ISSN 1023-9855

胸腔醫學

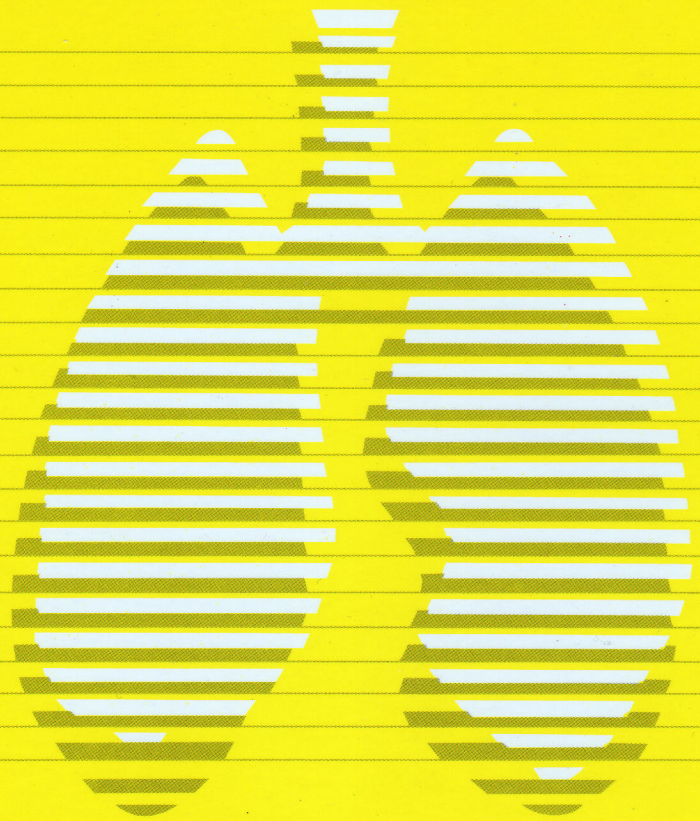
Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Vol.30 No.3 June 2015

第三十卷 第三期

中華民國一〇四年六月



台灣胸腔暨重症加護醫學會

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ISSN 1023-9855

中華民國一〇四年六月　第三十卷　第三期

ISSN 1023－9855

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原著

病例報告

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ISSN 1023－9855

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胸腔醫學
Thoracic Medicine

The Official Journal of Taiwan Society of Pulmonary and Critical Care Medicine

Orginial Articles

Case Reports

Outcomes of Mechanically Ventilated Non-Small Cell Lung Cancer Patients Receiving Tyrosine Kinase Inhibitors in Intensive Care Units

Shao-Yu Wang, Chih-Hao Chang, Hang-Chung Hu, Kuo-Chin Kao, Po-Hao Feng*, Ping-Chih Hsu, Li-Chung Chiu, Chen-Yiu Hung, Ning-Hung Chen, Chung-Chi Huang, Cheng-Ta Yang, Ying-Huang Tsai**

Background: The clinical response to epidermal growth factor receptor-tyrosine kinase inhibitors (EGFR-TKIs) of critically ill non-small cell lung cancer (NSCLC) patients has not been well addressed. The purpose of this study was to investigate the outcome of mechanically-ventilated (MV) NSCLC patients under EGFR-TKI treatment.

Methods: A retrospective study of NSCLC patients in medical intensive care units (ICUs) between January 1, 2004 and July 1, 2010.

Results: Thirty-three (36%) of the 91 NSCLC patients with MV taking EGFR-TKIs were successfully weaned from MV, including 13 (14%) who were responsive to EGFR-TKI treatment. Age, gender, performance status, Acute Physiology and Chronic Health Evaluation II score, cancer cell type and stage did not affect the outcome of MV weaning. Patients with controlled disease before ICU admission and those with EGFR-TKI response in the ICU achieved a significantly higher rate of successful weaning (39% and 52%, respectively).

