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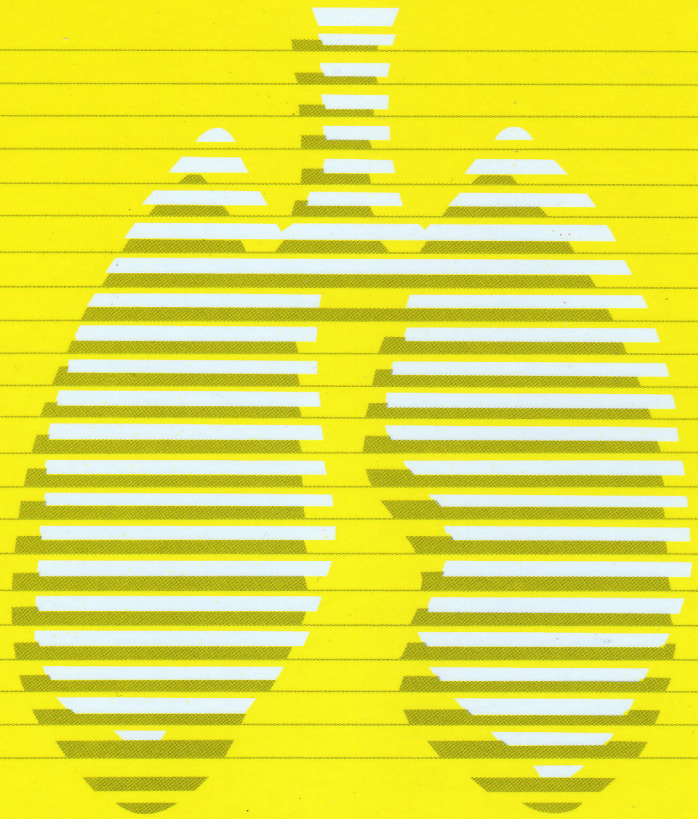

台灣胸腔暨重症加護醫學會

11217 台北市北投區石牌路二段201號

5.No.201, Sec. 2, Shipai Rd., Beitou District, Taipei City, Taiwan 11217, R.O.C.

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原著

病例報告

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Orginial Articles

Case Reports

Validation Assessment of the Chinese Version of the International Restless Legs Scale

Yen-Lung Chen, Shih-Wei Lin*, Li-Pang Chuang*, Szu-Chia Lai**,
Rou-Shayn Chen**, Ning-Hung Chen*

Purpose: Diagnosis of restless legs syndrome (RLS) is difficult because the symptoms are non-specific and difficult for patients to describe clearly. Reports of RLS among Asians are rare and most studies in Asian populations showed a substantially lower prevalence than that in Caucasians. The reason for the low prevalence rate in Asian populations may be the difficulty of defining the symptoms in different languages. In order to provide a valid instrument for the Chinese-speaking population, the original International Restless Legs Scale (IRLS) was translated into Chinese and then validated in this study.

Methods: Nineteen bilingual patients were requested to answer the English-language version of the IRLS and then the Chinese version 2 weeks later. The other 37 patients were requested to answer the Chinese version of the IRLS (IRLS-C) twice at a 2-week interval. All patients were rated for severity of RLS using the IRLS, and a clinical global impression (CGI) of the severity was determined before and after standard treatment.

Results: The correlation coefficient between the IRLS-C and the original IRLS was 0.745 (p<0.0001). The retest ICC reliability for the IRLS-C total score was 0.712, and the Cronbach's α coefficient value was 0.84. The correlations between the IRLS-C and the CGI were significant (r=0.430, p=0.005).

