

ISSN 1023-9855



# 胸腔醫學

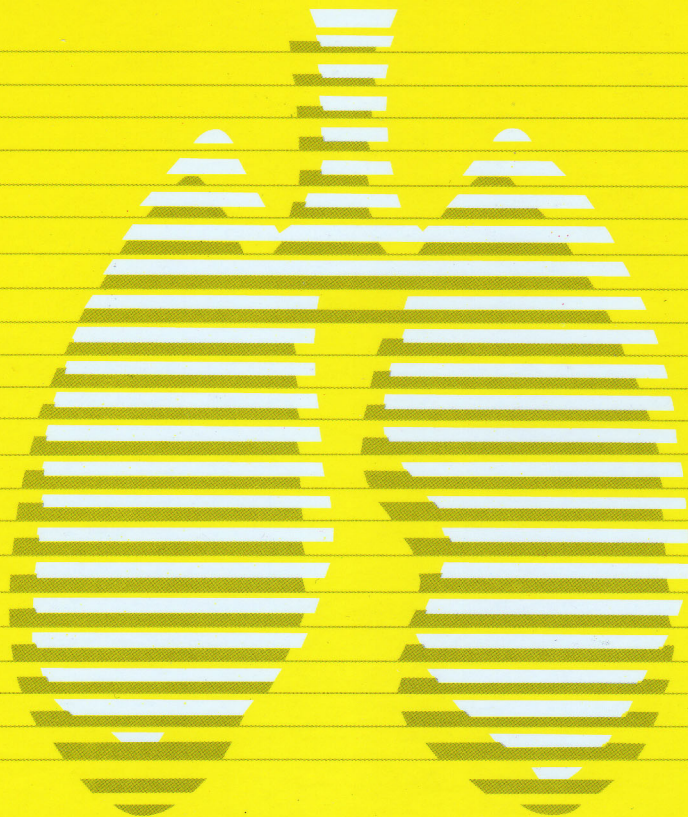
## Thoracic Medicine

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

Vol.30 No.5 October 2015

第三十卷 第五期

中華民國一〇四年十月



台灣胸腔暨重症加護醫學會

10048 台北市常德街 1 號

No. 1, Changde St., Jhongjheng Dist.,

Taipei City 10048, Taiwan



ISSN 1023-9855



Vol.30 No.5 October 2015

# 胸腔醫學

## Thoracic Medicine

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

### 原著

- 嚴重阻塞性睡眠呼吸中止症病人日間嗜睡以及夜間血壓下降幅度減少之關係探討.....261~270  
張哲嘉，莊立邦，林育聖，林士為，李忠恕，張志豪，陳濤宏
- APACHE分數系統用來預測呼吸照護中心病患預後.....271~279  
吳沼漭，張谷州，黃裕靜，沈連喜，高旭卿，王逸熙，劉世豐，王金洲，林孟志

### 病例報告

- 類鼻疽感染症以脾膿瘍及疑似敗血性肺栓塞表現－案例報告.....280~285  
張子晏，李原地，吳子卿，劉旭崇
- 肺部類澱粉瘤合併肺腺癌：個案報告與文獻回顧.....286~292  
蘇柏嵐，朱彰堯，顏經洲，張漢煜
- 在一個27歲的男性出現快速致命的縱膈腔原始性神經外胚層腫瘤.....293~299  
蔡怡萱，楊志仁，蔡善茵，黃明賢
- 無臨床腎功能異常之顯微性多血管炎合併瀰漫性肺泡出血.....300~306  
丁文穎，林芳綺，賴信良
- 罕見的後縱膈腔腫瘤－黏液瘤.....307~313  
王喬弘，鄭秀玲，蔡子修，施金元
- 腹膜透析患者併發橫膈缺損及急性水胸－病例報告.....314~320  
陳煥威，林楷煌，劉小華，陳皇吉
- 一位肺結核病人的閉經症.....321~325  
陳又誠，王振源



Vol.30 No.5 October 2015

# 胸腔醫學

## Thoracic Medicine

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

### Original Articles

- “Non-Dipping” Blood Pressure and Excessive Daytime Sleepiness in Severe Obstructive Sleep Apnea ..... 261~270  
Che-Chia Chang, Li-Pang Chuang, Yu-Sheng Lin, Shih-Wei Lin, Chung-Shu Lee, Chih-Hao Chang, Ning-Hung Chen
- APACHE Score Used in Predicting Weaning Outcomes in an Intermediate Respiratory Care Center ..... 271~279  
Chao-Chien Wu, Ku-Chou Chang, Yu-Ching Huang, Lien-Shi Shen, Hsu-Ching Kao, Yi-Hsi Wang, Shih-Feng Liu, Chin-Chou Wang, Meng-Chih Lin