Conclusions: NSCLC patients with controlled disease or EGFR-TKI response may need more aggressive management, even if they are under MV. ***(Thorac Med 2015; 30: 125-133)***

Key words: non-small cell lung cancer, tyrosine kinase inhibitors, mechanical ventilation, intensive care units

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非小細胞肺癌病人在加護病房接受標靶藥物的成果

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黃崇旂　楊政達　蔡熒煌 **

前言：標靶藥物—表皮生長因子接受器 - 酪胺酸激酶抑制劑（epidermal growth factor receptor-tyrosine kinase inhibitors, EGFR-TKIs）在非小細胞肺癌併呼吸器支持的病人上，其臨床療效尚不明確。本篇研究旨在探討呼吸器支持下的非小細胞肺癌病人接受標靶藥物治療的成果。

方法：自 2004 年 1 月 1 號至 2010 年 7 月 1 號加護病房中的回溯性分析。

結果：91 位非小細胞肺癌併呼吸器支持的病人使用標靶藥物 EGFR-TKIs，33 人（36%）成功脫離呼吸器，其中有 13 人（14%）對標靶治療有反應。年齡、性別、日常體能狀態（performance status）、APACHE II score、腫瘤分型和期別不影響呼吸器的脫離。進入加護病房前腫瘤在穩定狀態（controlled disease）或在加護病房中對標靶藥物治療有反應的病人有較高的比例成功脫離呼吸器（分別為 39% 和 52%）。

結論：原腫瘤在穩定狀態或對標靶治療有反應的非小細胞肺癌患者，即使在接受呼吸器支持下，仍值得更積極的治療。*(胸腔醫學* ***2015; 30: 125-133)***

關鍵詞：非小細胞肺癌，酪胺酸激酶抑制劑，呼吸器，加護病房

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Successful Resuscitation of Patients with Acute Massive Pulmonary Embolism Using Endovascular or Surgical Embolectomy and ECMO Support

Yeh-Hong Ho*,***, Yu-Lien Lin*,***, Jung-Min Yu**,****, Su-Chin Tsao*,*****, Ying-Hock Teng***,******, Ying-Che Sun*, Yi-Lian Wu*,***, Tsung-Po Tsai*,***

Purpose: Acute massive pulmonary embolism (PE) is frequently a desperate situation, but rapid diagnosis and aggressive therapy with endovascular or surgical embolectomy supported by extracorporeal membrane oxygenation (ECMO) may be lifesaving. However, the management is not standardized. This report detailed our experience with rapid diagnosis of massive PE patients and early ECMO support in severely compromised patients.

Methods: Between June 2011 and September 2012, 6 female patients (aged from 23 to 76 years, with a mean of 53.3 years) were diagnosed as having massive PE with either acute irreversible oxygenation failure (n=6) or cardiac arrest (n=5). All patients required ECMO support. They were treated with surgical embolectomy (n=1), Angiojet aspiration (n=1), and endovascular embolectomy (n=4). All patients were evaluated as high risk using the simplified Pulmonary Embolism Severity Index (sPESI),[1] and were classified and diagnosed with the aid of chest CT, echocardiogram, and pulmonary angiography.

Results: One patient died from an ECMO cannula insertion complication of massive retroperitoneal hematoma and bleeding, and 2 patients expired due to multi-organ failure. Three were weaned from ECMO and were discharged; they were in good condition at follow-up.

Conclusion: Aggressive endovascular or surgical pulmonary embolectomy with ECMO support appears to be beneficial for massive PE with acute cardiopulmonary failure. ***(Thorac Med 2015; 30: 134-141)***

Key words: acute massive pulmonary embolism, embolectomy, ECMO

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使用葉克膜置入術合併血管腔內導管血栓清除術或外科肺動脈血栓切除術，救治急性大量肺栓塞合併心肺衰竭

賀業宏 *,***　林佑璉 *,***　余榮敏 **,****　曹素琴 *,*****　陳永福 ***,******
孫英哲 *　吳怡良 *,***　蔡宗博 *,***

前言：急性大量肺栓塞合併心肺衰竭是死亡率極高的急重症疾病，若能及時診斷與積極治療，使用葉克膜置入術，合併血管腔內導管血栓清除術或外科肺動脈血栓切除術，可以提高存活率，但此治療方式並未有一致的標準。本篇提出我們的經驗，使用葉克膜置入術合併血管腔內導管血栓清除術或外科肺動脈血栓切除術，救治急性大量肺栓塞合併心肺衰竭。

方法：自 2011 年 6 月至 2012 年 9 月，共有 6 位女性病患（23-76 歲，平均 53.3 歲），診斷為急性大量肺栓塞，合併呼吸衰竭；低血氧（n=6）或心臟停止（n=5）。所有病患皆接受葉克膜置入術。另外接受外科肺動脈血栓切除術（n=1），或血管腔內導管血栓清除術（n=5）。所有病患皆接受肺栓塞指標評估（simplified pulmonary embolism severity index, sPESI）、電腦斷層與心臟超音波診斷。