Conclusions: The ILRS-C is a valid, reliable, and sensitive measure that can be used to evaluate the severity of RLS among Chinese-speaking adults. ***(Thorac Med 2013; 28: 65-72)***

Key words: restless legs syndrome, International Restless Legs Scale, Chinese version, validation

Center for Traditional Chinese Medicine, *Sleep Center, Department of Pulmonary and Critical Care Medicine, **Neurology Department, Chang Gung Memorial Hospital, Chang Gung University
Yen-Lung Chen and Shih-Wei Lin contributed equally to the manuscript.
Address reprint requests to: Dr. Ning-Hung Chen, Sleep Center, Chang Gung Memorial Hospital, Taipei, Taiwan, No.123, Dinghu Rd., Guishan Township, Taoyuan 333, Taiwan

中文版國際不寧腿症候群量表之效度分析

陳彥融　林士為 *　莊立邦 *　賴思佳 **　陳柔賢 **　陳濬宏 *

前言：不寧腿症候群（Restless Legs Syndrome）由於症狀不具專一性，且病患常無法清楚描述其症狀，故在臨床上診斷不易。目前對於亞洲地區不寧腿症候群的研究仍不多，其中大部分研究顯示亞洲地區之不寧腿症候群盛行率遠低於高加索人種。亞洲地區不寧腿症候群盛行率偏低的原因可能來自於言語的表異造成症狀難以清楚定義。本研究將對 International Restless Legs Scale（IRLS）量表進行中文翻譯，並進行信度及效度檢驗，以提供中文使用族群臨床評估使用。

方法：有 19 名熟悉中文及英文的受試者進行中文版及英文版 IRLS 量表之相關性分析，受試者先進行英文版量表之填寫，並於兩週後進行中文版量表填寫。另有 37 名受試者進行中文版 IRLS 量表信度分析，受試者進行兩次中文版量表之填寫，期間間隔兩週。隨後所有的病患都會給予不寧腿症候群的治療，治療前後同時以中文版 IRLS 量表及臨床整體印象評估表（Clinical Global Impression, CGI）進行不寧腿症候群的嚴重度評估。

結果：中文版及英文版 IRLS 量表之間的相關係數（correlation coefficient）為 0.745（$p<0.0001$），中文版 IRLS 量表的再測組內相關係數（retest ICC reliability）為 0.712，Cronbach's α coefficient 值為 0.84。中文版 IRLS 量表和 CGI 之相關性分析具有意義（$r=0.430$, $p=0.005$）。

結論：中文版 IRLS 量表為一項具有信度、效度及敏感度之評估工具，可適用在中文使用族群中進行不寧腿症候群之嚴重度評估。*(胸腔醫學* ***2013; 28: 65-72)***

關鍵詞：不寧腿症候群，國際不寧腿症候群量表，中文版，效度

長庚紀念醫院暨長庚大學　中醫部，* 睡眠中心　呼吸胸腔科系，** 神經內科系
索取抽印本請聯絡：陳濬宏醫師，長庚紀念醫院暨長庚大學　呼吸胸腔科系及睡眠中心，桃園縣龜山鄉頂湖路 123 號

Continuous Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitor Treatment May Not Hinder the Survival of Patients with Primary Lung Adenocarcinoma despite Indolent New Lesions

Li-Chung Chiu, Tse-Hung Huang*, Kuo-Chin Kao, Chung-Shu Lee, Chung-Chi Huang, Chih-Teng Yu, Ning-Hung Chen, Cheng-Ta Yang, Ying-Huang Tsai**, Chien-Ying Liu

Background: Lung adenocarcinoma treated with epidermal growth factor receptor tyrosine kinase inhibitors (EGFR-TKI) eventually develops progressive disease (PD) due to acquired resistance. However, since there are few published reports on the survival benefit of continuous EGFR-TKI administration for indolent new lesions, the present study retrospectively analyzed the possible treatment effect on PD status as defined by the Response Evaluation Criteria in Solid Tumors (RECIST).

Methods: From January 2005 to November 2009, the data of 37 lung adenocarcinoma patients were prospectively recorded and retrospectively analyzed and evaluated. All patients had at least 6 months of progression-free survival (PFS) with EGFR-TKI and definite new lesions during EGFR-TKI therapy, with the primary targeted lung lesions remaining regressive or stable. Twenty-six patients continued and 11 discontinued EGFR-TKI therapy. Overall survival (OS), survival after discontinuation of EGFR-TKI, and survival after the appearance of definite new lesions were compared.