### Case Reports

- Melioidosis Presenting as Splenic Abscesses and Suspected Septic Pulmonary Embolism – A Case Report ..... 280~285  
Tz-Yan Chang, Yuan-Ti Lee, Tzu-Chin Wu, Hsu-Chung Liu
- Pulmonary Amyloidoma Coexisting with Lung Adenocarcinoma: A Case Report and Literature Review ..... 286~292  
Po-Lan Su, Chang-Yao Chu, Jing-Jou Yan, Han-Yu Chang
- A Rapidly Lethal Primitive Neuroectodermal Tumor of the Mediastinum in a 27-Year-Old Male.... 293~299  
Yi-Hsuan Tsai, Chih-Jen Yang, Shan-Yin Tsai, Ming-Shyan Huang
- Microscopic Polyangiitis in a Patient with Diffuse Alveolar Hemorrhage and No Biochemical Renal Impairment ..... 300~306  
Wen-Ying Ting, Fang-Chi Lin, Shinn-Liang Lai
- Myxoma as a Rare Cause of Posterior Mediastinal Masses ..... 307~313  
Chiao-Hung Wang, Hsiu-Ling Cheng, Tzu-Hsiu Tsai, Jin-Yuan Shih
- Multiple Diaphragmatic Defects Complicated with Acute Hydrothorax in a Peritoneal Dialysis Patient – A Case Report ..... 314~320  
Huan-Wei Chen, Kai-Huang Lin, Hsiao-Hua Liu, Huang-Chi Chen
- Amenorrhea in a Patient with Pulmonary Tuberculosis ..... 321~325  
Yu-Cheng Chen, Jann-Yuan Wang

# “Non-Dipping” Blood Pressure and Excessive Daytime Sleepiness in Severe Obstructive Sleep Apnea

Che-Chia Chang\*, Li-Pang Chuang\*,\*\*, Yu-Sheng Lin\*\*,\*\*\*, Shih-Wei Lin\*,\*\*,  
Chung-Shu Lee\*, Chih-Hao Chang\*, Ning-Hung Chen\*,\*\*

**Background:** Non-dipping blood pressure and obstructive sleep apnea both carry an increased risk of cardiovascular events and mortality. The relationship between non-dipping blood pressure and obstructive sleep apnea has been noted. However, data on the prevalence of sleep apnea with non-dipping hypertension and the relationship with excessive daytime sleepiness are limited.

**Objective:** The purpose of the present study was to determine the prevalence of non-dipping blood pressure and evaluate the relationship with excessive daytime sleepiness.

**Patients and Methods:** We prospectively enrolled adult patients with habitual snoring who visited our sleep clinics from November 2010 to May 2013. Polysomnography and 24-hour ambulatory blood pressure monitoring (ABPM) were used. Excessive daytime sleepiness was evaluated. The prevalence of non-dipping blood pressure and the relationship with excessive daytime sleepiness were evaluated.

**Results:** Thirty patients were dippers (57%) and 23 (43%) were non-dippers. Non-dippers had lower nighttime blood pressure and more excessive daytime sleepiness (Epworth sleepiness scale (ESS)  $\geq 10$ ) than dippers ( $p = 0.045$ ). ESS was significantly negatively correlated with dipping of systolic and diastolic blood pressure and mean arterial pressure,  $R = -0.313, -0.304, -0.302$ , respectively ( $p < 0.05$ ). Multivariate linear regression models for associations involving systolic blood pressure dipping showed that ESS was the only independent predictor of systolic blood pressure dipping [ $\beta = -0.005, p = 0.022, R^2 = 0.099$ , 95% confidence interval (CI) of  $\beta = -0.009-0.000$ ] in stepwise linear regression analyses.

**Conclusions:** High prevalence of non-dippers was noted in severe obstructive sleep apnea patients. Non-dippers experienced more excessive daytime sleepiness. ESS was an independent predictor of dipping values. ABPM may play an important role in these high cardiovascular risk groups. (*Thorac Med* 2015; 30: 261-270)

Key words: nocturnal blood pressure dipping, dipper, non-dipper, excessive daytime sleepiness, obstructive sleep apnea, hypertension, ambulatory blood pressure monitoring

---

\*Department of Pulmonary and Critical Care Medicine, Chang Gung Memorial Hospital, Linkou, Taiwan; \*\*Sleep Center, Chang Gung Memorial Hospital, Taoyuan, Taiwan; \*\*\*Health Examination Center, Chang Gung Memorial Hospital, Taoyuan, Taiwan

Address reprint requests to: Dr. Ning-Hung Chen, Department of Pulmonary and Critical Care Medicine, Chang Gung Memorial Hospital, 5 Fu-Hsing Street, Kuei Shan Hsiang, Taoyuan Hsien, Taiwan, R.O.C.