結果：一位病患死於葉克膜置入術的合併症，大量後腹腔出血及血腫。二位病患死於多重器官衰竭。三位病患成功脫離葉克膜，復原良好出院，門診追蹤。

結論：及時診斷治療且積極的使用葉克膜置入術，並合併血管腔內導管血栓清除術或外科肺動脈血栓切除術，可以拯救急性大量肺栓塞合併心肺衰竭的危急病患，提高存活率。*(胸腔醫學 **2015; 30: 134-141**)*

關鍵詞：急性肺栓塞，血栓切除術，葉克膜

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Pulmonary Alveolar Proteinosis Complicated with Cryptococcal Pneumonia – A Case Report

Chia-Te Yen, Ming-Jen Peng, Chi-Yuan Tseng*

Pulmonary alveolar proteinosis (PAP) is a diffuse lung disease characterized by the accumulation of periodic acid-schiff (PAS)-positive lipoproteinaceous material in the distal air spaces. There is little or no lung inflammation, and the underlying lung architecture is preserved. PAP is occasionally complicated with infections caused by unusual organisms, such as Nocardia, though cryptococcosis has seldom been reported. We reported a patient with PAP superimposed with cryptococcal pneumonia that initially presented with bilateral lung opacities, intermittent fever and dry cough for several months. The patient failed to respond to standard treatment for community acquired pneumonia. Chest computed tomography (CT) revealed multifocal patchy ground-glass opacities and interlobular septal thickening, with a crazy-paving appearance scattered in both lungs. The video-assisted thoracic surgery (VATS) pathology report suggested PAP with cryptococcal pneumonia. Fluconazole was given and the cryptococcal antigen decreased from 1024X to 128X after 15 months of treatment. ***(Thorac Med 2015; 30: 142-149)***

Key words: pulmonary alveolar proteinosis, Cryptococcus, cryptococcal pneumonia

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肺泡蛋白質沉積症合併隱球菌肺炎－病例報告

顏嘉德　彭明仁　曾岐元 *

肺泡蛋白質沉積症是廣泛性的肺部疾病，特徵為在末端肺泡有呈現 PAS 染色陽型的脂蛋白物質沉積。肺部僅有輕微的發炎或無發炎現象而肺部本身的結構沒有受到破壞。肺泡蛋白質沉積症常併發一些平常少見的感染，特別是奴卡氏菌。但肺泡蛋白質沉積症合併隱球菌感染則較少有報告。我們報告一個罕見的肺泡蛋白質沉積症合併隱球菌感染病例。患者胸部先表現出 X 光上雙側肺野的陰影，並有數個月的間歇性的發燒及乾咳症狀。經過針對一般肺炎的標準治療之後無明顯的改善。胸部電腦斷層顯示出兩側肺野多處的毛玻璃狀病灶，肺小葉中隔增厚及碎石路狀徵候（crazy paving appearance）。病理切片顯示為肺泡蛋白質沉積症合併隱球菌感染。在給予 15 個月的 Fluconazole 治療後，患者隱球菌血清抗原指數由 1024X 下降至 128X。*(胸腔醫學 **2015; 30: 142-149**)*

關鍵詞：肺泡蛋白質沉積症，隱球菌，隱球菌肺炎

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Pulmonary Mucoepidermoid Carcinoma Mimicking Catamenial Hemoptysis – A Case Report

Chia-Min Chen*, Pei-Chien Tsai*,**, Shah-Hwa Chou***,*****,
Chee-Yin Chai****,******, Jhi-Jhu Huang*,*****, Inn-Wen Chong*,*****

Pulmonary mucoepidermoid carcinoma is a rare disease with a common presentation as an intraluminal mass leading to airway obstruction. We reported a 26-year-old woman who suffered from hemoptysis during or a few days before every menstrual period, and spontaneous pneumothorax. The initial clinical impression was thoracic endometriosis syndrome due to the presence of catamenial hemoptysis. However, computed tomography revealed a suspicious mass-like lesion in the left main bronchus and bronchoscopy confirmed the presence of an endobronchial tumor. She underwent sleeve bronchial resection of the tumor and pathological examination revealed low-grade mucoepidermoid carcinoma. She had an uneventful recovery and was continuously followed in our clinic. For patients presenting with catamenial hemoptysis, endobronchial tumor should be considered, in addition to thoracic endometriosis syndrome. ***(Thorac Med 2015; 30: 150-156)***