Results: The median OS was 480 days for the discontinuation group and 771.5 days for the continuation group (p=0.1838). Median survival time after discontinuation of EGFR-TKI was 117.0 days and 143.0 days in the 2 groups, respectively (p=0.9106), while median survival time after the appearance of indolent new lesions was 152.0 days and 262.0 days, respectively (p=0.0571).

Conclusion: Continuous EGFR-TKI administration in patients with primary lung adenocarcinoma with an initial response and the appearance of new indolent lesions may not hinder the survival benefit. ***(Thorac Med 2013; 28: 73-88)***

Key words: epidermal growth factor receptor tyrosine kinase inhibitors, new lesions, progressive disease, overall survival, progression-free survival

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Department of Thoracic Medicine, *Department of Chinese Medicine, Chang Gung Memorial Hospital, and School of Medicine, Chang Gung University, Taipei, Taiwan; **Department of Thoracic Medicine, Chang Gung Memorial Hospital, Chiayi, Taiwan

Address reprint requests to: Dr. Chien-Ying Liu, Department of Thoracic Medicine, Chang Gung Memorial Hospital and Chang Gung University, 5 Fushing Street, Gueishan Shiang, Taoyuan 333, Taiwan

肺腺癌病人產生新病灶時，持續使用 Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors 可能不會影響整體存活期

邱立忠　黃澤宏 *　高國晉　李忠恕　黃崇旂　余志騰
陳濘宏　楊政達　蔡熒煌 **　劉劍英

背景：使用 Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors（EGFR-TKI）治療肺腺癌病人最終會因為抗藥性而使疾病惡化。然而，因為只有少數文獻探討當產生新病灶時，持續使用 EGFR-TKI 對存活時間之益處，本研究回顧性分析對於 Response Evaluation Criteria in Solid Tumors（RECIST）定義之疾病惡化狀況下可能的治療效果。

方法：本研究從 2005 年 1 月至 2009 年 11 月前瞻性記錄，回顧性分析 37 位肺腺癌病人。所有病人對於 EGFR-TKI 都至少有 6 個月之無惡化存活期，且原發部位肺腫瘤變小或穩定，而後產生新病灶。26 位病人持續使用而 11 位病人停止使用 EGFR-TKI。我們比較此二組病人之整體存活期，停止使用 EGFR-TKI 後之存活期和出現新病灶後之存活期。

結果：停止使用 EGFR-TKI 組整體存活期中位數為 480 天，繼續使用 EGFR-TKI 組整體存活期中位數為 771.5 天（p=0.1838）。停止使用 EGFR-TKI 後，存活期中位數在停止使用組為 117.0 天，在繼續使用組為 143.0 天（p=0.9106），而出現新病灶後之存活期中位數在停止使用組為 152.0 天，在繼續使用組為 262.0 天（p=0.0571）。

結論：肺腺瘤病人在 EGFR-TKI 治療下初始有反應，當出現新病灶時，繼續使用 EGFR-TKI 可能不會影響存活期。*(胸腔醫學 **2013; 28: 73-88**)*

關鍵詞：epidermal growth factor receptor tyrosine kinase inhibitors，新病灶，病情惡化，整體存活期，無惡化存活期

長庚大學暨林口長庚紀念醫院　胸腔內科，* 中醫部，嘉義長庚紀念醫院　** 胸腔內科
索取抽印本請聯絡：劉劍英醫師，林口長庚紀念醫院　胸腔內科，333 桃園縣龜山鄉復興街五號

Pulmonary Mucosa-Associated Lymphoid Tissue Lymphoma (P-MALToma) in a Patient with Chronic Pleural Effusion

Ting-Ting Ling*, Tzu-Ching Wu*, Ming-Fang Wu*,**, Ming-Tsung Lai***, Shih-Ming Tsao*,****