## 嚴重阻塞性睡眠呼吸中止症病人日間嗜睡以及 夜間血壓下降幅度減少之關係探討

張哲嘉\* 莊立邦\*\*, \*\* 林育聖\*\*, \*\*\*, \*\*\* 林士為\*, \*\* 李忠恕\* 張志豪\* 陳濤宏\*, \*\*

**前言：**一般人夜間血壓會比日間降低至少 10%，夜間血壓下降幅度減少為心血管疾病的危險因子。阻塞性睡眠呼吸中止症也被廣泛認為是心血管疾病的危險因子。而夜間血壓降低幅度減少也有研究顯示與阻塞性睡眠呼吸中止症相關。然而針對阻塞性睡眠呼吸中止症病人中夜間血壓下降幅度減少的盛行率及可能發生原因之探討目前文獻資料仍然相當有限。而日間嗜睡為阻塞性睡眠呼吸中止症之常見表徵，但是與夜間血壓下降幅度減少之關係仍未被討論。因此本研究及針對阻塞性睡眠呼吸中止症病人日間嗜睡以及夜間血壓降低幅度減少之關係作探討。

**方法：**本研究為前瞻性研究，收集 2010 年 11 月至 2013 年 5 月間，因打呼至睡眠門診求診之高血壓之病人。病人皆安排接受完整睡眠檢查以及 24 小時活動式血壓計測量。排除高血糖及已接受高血壓治療之病人。探討病人夜間血壓降低幅度減少之盛行率，以及與日間嗜睡狀況之關係。

**結果：**共有 53 位高血壓之重度阻塞性睡眠呼吸中止症之患者加入研究。其中 23 人為夜間血壓降幅減少之病人，佔全體 43%。夜間血壓降幅減少與性別、體重、無呼吸—低呼吸指數 (AHI)、夜間血氧狀態、日間血壓狀態無關。夜間血壓降幅減少之病人有較低的夜間血壓 ( $p$  值 = 0.017) 以及較高的比例有日間嗜睡的狀態 (嗜睡問卷分數大於或等於 10 分) ( $p$  值 = 0.045)。夜間血壓降低之幅度也與嗜睡問卷分數呈線性負相關。經過回歸分析嗜睡問卷分數為夜間血壓降低之幅度之獨立的預測因子 ( $p$  值 = 0.022,  $R^2 = 0.099$ , 95 信賴區間 = -0.009-0.000)。

**結論：**夜間血壓降低幅度減少之情形於嚴重阻塞型呼吸中止症之病人中有較高的發生率。而這些病人有較多日間嗜睡之情形，日間嗜睡之問卷分數為夜間血壓降幅之獨立因子。於這些有較高之心血管風險之病人，24 小時活動式血壓計的血壓測量有重要臨床意義。(胸腔醫學 2015; 30: 261-270)

**關鍵詞：**夜間血壓下降，夜間血壓下降幅度正常者，夜間血壓下降幅度減少者，日間嗜睡，睡眠呼吸中止症，高血壓，動態血壓測量

# APACHE Score Used in Predicting Weaning Outcomes in an Intermediate Respiratory Care Center

Chao-Chien Wu\*, Ku-Chou Chang\*\*, Yu-Ching Huang\*\*, Lien-Shi Shen\*, Hsu-Ching Kao\*, Yi-Hsi Wang\*, Shih-Feng Liu\*, Chin-Chou Wang\*, Meng-Chih Lin\*

**Background:** This study explores the outcomes of patients with prolonged mechanical ventilation (PMV) treated in an intermediate respiratory care center (RCC), and assesses the effectiveness of the Acute Physiology and Chronic Health Evaluation (APACHE) II scoring system in predicting outcomes in this group of difficult-to-wean patients.

**Methods:** A prospective observational study was used to recruit consecutive PMV patients in an RCC. Demographics, patient source, time to weaning, and outcomes of weaning attempts were recorded. The APACHE II score was obtained within 24 hours after arriving at the RCC. Outcomes measured were successful weaning, mortality, transfer back to the intensive care unit, and transfer to the respiratory care ward.

**Results:** In all, 508 consecutive patients from among the 6820 ventilator patients screened were recruited. The mean duration of mechanical ventilation before entering the RCC was  $31.1 \pm 18.6$  days. The mean APACHE II score was  $19.3 \pm 6.2$  on arrival at the RCC. The mean duration of RCC stay was  $21.3 \pm 13.4$  days. Of the recruited patients, 55.5% were successfully weaned, 20.3% failed to wean, 19.7% died, and 4.5% were transferred back to intensive care units; 40% of the successfully weaned patients were weaned by day 10. The APACHE II score was negatively correlated with successful weaning, and positively correlated with mortality, but bore no relationship with the duration of RCC stay.

**Conclusion:** The APACHE II score is moderately reliable in predicting outcomes of patients in an RCC. Our results offered some information that could be used in reforming services for PMV patients. (*Thorac Med* 2015; 30: 271-279)

Key words: ventilator weaning, APACHE, intermediate care facilities, respiratory care center, long-term care

---

\*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine and Department of Respiratory Therapy, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Kaohsiung, Taiwan; \*\*Division of Cerebrovascular Diseases, Department of Neurology, and Center of Discharge Planning Service, Kaohsiung Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Kaohsiung, Taiwan, Yuh-Ing Junior College of Health Care and Management, Kaohsiung, Taiwan  
Address reprint requests to: Dr. Chao-Chien Wu, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine and Department of Respiratory Therapy, Kaohsiung Chang Gung Memorial Hospital, No. 123, Dapi Road, Niasong Dist., Kaohsiung City 83301, Taiwan