Key words: mucoepidermoid carcinoma, lung cancer, hemoptysis

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肺部黏液表皮樣癌以類似月經性咳血表現－病例報告

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黃吉志 *,*****　鍾飲文 *,*****

肺部黏液表皮樣癌是一少見疾病，常以呼吸道管腔內的腫瘤表現並導致呼吸道阻塞。我們報告一位26歲女性於月經週期或月經週期數天前咳血並有自發性氣胸，根據月經性咳血的病史初診斷為胸部子宮內膜異位症候群，但經由電腦斷層發現疑似氣管內腫瘤並經由支氣管鏡於左側主支氣管內確認腫瘤。她接受支氣管袖狀切除腫瘤且病理切片報告診斷為低惡性度黏液表皮樣癌，術後恢復良好並持續於門診追蹤。病患以月經性咳血表現時，除考慮胸部子宮內膜異位症候群外，臨床醫師應亦考慮支氣管內腫瘤的可能性。*(胸腔醫學 **2015; 30: 150-156**)*

關鍵詞：黏液表皮樣癌，肺癌，咳血

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Pulmonary Squamous Cell Carcinoma Harboring EGFR Exon 19 Mutation Responded Dramatically to EGFR-TKI – A Case Report

Kai-Ling Lee*, Sey-En Lin**, Cheng-Ching Chung***, Shih-Hsin Hsiao*, Chi-Li Chung*,****

Epidermal growth factor receptor (EGFR) gene mutations are common in non-small cell lung cancer (NSCLC) patients characterized by female gender, a history of never smoking and an adenocarcinoma histology. These mutations usually predict favorable EGFR-tyrosine kinase inhibitors (TKIs) treatment efficacy and outcome. We report a non-smoking female with synchronous brain metastasis from pulmonary squamous cell carcinoma (SCC), which uncommonly harbored an EGFR exon 19 mutation and dramatically responded to EGFR TKI treatment. This case highlights that EGFR mutational analysis may be performed for pulmonary SCC patients that are East Asian females without a smoking history. The identification of EGFR mutations in pulmonary SCC may provide a treatment option using EGFR-TKIs. ***(Thorac Med 2015; 30: 157-163)***

Key words: epidermal growth factor receptor (EGFR) mutation, EGFR tyrosine kinase inhibitor (TKI), pulmonary squamous cell carcinoma

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具表皮細胞生長因子接受器突變之肺鱗狀細胞癌病患使用上皮細胞生長因子接收器－酪胺酸酶抑制劑呈顯著治療效果：病例報告

李凱靈 *　林賜恩 **　鍾政錦 ***　蕭世欣 *　鍾啟禮 *,****

表皮細胞生長因子接受器（Epidermal growth factor receptor，簡稱 EGFR）的基因突變常見於非小細胞肺癌病患，尤其是從不抽菸、女性和肺腺癌患者。擁有此突變之病患有較好的 EGFR 酪胺酸酶抑制劑（Tyrosine kinase inhibitor，簡稱 TKI）治療效果和預後。我們提出的個案為一個不抽菸女性患有肺鱗狀細胞癌併發腦部遠處轉移，卻罕見地擁有 EGFR exon 19 突變，並對 EGFR TKI 治療有顯著的療效。此篇病例報告指出 EGFR 基因突變分析應可實行於肺鱗狀細胞癌的病患，尤其是具有亞裔、女性和從不抽菸的特徵者，而且可為此類病人提供使用標靶治療的機會。*(胸腔醫學 **2015; 30: 157-163**)*

關鍵詞：表皮細胞生長因子接受器突變，上皮細胞生長因素接收器－酪胺酸酶抑制劑，肺鱗狀細胞癌

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Mucormycosis-Related Mycotic Pulmonary Artery Pseudoaneurysm: A Case Report