Pulmonary mucosa-associated lymphoid tissue lymphoma (P-MALToma) is a rare disease. We presented the case of a 72-year-old woman who was admitted to the hospital because of increasing dyspnea. Her chest roentgenogram revealed left upper lung consolidation complicated with left-side pleural effusion and enlarged right upper lobe consolidation, compared to a chest roentgenogram in 2007. She was diagnosed with low-grade extranodal marginal zone B cell lymphoma of mucosa-associated tissue of the lung (MALToma) based on results of a pathologic examination. *Candida albicans* was isolated from her left-side pleural effusion. Atypical lymphocytes with immunocytochemical anti-CD20 positivity were also isolated from her left-side pleural effusion. In tracing the patient's history, we found that the lesions had persisted for many years. Thus, we suggest MALToma is an indolent disease, but that any kind of infection will cause the MALToma condition to deteriorate. ***(Thorac Med 2013; 28: 89-95)***

Key words: pleural effusion, pulmonary mucosa-associated lymphoid tissue lymphoma (P-MALToma), clarithromycin

*Chest Department, Chung Shan Medical university Hospital Taichung, Taiwan; **Oncology Department, Chung Shan Medical University Hospital, Taichung, Taiwan; ***Pathology Department, Chung Shan Medical University Hospital, Taichung, Taiwan; ****Institute Of Microbiology and Immunology, Chung Shan Medical University, Taichung, Taiwan

Address reprint requests to: Dr. Shih-Ming Tsao, Chest Department, Chung Shan Medical University Hospital, Institute Of Microbiology and Immunology, Chung Shan Medical University, Taichung, Taiwan

肺黏膜相關淋巴組織淋巴瘤（MALT 淋巴瘤）於慢性肋膜積水和眞菌感染的病人

林縵婷 *　吳子卿 *　吳銘芳 *,**　賴銘淙 ***　曹世明 *,****

黏膜相關淋巴組織淋巴瘤（MALToma）是一種低度惡性度的 B 細胞淋巴瘤。它可生長在胃、肺、唾液腺、甲狀腺或前列腺。肺部黏膜相關淋巴組織的淋巴瘤（p-MALToma）是個很少見疾病。雖然 MALToma 是惡性腫瘤，但是其臨床表現及特性是屬於進展緩慢的疾病（indolent）且預後良好。

我們報告一位 72 歲女性罹患 MALToma 被診斷的時候是，以左側的大量肋膜積水來表現。一年來，病人除一開始的抗黴菌藥與長期服用 clarithromycin 外並未接受任何化學治療，胸部 X 光至今無明顯變化。正如幽門桿菌感染已確定為胃部 MALToma 的致病因子，結核菌感染也被認為在 p-MALToma 伴演重要角色。因此，本文個案患有陳舊性結核病與慢性肋膜積水更可以讓我們思考慢性感染與 MALToma 之間的關係。*(胸腔醫學 **2013; 28: 89-95**)*

關鍵詞：肋膜積水，肺部黏膜相關淋巴組織淋巴瘤（p-MALToma)，克拉霉素

中山醫學大學附設醫院胸腔暨重症醫學科 *，腫瘤學科 **，病理學科 ***，中山醫學大學微生物免疫研究所 ****
索取抽印本請聯絡：曹世明醫師，中山醫學大學附設醫院　胸腔暨重症醫學科，臺中市南區建國北路一段 110 號

Back Pain, Multi-segmental Spondylitis, and Lung Consolidation – A Rare Constellation of Actinomycosis