## APACHE 分數系統用來預測呼吸照護中心病患預後

吳沼滂\* 張谷州\*\* 黃裕靜\*\* 沈連喜\* 高旭卿\* 王逸熙\* 劉世豐\*  
王金洲\* 林孟志\*

**前言：**本研究探討呼吸照護中心（RCC）長期使用機械通氣的病患，分析其結果與急性生理和慢性健康評估（APACHE）II 的相關性。

**方法：**這是一個前瞻性的觀察研究，在呼吸照護中心連續收錄長期使用機械通氣的病患。分析記錄其人口統計學、轉入來源、脫離呼吸器的時間、脫離呼吸器的結果及在 24 小時內抵達呼吸照護中心所測的 APACHE II 評分。脫離呼吸器的結果分為四組，成功脫離、死亡、重返重症加護病房、下轉到呼吸照護病房。

**結果：**我們篩選了 6820 位呼吸機使用患者，其中 508 例患者被收入本案。進入呼吸照護中心之前使用機械通氣的平均時間為  $31.1 \pm 18.6$  天，平均 APACHE II 評分為  $19.3 \pm 6.2$ ，停留在呼吸照護中心的平均時間為  $21.3 \pm 13.4$  天。脫離呼吸器的結果是 55.5% 成功脫離，20.3% 沒有脫離且下轉到呼吸照護病房，19.7% 死亡，4.5% 重返重症加護病房。在呼吸照護中心，10 天內死亡率為 4.9%，10 天內成功脫離率為 40%。APACHE II 評分與成功脫離呈負相關，APACHE II 評分與死亡率呈正相關，但與停留在呼吸照護中心的時間沒有相關。

**結論：**APACHE II 評分在預測呼吸照護中心患者的預後是中度可靠的。我們的研究結果在改革服務長期使用機械通氣的病患上，提供有價值的資訊。( *胸腔醫學* 2015; 30: 271-279)

**關鍵詞：**呼吸器脫離，APACHE，中級照護機構，呼吸照護病房，長期照護

# Melioidosis Presenting as Splenic Abscesses and Suspected Septic Pulmonary Embolism – A Case Report

Tz-Yan Chang\*,\*\*\*\*, Yuan-Ti Lee\*\*,\*\*\*, Tzu-Chin Wu\*,\*\*\*, Hsu-Chung Liu\*\*\*,\*\*\*\*

A 49-year-old man with newly-diagnosed type 2 diabetes and living in Kaohsiung presented with fever and chills for 1 month. On admission, physical examination revealed persistent abdominal tenderness in the region of the liver and spleen. Contrast-enhanced computed tomography of the abdomen disclosed multiple low attenuation lesions in the spleen, which were compatible with splenic abscesses. One week after admission, follow-up chest radiography revealed multiple alveolar and nodular infiltrates in both lungs. Splenectomy for infection control of the splenic abscess was performed at the suggestion of our infectious disease specialist. *Burkholderia pseudomallei* was isolated in cultures of the blood, splenic abscess, and sputum. The diagnosis of melioidosis with presentations of splenic abscesses, bacteremia, and suspected septic pulmonary embolism was made. Two weeks after admission, the patient expired due to refractory septic shock, even with adequate antibiotic treatment and aggressive resuscitative management. This case highlights the possibility that a patient with melioidosis and uncontrolled diabetes could present with splenic abscess, septic pulmonary embolism, and a poor prognosis. (*Thorac Med* 2015; 30: 280-285)

Key words: melioidosis, pulmonary embolism, splenic abscess

---

\*Division of Chest Medicine, Department of Internal Medicine, Chung Shan Medical University Hospital, Taichung;  
\*\*Division of Infectious Diseases, Department of Internal Medicine, Chung Shan Medical University Hospital, Taichung; \*\*\*School of Medicine, Chung Shan Medical University, Taichung; \*\*\*\*Division of Chest Medicine, Department of Internal Medicine, Cheng Ching Hospital, Taichung; \*\*\*\*\*Changhua Hospital, Changhua, Taiwan  
Address reprint requests to: Dr. Hsu-Chung Liu, Department of Internal Medicine, Cheng Ching General Hospital, No. 139, Ping Tien Street, Taichung 400, Taiwan



## 類鼻疽感染症以脾膿瘍及疑似敗血性肺栓塞表現 — 案例報告

張子晏\*,\*\*\*\*\* 李原地\*\*,\*\*\* 吳子卿\*,\*\*\* 劉旭崇\*\*\*,\*\*\*\*\*

49 歲男性病人新診斷的第二型糖尿病，住高雄地區，這次因為發燒及寒顫症狀持續一個月就診。住院理學檢查發現腹部肝脾部位有壓痛感。腹部電腦斷層顯示脾臟有多個低顯影病灶且符合脾膿瘍影像表現。住院一週後，追蹤胸部 X 光發現雙肺有新的多發性肺泡型及結節型浸潤。因感染科醫師建議及脾膿瘍的感染源控制，病人接受脾臟切除手術。之後，病人的血液、脾膿瘍、及痰液培養結果均檢出類鼻疽桿菌，確立診斷為類鼻疽感染症以及以脾膿瘍、菌血症、與疑似敗血性肺栓塞等表現。即使使用適當的抗生素治療及積極急救處置，病患仍在住院兩週後因敗血性休克死亡。這個案例顯示一個類鼻疽感染症和糖尿病控制不佳的病人，可能以脾膿瘍、敗血性肺栓塞、及不好的預後等表現。(胸腔醫學 2015; 30: 280-285)

