺性。(*胸腔醫學* 2015; 30: 30-35)

關鍵詞：慢性阻塞性肺病，肺諾卡菌

Reduction of Lobar Torsion after Thoracoscopic Lobectomy: Report of a Case

Cheng-Hung How^{*,**}, Wei-Ling Hsiao^{**}, Jang-Ming Lee^{**}

Lobar torsion after thoracic surgery is a rare but life-threatening complication with reported high morbidity and mortality. Recognition of this complication may be difficult, especially if signs of infarction, such as shock, sepsis and interstitial pulmonary edema are lacking. Herein, we present the case of an 83-year-old male with lung cancer who underwent video-assisted thoracoscopic surgery (VATS) for a left upper lobectomy and mediastinal lymphadenectomy. Since postoperative serial chest roentgenogram showed progressive opacity of the left lung field, chest computed tomography (CT) and bronchoscopy were arranged on postoperative day (POD) 2, and revealed total obstruction of the left lower bronchus. Under the impression of lobar torsion, we performed emergency thoracoscopic reduction surgery immediately thereafter, and successfully rescued the affected lobe. (*Thorac Med* 2015; 30: 36-41)

Key words: lung, torsion, postoperative complications, video-assisted thoracoscopic surgery

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經胸腔鏡復位之左上肺葉切除後肺扭轉：案例報告

郝政鴻 **, 蕭偉伶 **, 李章銘 **

胸腔鏡手術後肺葉扭轉是一種罕見但有高死亡率風險的致命性術後併發症。對於胸腔手術的術後照護，如何迅速且正確地辨識肺葉扭轉的徵象相當重要。然而，當病患生命徵象穩定，無明顯休克、敗血症或肺水腫表現的情況下，要適切的診斷出肺扭轉在臨床上仍極具挑戰性。在此，我們要報告的案例是一位 83 歲男性，因健檢發現左上肺野陰影，經切片確診為非小細胞肺癌，入院施行胸腔鏡左上肺葉切除與淋巴結廓清。術後胸部放射線序列檢查表現逐漸擴大的肺葉塌陷。在術後第二日的斷層掃描以及支氣管鏡檢查，直接觀察到肺血管與支氣管的扭轉，確診為左下肺扭轉。經緊急胸腔鏡復位手術後，恢復良好順利出院。(*胸腔醫學* 2015; 30: 36-41)

關鍵詞：肺，扭轉，術後併發症，胸腔鏡手術

Unilateral Absence of Right Pulmonary Artery in an Asymptomatic Adolescent: A Case Report and Literature Review

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Unilateral absence of pulmonary artery (UAPA) is a rare congenital malformation. Some cases cause deadly complications during childhood, others are usually diagnosed incidentally in asymptomatic patients in adulthood by chest plain film. The image feature on plain film is often a hypoplastic lung on the affected side. Confirmatory CT angiography or magnetic resonance angiography may be needed. The common symptoms of UAPA are hemoptysis, dyspnea, and recurrent pulmonary infections. However, high-altitude pulmonary edema has been thought to be a possible complication recently. Herein, we present an asymptomatic 15-year-old adolescent with absence of a right pulmonary artery. Magnetic resonance angiography confirmed this diagnosis and revealed associated left inferior pulmonary vein stenosis, which has not been reported previously. (*Thorac Med* 2015; 30: 42-47)

Key words: unilateral absence of pulmonary artery, pulmonary hypoplasia, pulmonary vein stenosis

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一名無症狀青少年的單側右肺動脈先天性缺失 — 病例報告與文獻回顧

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單側肺動脈缺失是一種罕見的先天性異常。部分患者在幼兒時期就產生致命性的併發症，然而也有部分的病人持續無症狀至成人階段。因此通常是在例行的胸腔X光或電腦斷層檢查時意外發現。可能的症狀包含咳血、呼吸困難、反覆性下呼吸道感染等。此外高海拔肺水腫也在此類病人中被報導過。影像學上的特徵為單側發育不全的肺合併有縱膈腔偏移。在此，我們報告一位十五歲的健康男性經由核磁共振血管造影診斷為右側肺動脈缺失且有左下肺靜脈狹窄，確認並無合併先天性心臟病。而合併肺靜脈狹窄目前在文獻上未曾提及。由於病人拒絕進一步侵入性檢查，仍持續在門診追蹤當中。(*胸腔醫學* 2015; 30: 42-47)