Chor-Kuan Lim, Hao-Chien Wang, Jin-Yuan Shih, Huey-Dong Wu*, Chong-Jen Yu

Actinomycosis is a rare pulmonary infection that can mimic a variety of chronic suppurative lung diseases or lung tumors. Involvement of the vertebral column is very rare. In this article, we report the case of a 28-year-old man who presented with upper back pain for 6 months; radiological examinations showed right upper lung consolidation and multi-segmental spondylitis of the thoracic spine. Chronic inflammation was observed during ultrasonography-guided aspiration and conventional computed tomography-guided biopsy. Wedge resection via video-assisted thoracoscopic surgery of the right upper lung and histopathological examination of the tissue established a diagnosis of actinomycosis. The patient was treated with intravenous penicillin G for 14 days followed by oral amoxicillin/clavulanic acid for 3.5 months, without any sequelae. Actinomycosis infection is rare; therefore, a diagnosis can be difficult to attain. A high degree of clinical suspicion, an early diagnosis, and appropriate treatment may prevent morbidity considerably. ***(Thorac Med 2013; 28: 96-101)***

Key words: pulmonary actinomycosis, spondylitis

Department of Internal Medicine, National Taiwan University Hospital, Taiwan (R.O.C); *Department of Integrated Diagnostics and Therapeutics, National Taiwan University Hospital, Taiwan (R.O.C)
Address reprint requests to: Dr. Huey-Dong Wu, Department of Integrated Diagnostics and Therapeutics, National Taiwan University Hospital, No. 7, Chung San South Road, Zhong Zheng District, Taipei City 10002, Taiwan (R.O.C)

背痛，多節脊柱炎，肺實質化 — 放線菌感染的罕見匯集

林祖權　王鶴健　施金元　吳惠東*　余忠仁

放線菌病是一種罕見的肺部感染，它的臨床表現可和各種慢性化膿性肺部疾病或肺癌相近。放線菌於脊柱的感染更是罕見。本文描述一位 28 歲的男性主訴上背部疼痛六個月。胸部 X 光及電腦斷層顯示右上肺實質化和胸椎多節段脊柱炎。右上肺的病兆於超音波導引和電腦斷層導引下穿皆無法獲得確診。病患接受楔形切除後證實為放線菌感染。病人接受了四個月的盤尼西林類抗生素治療，症狀完全緩解，並不留任何後遺症。臨床上常難以確診放線菌感染。高度的臨床懷疑，早期的診斷和適當的治療才能預防嚴重的併發症。*(胸腔醫學 **2013; 28: 96-101**)*

關鍵詞：放線菌，放線菌感染，肺實質化

臺大醫院內科部　胸腔內科，* 臺大醫院綜合診療部
索取抽印本請聯絡：吳惠東醫師，國立台灣大學醫學院附設醫院　綜合診療部，台北市中山南路 7 號

Treating Early-Stage Lung Cancer with Radiofrequency Ablation – A Case Report

Shih-Feng Huang, Shih-Ming Tsao, Cheau-Feng Lin*, Da-Ming Yeh**,
Hao-Hung Tsai**, Tzu-Chin Wu

The prevalence of lung cancer is high in Taiwan. For patients with early-stage lung cancer, surgical resection is the standard treatment. In clinical practice, some patients are poor surgical candidates because of old-age, poor cardiopulmonary functional reserve or other comorbid diseases. Radiofrequency ablation (RFA) has been used to treat hepatocellular carcinoma for a decade with good results, and recently, it has been utilized for local control of lung cancers. We report an elderly patient with early-stage adenocarcinoma of the lung. Her comorbid conditions of diabetes mellitus, rheumatoid arthritis and poor cardiopulmonary function made the risk of surgery high and unacceptable. The patient was treated with RFA and was followed up for 1 year with a good response. RFA-related complications such as pneumothorax, hemoptysis, pain and pleural effusion are readily handled clinically. The efficiency of RFA depends on tumor size. A tumor diameter of less than 3 cm yields good local control. Computed tomography and positron emission tomography are usually used to evaluate the treatment outcome. RFA is a minimally invasive treatment, and preserves the patient's pulmonary function. Repeat treatments are also possible. ***(Thorac Med 2013; 28: 102-109)***

Key words: lung cancer, radiofrequency ablation

Division of Chest Medicine, Department of Internal Medicine, * Division of Thoracic Surgery, Department of Surgery, and **Department of Medical Imaging, Chung Shan Medical University Hospital, Taichung, Taiwan
Address reprint requests to: Dr. Tzu-Chin Wu, Division of Pulmonary Medicine, Chung Shan Medical University & Hospital, No.110, Sec. 1, Jien Kuo N. Rd., South Dist., Taichung City 402, Taiwan (R.O.C.)