關鍵詞：類鼻疽感染症，肺栓塞，脾膿瘍

---

\* 中山醫學大學附設醫院 胸腔內科，\*\* 中山醫學大學附設醫院 感染內科

\*\*\* 台中中山醫學大學，\*\*\*\* 台中澄清醫院 胸腔內科，\*\*\*\*\* 衛生福利部 彰化醫院

索取抽印本請聯絡：劉旭崇醫師，澄清醫院平等院區 內科部 胸腔內科，台中市中區平等街 139 號

# Pulmonary Amyloidoma Coexisting with Lung Adenocarcinoma: A Case Report and Literature Review

Po-Lan Su\*, Chang-Yao Chu\*\*, Jing-Jou Yan\*\*, Han-Yu Chang\*

Amyloidosis is characterized histopathologically by tissue infiltration with fibrillar protein with a  $\beta$ -sheet structural conformation. Clinical manifestations vary depending upon the type of amyloid and the distribution of deposition. Pulmonary amyloidosis may be localized to the respiratory tract or be part of a widespread process involving many organs. Primary pulmonary amyloidosis is classified into 4 major patterns, including parenchymal amyloidosis with a diffuse interstitial or nodular pattern, and tracheobronchial amyloidosis with submucosal plaques or luminal tumor-like masses. Pulmonary nodular amyloidosis, which is also referred to as “amyloidomas,” develops mainly in the 6<sup>th</sup> to 7<sup>th</sup> decade without a gender predominance; it usually has a benign clinical course, and grows slowly. The nodules are, for the most part, rounded, sharply delimited, and located peripherally, with sizes ranging from 0.4 cm to 15 cm. The existence of multiple nodules is associated with cough, hemoptysis, and pleuritic pain. Calcification, and metaplastic bone or cartilage formation is usually found. Increased FDG uptake and an association with Sjögren’s syndrome and pulmonary marginal zone lymphoma have been reported. No association with lung adenocarcinoma was reported in previous case series. (*Thorac Med* 2015; 30: 286-292)

Key words: amyloidosis

---

\*Division of Pulmonary Medicine, Department of Internal Medicine, National Cheng Kung University Hospital, Tainan, Taiwan; \*\*Department of Pathology, National Cheng Kung University Hospital, Tainan, Taiwan  
Address reprint requests to: Dr. Han-Yu Chang, Division of Pulmonary Medicine, Department of Internal Medicine, National Cheng Kung University Hospital, No. 138, Sheng-Li Rd., Tainan 704, Taiwan

## 肺部類澱粉瘤合併肺腺癌：個案報告與文獻回顧

蘇柏嵐\* 朱彰堯\*\* 顏經洲\*\* 張漢煜\*

類澱粉沉積症於病理學切片上會呈現纖維狀蛋白以 $\beta$ 摺疊的方式沉積，一般可以使用剛果紅染色後在偏光顯微鏡下呈現黃綠折射來診斷。臨床上表現取決於沉積的器官位置，以肺部為例，類澱粉的沉積可以區分為四大類。在肺實質以瀰漫性間質沉積或結節沉積、在氣管以黏膜下腫瘤或環狀沉積。其中結節沉積又被稱做是類澱粉瘤，常見於60~70歲病患，男女比大約1:1，大多數是良性變化，可能以單一或事多發結節來表現。在影像分析上大多邊緣清晰，大小分布於0.4~15公分不等。多發性結節通常會合併咳嗽、血痰或是肋膜疼痛的情況。在病理切片下有時會合併有鈣化或軟骨生成的情形。曾有文獻指出類澱粉瘤與乾燥症以及邊緣區淋巴瘤有相關性，也容易在正子造影過程會呈現類惡性腫瘤的表現。目前沒有文獻指出與肺腺癌有相關性。( *胸腔醫學* 2015; 30: 286-292)

關鍵詞：多發性肋膜下類澱粉瘤

---

成功大學附設醫院內科部 胸腔內科\*，成功大學附設醫院 病理部\*\*

索取抽印本請聯絡：張漢煜醫師，成功大學附設醫院 內科部 胸腔內科，704 台南市北區勝利路 138 號

# A Rapidly Lethal Primitive Neuroectodermal Tumor of the Mediastinum in a 27-Year-Old Male

Yi-Hsuan Tsai\*, Chih-Jen Yang\*,\*\*\*\*, Shan-Yin Tsai\*\*\*, Ming-Shyan Huang\*,\*\*