關鍵詞：單側肺動脈缺失，肺發育不全，肺靜脈狹窄

Tracheal Bronchus in a Lung Cancer Patient – Demonstrated with Reconstructed CT Images and Virtual Bronchoscopy

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Tracheal bronchus is a rare congenital malformation. It is defined as an abnormal bronchus that originates from the lateral wall of the trachea and progresses toward the upper lobe territory of the lung. In most cases, it is incidentally found by bronchoscopy or computed tomography. It is rarely symptomatic, but some patients may present with recurrent upper airway symptoms that may require surgical intervention. We described an 81-year-old man who was found incidentally to have tracheal bronchus while undergoing bronchoscopy for suspected lung cancer. We reconstructed the chest computed tomography images to clearly visualize the origin and surroundings of the tracheal bronchus. (*Thorac Med* 2015; 30: 48-54)

Key words: tracheal bronchus, congenital malformation, reconstruction computed tomography

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以電腦斷層重組影像及虛擬支氣管鏡呈現一名肺癌合併 氣管性支氣管之個案報告－病例報告

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氣管性支氣管唯一罕見之先天性結構異常。其定義為一異常的支氣管分支自氣管的側壁，延伸到上肺野。大部份的病人都不會有症狀，所以通常是在支氣管鏡檢或是胸部電腦斷層影像檢查時的意外發現。有極少數的病人會以反覆的上呼吸道感染或是肺炎來表現，並且需要外科手術治療。本文將簡述一名八十一歲的病人，因懷疑肺癌於做支氣管鏡病理切片檢查時意外發現有氣管性支氣管的異常結構，並藉由電腦斷層重組的影像來呈現。(*胸腔醫學* 2015; 30: 48-54)

關鍵詞：氣管性支氣管，先天性結構異常，電腦斷層影像重組

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Metastasis to the Appendix from Lung Adenocarcinoma Manifesting as Acute Appendicitis: A Case Report

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Appendix metastasis from lung adenocarcinoma is very rare. Metastasis-induced acute appendicitis is extremely rare. We present the case of a 77-year-old woman with stage IV lung adenocarcinoma who presented with acute appendicitis. She was admitted to the emergency department with complaints of right lower quadrant pain, nausea and vomiting for 12 hours. Contrast-enhanced abdominal computed tomography showed a dilated appendix with a thickened wall suggestive of acute appendicitis. She underwent appendectomy, and the pathological examination of the appendiceal specimen demonstrated metastatic poorly differentiated adenocarcinoma from the lung. After treatment for acute appendicitis, she was discharged and recovered uneventfully, and was then referred to our thoracic oncology department to resume treatment for her lung cancer. (*Thorac Med* 2015; 30: 55-60)

Key words: lung cancer, adenocarcinoma, acute appendicitis

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肺腺癌轉移至闌尾後以急性闌尾炎表現：個案報告

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肺腺癌轉移至闌尾在臨床上非常少見，轉移導致的闌尾炎更是少見。我們提出一位 77 歲女性病患，本身是第四期肺腺癌以急性闌尾炎表現，到急診抱怨右下腹痛並發噁心嘔吐十二小時，注射顯影劑的腹部電腦斷層發現闌尾腫脹且腸壁增厚懷疑急性闌尾炎，闌尾切除後病理確診為發現轉移肺腺癌。在經治療急性闌尾炎之後，病患狀況改善出院，於我們的胸腔腫瘤門診繼續接受肺癌的治療。(*胸腔醫學* 2015; 30: 55-60)

關鍵詞：肺癌，腺癌，急性闌尾炎

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