Chiung-Yu Lin*, An-Shen Lin*, Meng-Chih Lin*,**, Sum-Yee Leung*

Mucormycosis is an uncommon infectious fungal disease that mostly affects immuno-compromised patients or those with diabetes mellitus. Rhino-orbital-cerebral, pulmonary, or cutaneous invasion is often seen; however, mucormycosis-related mycotic aneurysm and pseudoaneurysm are relatively rare. Few cases have been reported in the past decade. In this report, we share a case of mucormycosis-related mycotic pulmonary artery pseudoaneurysm complicated by chest wall fasciitis. Mucormycosis is usually accompanied with a poor prognostic outcome, but early diagnosis and appropriate management may reduce the rate of mortality. ***(Thorac Med 2015; 30: 164-170)***

Key words: mucormycosis, pulmonary artery pseudoaneurysm, fungal infection, hemoptysis, aneurysm

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白黴菌病併發肺動脈假性動脈瘤－病例報告與文獻回顧

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白黴菌病主要發生在糖尿病病患或免疫不良的病患，影響的部位包括鼻眼腦區域、肺部、皮膚等處。我們在此報告一位 75 歲曾經罹患肝膿氯及糖尿病病史的女性，該病患因咳血入院，住院期間持續咳血及併發皮下氣腫，同時在胸部 X 光影像出現快速增大之腫塊。透過肺部電腦斷層影像，我們診斷出該病患罹患肺動脈假性動脈瘤；該病患接受右中肺葉暨右下肺葉切除術，並藉由病理學檢察，診斷出白黴菌病肺部感染導致肺動脈假性動脈瘤。雖然給予適當的抗生素藥物治療，最終仍無法控制病患肺部的感染，並且導致死亡。在此個案報告中，我們了解到了白黴菌病的高度侵犯性；臨床醫師宜早期診斷，並且給予適當的抗生素藥物治療。*(胸腔醫學 **2015; 30: 164-170**)*

關鍵詞：白黴菌病，肺動脈假性動脈瘤，咳血，黴菌感染

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Primary Pulmonary Lymphoepithelioma-like Carcinoma – Experience with Five Cases at MacKay Memorial Hospital

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Primary pulmonary lymphoepithelioma-like carcinoma (LELC) is a rare subtype of non-small-cell lung cancer (NSCLC) and is mostly reported in Southeast Asia. It was first reported by Begin in 1987; it has pathological features similar to nasopharyngeal carcinoma and was associated with Epstein-Barr virus infections in Asia.

We reported 5 cases of primary pulmonary LELC from Jan 1991 to Dec 2013, 3 of them were incidentally found as asymptomatic tumors or nodules on chest radiographs. Four patients were non-smokers and none of them was diagnosed as having advanced disease (2 stage IA, 2 stage IIA, 1 stage IIIA, respectively). The typical CT radiographs show single, centrally located tumors of various sizes. The typical pathologic features revealed sheet growth of tumor cells surrounded by lymphoplasmacytic cells; 4 of the specimens were positive for EBV stain. The 5 patients responded well to multi-modality treatment without progression during a follow-up of 10 to 93 months.

Primary pulmonary LELC often affects asymptomatic and younger non-smokers without gender predilection. Patients diagnosed with early, resectable disease respond well to chemotherapy or radiotherapy. ***(Thorac Med 2015; 30: 171-177)***

Key words: lymphoepithelioma-like carcinoma, Epstein-Barr virus

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原發性類淋巴上皮細胞肺癌－五個馬偕醫院案例經驗

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原發性類淋巴上皮細胞肺癌屬於一種非常罕見的非小細胞肺癌，且大部分發生在南亞地區。Begin 在 1987 年首次發表這種疾病，原發性類淋巴上皮細胞肺癌與鼻咽癌有相似的病理特徵，且在亞洲地區是和 EB 病毒的感染相關。

從 1991 年 1 月至 2013 年 12 月期間，馬偕醫院總共診斷 5 個原發性類淋巴上皮細胞肺癌的個案。其中 3 名個案沒有症狀為影像學上的意外發現，其中 4 名為非吸菸者，沒有個案診斷時為晚期肺癌（2 名個案是 IA 期、2 名為 IIA 期、1 名為 IIIA 期）。典型的電腦斷層影像為單個大小不一、靠近中央的腫瘤；而典型的病理表現為層狀生長的腫瘤細胞，外圍環繞淋巴漿細胞，其中 4 名個案的病理檢體的 EB 病毒染色呈陽性反應。5 名個案皆對於多種治療效果良好，在追蹤 10 到 93 個月後無惡化。