A 27-year-old male with an unremarkable medical history presented with progressive dyspnea for about 2 weeks. He also complained of mild fever, exertional dyspnea, paroxysmal nocturnal dyspnea, dry cough and chest tightness. Chest radiograph in the chest clinic of our hospital revealed a large opacity at the left lower lung field, suggesting a large mass with massive pleural effusion. Computed tomography revealed a huge posterior inferior mediastinal mass, and positron emission tomography revealed high fluorodeoxyglucose uptake in the mass. A pathological examination of the specimens from a computed tomography-guided biopsy showed a small blue round cell tumor, positive for CD99, and fluorescence in situ hybridization revealed a Ewing' sarcoma breakpoint region 1 22q12 rearrangement, favoring a primitive neuroectodermal tumor. Despite aggressive palliative chemotherapy, the patient died 3 months later due to uncontrolled malignant disease. Through this case and a review of similar cases in the literature, we highlight the difficulty in making a timely diagnosis and discuss the challenges of treatment. (*Thorac Med* 2015; 30: 293-299)

Key words: primitive neuroectodermal tumor

---

\*Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Kaohsiung Medical University Hospital; \*\*Department of Respiratory Therapy, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan; \*\*\*Department of Pathology, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan; \*\*\*\*Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung, Taiwan

Address reprint requests to: Dr. Ming-Shyan Huang, 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

## 在一個 27 歲的男性出現快速致命的 縱膈腔原始性神經外胚層腫瘤

蔡怡萱\* 楊志仁\*,\*\*\*\* 蔡善茵\*\*\* 黃明賢\*\*,\*\*

27 歲男性，無過去病史，這兩周來有呼吸喘加劇的情況，伴隨著發燒，運動後喘，夜喘，乾咳和胸悶的現象，來門診求診。胸腔 X 光攝影發現左側肺野有大片不透光區塊，懷疑有巨大腫瘤伴隨積水。電腦斷層證實有一個巨大的後縱膈腔腫瘤。核磁共振顯示腫瘤攝取氟代去氧葡萄糖 (FDG) 並顯影。電腦斷層定位切片的病理顯示小藍圓細胞瘤，免疫染色 CD99 有反應，螢光原位雜和技術 (FISH) 顯示 EWSR1 22q12 基因重置，診斷為原始性神經外胚層腫瘤。雖然我們給予了積極的化學治療，病人仍在三個月後因腫瘤惡化死亡。透過整理這個案例，我們回溯過去一系列相似的個案，也突顯此疾病診斷的相當困難且治療極富挑戰。( *胸腔醫學* 2015; 30: 293-299)

關鍵詞：原始性神經外胚層腫瘤

# Microscopic Polyangiitis in a Patient with Diffuse Alveolar Hemorrhage and No Biochemical Renal Impairment

Wen-Ying Ting, Fang-Chi Lin, Shinn-Liang Lai

Microscopic polyangiitis (MPA) is an autoimmune disease characterized by inflammation of the small vessels and the presence of circulating anti-neutrophil cytoplasmic antibodies (ANCA). Resulting from an injury orchestrated by ANCA, MPA usually manifests as necrotizing glomerulonephritis (GN) and necrotizing pulmonary capillaritis. The major clinical feature of MPA is rapidly progressive GN; however, diffuse alveolar hemorrhage (DAH) that originates from pulmonary capillaritis is often the main reason for hospitalization. The clinical presentation of DAH is highly variable, ranging from asymptomatic radiographic abnormalities to fatal respiratory failure. Some patients may experience a variable degree of hemoptysis, accompanied by dyspnea, chest tightness and anemia. Early diagnosis and prompt therapy will lead to a good prognosis for patients with MPA. We describe a 44-year-old male with MPA presenting with hemoptysis for 1 month. DAH was detected by the presence of numerous hemosiderin-laden alveolar macrophages in bronchoalveolar lavage. The renal function at diagnosis was normal though microscopic hematuria was observed. The patient was successfully treated with rituximab, a monoclonal chimeric antibody targeting CD20, a cell-surface protein expressed on B-lymphocytes. (*Thorac Med* 2015; 30: 300-306)

Key words: microscopic polyangiitis, anti-neutrophil cytoplasmic antibodies, diffuse alveolar hemorrhage

---

Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan  
Address reprint requests to: Dr. Shinn-Liang Lai, Division of General Chest Medicine, Department of Chest Medicine, Taipei Veterans General Hospital, Taipei, Taiwan, No. 201, Sec. 2, Shih-Pai Rd., Beitou District, Taipei 11217, Taiwan, R.O.C.

## 無臨床腎功能異常之顯微性多血管炎合併瀰漫性肺泡出血

丁文穎 林芳綺 賴信良

顯微性多血管炎是一種自體免疫疾病，其特徵為全身小血管發炎，且血清中存在抗嗜中性球細胞質抗體。在顯微性多血管炎，抗嗜中性球細胞質抗體引發的壞死性血管炎常常造成壞死性腎絲球腎炎以及肺部微血管炎。雖然急進性腎絲球腎炎是顯微性多血管炎最重要的臨床表現，但是肺部微血管炎造成的瀰漫性肺泡出血才是患者需要住院的主要原因。瀰漫性肺泡出血臨床症狀變異很大，可能只有胸部 X 光異常卻無症狀，也可能呼吸衰竭。及早診斷及時治療可以改善顯微性多血管炎患者的預後。我們報告一名 44 歲男性，住院主訴咳血一個月，尿液鏡檢發現血尿，生化檢查卻無明顯的腎功能異常。經由支氣管肺泡灌洗術發現瀰漫性肺泡出血，隨後抗嗜中性球細胞質抗體陽性，診斷為顯微性多血管炎。之後病人接受 anti-CD20 單株抗體 rituximab 治療，臨床症狀及胸部 X 光異常顯著改善。希望藉此病例提醒臨床醫師，凡疑似瀰漫性肺泡出血之病人，無論其腎功能是否有顯著異常，仍應將顯微性多血管炎列入鑑別診斷。( *胸腔醫學* 2015; 30: 300-306)