使用射頻燒灼術（Radiofrequency ablation）治療早期肺癌－一病例報告

黃士峰　曹世明　林巧峰 *　葉大銘 **　蔡鎬鴻 **　吳子卿

肺癌在台灣的盛行率一直很高。針對早期肺癌的病人，施行手術才有治癒的可能。臨床上因為年紀大、心肺功能差、其他嚴重合併症等，並不是所有早期肺癌的病人都適合接受手術。射頻燒灼術（Radiofrequency ablation, RFA）開始用來治療肝癌，近年來應用在肺部腫瘤的局部控制上，也有預後甚好的結果。我們報告一例老年糖尿病肺功能不佳之早期肺腺癌病人，經過 RFA 治療且追蹤一年後的臨床經驗，同時回顧目前對於 RFA 的資訊。RFA 的侵襲性小，對病人的肺功能影響不大，可以重複施行，且相關的併發症多在可處理的範圍內。影響治療效果最大的因素就是腫瘤的大小，小於三公分的腫瘤治療效果好。治療後的評估多以電腦斷層及正子攝影當作追蹤的工具。*(胸腔醫學 **2013; 28: 102-109**)*

關鍵詞：肺癌，射頻燒灼術（Radiofrequency ablation）

中山醫學大學附設醫院　內科部　胸腔內科，* 外科部　胸腔外科，** 醫學影像部
索取抽印本請聯絡：吳子卿醫師，中山醫學大學附設醫院　內科部　胸腔內科，台中市南區建國北路一段 110 號

Granulomatosis with Polyangiitis Initially Presenting with Sinonasal Tumor: A Case Report

Sheng-Chieh Huang*,**, Chih-Feng Chian**, Chen-Hung Chen***, Jih-Ching Li****

Ear, nose and throat involvement is the most common clinical manifestation of granulomatosis with polyangiitis (GPA) or Wegener's granulomatosis, and sinusitis is the most frequent presenting symptom, followed by fever, arthralgia, cough, rhinitis, hemoptysis, otitis, and ocular inflammation. Patients with GPA may present upper respiratory symptoms such as nasal obstruction and epistaxis initially. However, this would lead to a delayed diagnosis and treatment. A 46-year-old man presented with chronic facial pain, numbness, and epistaxis for 3 weeks. Nasal inspection showed an ulcerating tumor in the right osteomeatal complex region. Chest film showed a cavitary mass in the left upper lobe. GPA was confirmed by evidence of necrotizing granulomatous inflammation of nasal tissue and positive cytoplasmic antineutrophil cytoplasmic antibody (c-ANCA). Flare-up of GPA occurred after pulse therapy with high-dose corticosteroid followed by low-dose steroid; anti-CD 20 target therapy with rituximab combined with pulse therapy was then prescribed as an alternative initial induction therapy, followed by low-dose steroid plus hydroxychloroquine. Mycophenolate mofetil as maintenance therapy controlled the progression of GPA and led to remission of the facial and nasal symptoms and the lung mass 3 months after diagnosis of GPA. ***(Thorac Med 2013; 28: 110-117)***

Key words: cytoplasmic antineutrophil cytoplasmic antibody (c-ANCA), chronic rhinosinusitis, sinonasal tumor, Wegener's granulomatosis, granulomatosis with polyangiitis (GPA)

*Division of Chest Medicine, Department of Internal Medicine, Taoyuan Armed Forces General Hospital, Taoyuan, Taiwan; **Division of Pulmonary Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan; ***Division of Rheumatology, Immunology, and Allergy, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan; ****Department of Otorhinolaryngology - Head and Neck Surgery, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Address reprint requests to: Dr. Chih-Feng Chian, Division of Pulmonary Medicine, Department of Internal Medicine, Tri-Service General Hospital, National Defense Medical Center, No. 325, Section 2, Cheng-Kung Road, Nei-Hu District, Taipei, Taiwan