原發性類淋巴上皮細胞肺癌大部分發生在無症狀、較年輕的非吸菸者，且無性別相關性。這個疾病和 EB 病毒有關聯性，且與分化不全型鼻咽癌在臨床上和生物特性上相類似。案例皆診斷於早期、可手術切除，且對於化學或放射治療反應良好。*(胸腔醫學* ***2015; 30: 171-177)***

關鍵詞：原發性類淋巴上皮細胞肺癌，EB 病毒

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Spontaneous Hemothorax Caused by Ruptured Right Subclavian Artery in a Patient with Neurofibromatosis Type 1

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Spontaneous hemothorax is a rare but life-threatening condition. Vascular manifestations of neurofibromatosis type 1 (NF1), or Von Recklinghausen disease, are rare, but may be fatal if they are disrupted. We report the case of a 37-year-old woman with NF1 who developed a spontaneous right massive hemothorax caused by a branch of the right subclavian artery. We successfully performed direct surgical ligation of the bleeding vessel, and the patient's recovery was uneventful. Spontaneous hemothorax in patients with NF1 is a life-threatening condition and may require emergency surgery or endovascular embolization/stenting, depending on the hemodynamic status. ***(Thorac Med 2015; 30: 178-182)***

Key words: spontaneous hemothorax, neurofibromatosis

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神經性纖維瘤病人因右側鎖骨下動脈破裂所引起的自發性血胸－病例報告

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自發性血胸是相當罕見但卻對生命造成危急的情況，在臨床上除了胸主動脈瘤破裂或是自發性氣胸因增生迷路血管斷裂會造成自發性血胸外，神經性纖維瘤第一型所引起的血管病變也有可能引起自發性血胸。本文提出一位患有神經性纖維瘤第一型的 37 歲女性，因右側鎖骨下動脈破裂造成的自發性血胸。我們直接利用手術的方式成功地將血管綁紮止血，而且病人術後恢復良好。現今的治療方式除了手術外還包括了血管栓塞以及血管支架置放；至於哪種方式較好還是要視病人當時的生命徵象來決定。*(胸腔醫學 **2015; 30: 178-182**)*

關鍵詞：自發性血胸，神經性纖維瘤

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Huge Posterior Mediastinum Liposarcoma – A Rare Case Report

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We describe a 73-year-old women who presented with dyspnea and dry cough for 6 months. The chest radiograph showed a “water-bag” silhouette with widened mediastinum. The computed tomography (CT) of the chest revealed a huge posterior mediastinal mass with mixed soft tissue and fatty components, suggestive of liposarcoma. Biopsy of the lesion revealed spindle cell tumor composed of connective tissue with marked hyalinization. The patient agreed to surgery from the posterior mediastinum for complete resection. The pathological and immunohistochemical analysis confirmed the diagnosis of dedifferentiated liposarcoma. After complete resection, she had an uneventful recovery. Liposarcoma is the most common sarcoma in adults, but primary liposarcoma of the mediastinum is very rare. Mediastinal liposarcoma is often localized in the anterior mediastinum, and posterior invasion is extremely rare. The patient may present with subtle clinical symptoms until the mass reaches a giant size. Complete surgical resection remains the main treatment strategy for mediastinal liposarcoma. ***(Thorac Med 2015; 30: 183-189)***

Key words: mediastinal tumor, liposarcoma

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巨大的後縱膈腔脂肪肉瘤－一個罕見病例報告

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我們在此報告一個病例：七十三歲女性，主訴喘及乾咳長達六個月，胸部 X 光片發現疑似心包膜積水，但經胸部電腦斷層檢查後發現一巨大腫瘤位於後縱膈腔中，判斷由脂肪成分組成，手術切片檢查發現此腫瘤為一 dedifferentiated liposarcoma。經手術治療後腫瘤完全緩解，並已在門診追蹤超過一年。縱膈腔之脂肪肉瘤為非常罕見之病例，目前已發表的案例報告大多數發生於前縱膈腔，此病例則發生於後縱膈腔中。此外，回顧這些文獻報告，大多數病人一開始並無明顯特異之臨床症狀，待檢查發現時之縱膈腔脂肪肉瘤大多非常巨大。手術治療是目前認為最適合之方法，大部分經過手術切除後的預後大致上都不錯，化學治療及放射線治療的角色目前並不顯著。*(胸腔醫學 **2015; 30: 183-189**)*

關鍵詞：縱膈腔腫瘤，脂肪肉瘤

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