關鍵詞：顯微性多血管炎，抗嗜中性球細胞質抗體，瀰漫性肺泡出血

# Myxoma as a Rare Cause of Posterior Mediastinal Masses

Chiao-Hung Wang<sup>\*,\*\*</sup>, Hsiu-Ling Cheng<sup>\*\*\*</sup>, Tzu-Hsiu Tsai<sup>\*\*</sup>, Jin-Yuan Shih<sup>\*\*</sup>

Myxomas are rare benign mesenchymal tumors that most frequently occur within the myocardium. Myxoma with mediastinal localization is extremely rare, and few cases have been described in the medical literature. Here, we present a 54-year-old man with a mediastinal mass found incidentally by chest radiography. He complained only of vague chest pain at the right-side chest wall. Computed tomography scan of the chest revealed a well-encapsulated, homogenous and non-enhanced lesion at the posterior mediastinum, with a content density higher than water and normal fat. He received video-assisted thoracoscopic surgery for tumor excision, and pathology revealed spindle cells set in a loosely fibrillar stroma, compatible with the histological diagnosis of myxoma. During follow-up for 2 years after the surgical resection, there was no recurrence. Our case reminds us that myxoma may be a rare cause of mediastinal tumors, and complete resection of the tumor is recommended in order to avoid recurrence. (*Thorac Med* 2015; 30: 307-313)

Key words: myxoma, mediastinal mass, mediastinal myxoma

---

\*Department of Internal Medicine, Taipei City Hospital Renai Branch, Taipei, Taiwan; \*\*Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan; \*\*\*Department of Thoracic Surgery, Taipei City Hospital Renai Branch, Taipei, Taiwan

Address reprint requests to: Dr. Tzu-Hsiu Tsai, Department of Internal Medicine, National Taiwan University Hospital, #7 Chung-Shan South Road, Taipei 10002, Taiwan



## 罕見的後縱膈腔腫瘤－黏液瘤

王喬弘<sup>\*,\*\*</sup> 鄭秀玲<sup>\*\*\*</sup> 蔡子修<sup>\*\*</sup> 施金元<sup>\*\*</sup>

黏液瘤是一種常出現在心臟的間質細胞瘤。然而在縱膈腔的黏液瘤是相當罕見的，只有非常少數的縱膈腔黏液瘤曾在過去的文獻被提及。在此，我們報告一位 54 歲男性於健康檢查接受胸部 X 光檢查時，意外發現的縱膈腔黏液瘤。病人僅抱怨輕微的右側胸痛，其電腦斷層顯示在縱膈腔出現一個均質、未顯影，且被完整包覆的腫瘤。病人之後接受胸腔鏡手術切除腫瘤。病理切片上發現在鬆散的纖維基質中散布著一些紡錘狀細胞。病理診斷最終確定是縱膈腔的黏液瘤。而在術後的兩年追蹤也沒有發現復發的情形。本病例提醒我們，黏液瘤仍舊可能是造成縱膈腔腫瘤的原因，而治療上則是建議完全的切除以避免再度復發。( *胸腔醫學* 2015; 30: 307-313)

關鍵詞：黏液瘤，縱膈腔腫瘤，縱膈腔黏液瘤

---

\* 台北市立聯合醫院仁愛院區 內科部 胸腔內科，\*\* 國立台灣大學醫學院附設醫院 內科部 胸腔內科

\*\*\* 台北市立聯合醫院仁愛院區 胸腔外科

索取抽印本請聯絡：蔡子修醫師，台大醫院 內科部 胸腔內科，台北市中正區中山南路 7 號

# Multiple Diaphragmatic Defects Complicated with Acute Hydrothorax in a Peritoneal Dialysis Patient – A Case Report

Huan-Wei Chen<sup>\*,\*\*</sup>, Kai-Huang Lin<sup>\*,\*\*</sup>, Hsiao-Hua Liu<sup>\*,\*\*\*</sup>, Huang-Chi Chen<sup>\*,\*\*</sup>