以鼻竇腫瘤爲最初表現的肉芽腫併多發性血管炎：病例報告

黃聖傑 *,**　簡志峰 **　陳政宏 ***　李日清 ****

韋格納氏肉芽腫（Wegener's granulomatosis）於 2011 年 1 月被三家學會建議更名為肉芽腫併多發性血管炎（granulomatosis with polyangiitis）。耳鼻及喉部侵犯是最常見的臨床表現，副鼻竇炎是很常見的症狀，緊接著是發燒、關節痛、咳嗽、鼻炎、咳血、耳炎及眼球發炎。此類病人初期可能僅表現上呼吸道症狀，例如鼻腔阻塞、流鼻血，所以可能造成延遲診斷及治療。我們提出的一個 46 歲中年男性因起初以慢性臉部疼痛及麻與流鼻血持續約 3 週，被發現有右鼻竇腫瘤。胸腔 X 光檢查呈現左上肺葉開洞腫塊。這個病人的診斷是由右側鼻病灶病理切片呈現壞死性肉芽腫，及陽性抗嗜中性白血球細胞質抗體確立診斷。病人在脈衝式療法（pulse therapy with high dose corticosteroid）後又再度復發，選擇標靶治療藥物 rituximab（anti-CD 20）當作替代式療法，接著使用低劑量類固醇併 hydrochloroquine 及 mycophenolate mofetil 當作維持性療法（maintenance therapy），且經過三個月後，上呼吸道及臉部症狀改善且左上葉開洞病灶也幾乎消失。*(胸腔醫學 **2013; 28: 110-117**)*

關鍵詞：抗嗜中性白血球細胞質抗體，慢性鼻竇炎，鼻竇腫瘤，韋格納氏肉芽腫，肉芽腫併多發性血管炎

國軍桃園總醫院　內科部　胸腔內科 *，三軍總醫院　內科部　胸腔內科 **，三軍總醫院　內科部　風濕免疫過敏科 ***
三軍總醫院　耳鼻喉頭頸外科部 ****
索取抽印本請聯絡：簡志峰醫師，三軍總醫院　內科部　胸腔內科，114 台北市內湖區成功路二段 325 號

Tracheal Papilloma Presenting as Refractory Asthma: A Case Report

Ching-Yao Yang, Jann-Yuan Wang

Recurrent respiratory papillomatosis (RRP) is a benign neoplasm in the respiratory tract that is recurrent in nature and caused by human papilloma virus (HPV) infection. RRP may arise from anywhere in the respiratory tract, but solitary tracheal papilloma is a relatively rare form of RRP and is frequently misdiagnosed as asthma due to the similar symptoms, including cough, dyspnea, and wheezes. We report a 25-year-old man with tracheal papilloma that was diagnosed as asthma initially. His dyspnea and wheezes were refractory to bronchodilators and inhaled corticosteroids. Chest computed tomography (CT) disclosed a cauliflower-like tumor in the trachea with nearly total obstruction. Surgical resection of the tumor was performed with the support of extracorporeal membrane oxygenation (ECMO), and the pathology report indicated squamous papilloma. HPV type 72 was detected in the tumor tissue by polymerase chain reaction (PCR) followed by a HPV genotype-specific hybridization method. We concluded that a thorough evaluation should be carried out if the asthma is difficult to control. ECMO may be helpful for tracheal tumor resection in patients for whom a conventional anesthesia technique is unsafe. ***(Thorac Med 2013; 28: 118-124)***

Key words: tracheal papilloma, recurrent respiratory papillomatosis, refractory asthma, extracorporeal membrane oxygenation, human papilloma virus

Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan
Address reprint requests to: Dr. Jann-Yuan Wang, Division of Chest Medicine, Department of Internal Medicine, National Taiwan University Hospital, No. 7, Chung-Shan South Road, Taipei 100, Taiwan, R.O.C.