Peritoneal dialysis, a renal replacement therapy, is being increasingly used for patients with end-stage renal disease. Of all the complications related to peritoneal dialysis, hydrothorax is rather less common. Hydrothorax related to peritoneal dialysis has its unique presentation. We report a 51-year-old woman who received peritoneal dialysis for her end-stage renal disease and presented to our hospital with non-productive cough and progressive deteriorated shortness of breath for 1 week. The chest X-ray showed a massive amount of right-side pleural effusion, and the pleural fluid analysis revealed it was transudative with a high glucose content. We arranged peritoneal scintigraphy with a technetium-99m Phytate shunt scan and the result showed increased activity in the right lung field, suggestive of the existence of pleuro-peritoneal communication. Video-assisted thoracoscopy was arranged, and showed multiple diaphragmatic defects. Surgical diaphragmatic repair was then performed with endoscopic suture. Thereafter, the patient changed her renal replacement therapy to hemodialysis. No recurrent hydrothorax was found in the subsequent follow-up course. For the diagnosis of hydrothorax related to peritoneal dialysis, biochemistry and imaging studies are indicated, and video-assisted thoracoscopy with endoscopic suture would be a reasonable treatment choice. (*Thorac Med* 2015; 30: 314-320)

Key words: hydrothorax, pleuro-peritoneal communication, peritoneal dialysis

---

\*Division of Critical Care Medicine, Department of Internal Medicine, Changhua Christian Hospital, Changhua, Taiwan; \*\*Division of Chest Medicine, Department of Internal Medicine, Changhua Christian Hospital, Changhua, Taiwan; \*\*\*Department of Nursing, Changhua Christian Hospital, Changhua, Taiwan

Address reprint requests to: Dr. Huang-Chi Chen, Division of Critical Care Medicine, Department of Internal Medicine, Changhua Christian Hospital, 135 Nanxiao Street, Changhua City, Changhua County 500, Taiwan

## 腹膜透析患者併發橫膈缺損及急性水胸－病例報告

陳煥威<sup>\*,\*\*</sup> 林楷煌<sup>\*,\*\*</sup> 劉小華<sup>\*,\*\*\*</sup> 陳皇吉<sup>\*,\*\*</sup>

腹膜透析是末期腎病的患者，在接受腎臟替代療法中的一種選擇，目前來說確實愈來愈被廣為使用。在所有與腹膜透析相關的併發症中，水胸這個併發症的發生比例相對較低，而且這個疾病也有其特殊的表現。我們所提的這個病例報告是一位 51 歲因為末期腎病而接受腹膜透析的女性患者，她就醫主要的問題是一個禮拜的乾咳以及愈來愈厲害的呼吸喘促。胸部 X 光顯示有大量的右側肋膜積液，而且肋膜積液的分析顯示出有高的葡萄糖含量。我們安排腹部的鎢-99m 閃爍攝影檢查，發現在右邊肺野的放射線活性增高，顯然有胸腔腹腔交通的問題存在。影像輔助的胸腔內視鏡檢查發現有多處橫膈缺損，因此接著做內視鏡橫膈修補。之後，這個患者將她的腎臟替代療法改為血液透析，也不再有水胸的這個問題復發。針對這樣一個腹膜透析相關的水胸，生化和影像方面的檢查都有助於診斷的確立。而且影像輔助的胸腔內視鏡檢查合併內視鏡修補，理應是一個適當的治療選項。( *胸腔醫學* 2015; 30: 314-320)

關鍵詞：水胸，胸腔腹腔交通，腹膜透析

---

彰化基督教醫院 內科部 重症醫學科<sup>\*</sup>，彰化基督教醫院 內科部 胸腔內科<sup>\*\*</sup>

彰化基督教醫院 護理部<sup>\*\*\*</sup>

索取抽印本請聯絡：陳皇吉醫師，彰化基督教醫院 內科部 重症醫學科 胸腔科，500 彰化縣彰化市南校街 135 號

# Amenorrhea in a Patient with Pulmonary Tuberculosis

Yu-Cheng Chen, Jann-Yuan Wang

Menstrual abnormalities may occur in women with pulmonary tuberculosis (TB). The association between non-genital TB and amenorrhea is not well understood. We present the case of a 22-year-old unmarried woman who suffered from secondary amenorrhea before and during anti-TB treatment, and who recovered spontaneously thereafter. This case demonstrates that gynecologists should always consider pulmonary TB as a possibility in women presenting with menstruation abnormality in a TB endemic area, and physicians should pay attention to menstruation issues when treating women with TB who are of reproductive age. Gynecologist consultation may be necessary in order to prevent permanent infertility. (*Thorac Med* 2015; 30: 321-325)

Key words: infertility, *menstruation*, *Mycobacterium tuberculosis*, secondary amenorrhea, *tuberculosis*

---

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Address reprint requests to: Dr. Jann-Yuan Wang, Department of Internal Medicine, National Taiwan University Hospital, #7, Chung-Shan South Road, Taipei 100, Taiwan

# 一位肺結核病人的閉經症

陳又誠 王振源

經期異常可以發生在有肺結核但沒有生殖器結核病的婦女，但其與閉經症之間的關聯性並未明確。我們報告一位 22 歲的婦女在接受肺結核治療前及治療中罹患次發性閉經症之後自然痊癒。本案例說明醫師在對生育年齡的婦女治療肺結核時，需留意其月經問題。為防止永久性不孕症的發生，婦產科醫師的諮詢可能是必要的。( *胸腔醫學* 2015; 30: 321-325)

關鍵詞：不孕症，月經，結核分枝桿菌，次發性閉經症，結核