以頑固型氣喘爲表現的氣管內乳突瘤：案例報告

楊景堯　王振源

反覆性呼吸道乳突瘤（Recurrent respiratory papillomatosis, RRP）為人類乳突病毒所造成的一種呼吸道良性腫瘤，有反覆發作難以根治的特性。RRP 可發生在呼吸道的任何地方，但以喉部為最常見，單獨發生在氣管而無其他部位侵犯者較為稀少。因為臨床症狀如喘及嘯鳴聲等不具特異性，而胸部 X 光對於氣管內病灶又較不敏感，氣管內乳突瘤往往難以早期診斷而被誤診為氣喘或其他阻塞性呼吸道疾病。此處我們報導一位罹患氣管乳突瘤的 25 歲男性，起初因咳嗽、喘及嘯鳴聲等徵候被診斷為氣喘，但在支氣管擴張劑及吸入性類固醇的治療下其症狀仍不斷惡化。胸部電腦斷層顯示在氣管內有一花椰菜狀的腫瘤，造成氣管幾乎完全阻塞。由於傳統的氣管插管無法在手術中達到足夠的換氣，此病人在葉克膜體外循環機的支持下順利接受了氣管內的乳突瘤切除。利用原位雜交聚合體鍊狀反應，我們發現在乳突瘤組織裡偵測到一少見的人類乳突病毒基因型（第 72 型）。由此案例可知，當氣喘對傳統治療反應不佳時，需考慮其他阻塞型呼吸道疾病，氣管腫瘤雖然少見仍須列入考慮。在呼吸道腫瘤的手術中如遇到換氣困難的情況，葉克膜體外循環機為一安全的方式來維持術中適當的通氣使手術得以順利進行。*(胸腔醫學 **2013; 28: 118-124**)*

關鍵詞：氣管乳突瘤，反覆性呼吸道乳突瘤，頑固型氣喘，葉克膜體外循環機，人類乳突病毒

國立台灣大學醫學院附設醫院　內科部　胸腔內科
索取抽印本請聯絡：王振源醫師，國立台灣大學醫學院附設醫院　內科部　胸腔內科，100 台北市中正區中山南路 7 號

Pulmonary Angiosarcoma Presenting as Bilateral Pulmonary Nodules and Pericardial Effusion – A Case Report

Hung-Jen Fan, Hao-Chien Wang, Chong-Jen Yu

Angiosarcomas are primary vascular malignancies with a highly invasive character. The lung is the most common site of metastasis, but primary pulmonary angiosarcomas are rarely reported. We reported a case of suspicious primary pulmonary angiosarcoma with the initial presentation of bilateral lung nodules and pericardial effusion. Diagnosis was made by surgical biopsy via thoracoscopy. The clinical characteristics, histopathologic features and treatment options were also reviewed in this article. ***(Thorac Med 2013; 28: 125-130)***

Key words: angiosarcoma, pulmonary angiosarcoma, primary intrathoracic sarcoma

Department of Internal Medicine, National Taiwan University Hospital, Taiwan (R.O.C.)
Address reprint requests to: Dr. Hao-Chien Wang, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, National Taiwan University Hospital, No.7, Chung-Shan South Road, Taipei, Taiwan, R.O.C.

以肺部結節及心包膜積水表現的肺部血管肉瘤－病例報告

方泓仁　王鶴健　余忠仁

血管肉瘤是由血管組織原發的惡性腫瘤，具有高度惡性及侵襲性的表現。肺部是最容易發生轉移性血管肉瘤的器官，但原發性的肺部血管肉瘤卻極少被報告。在此我們提出一個疑似原發性肺部血管肉瘤的病例報告，此個案以雙側肺腫瘤及心包膜積水為初始表現，經由胸腔內視鏡手術切片證實。同時在本篇文章中也回顧了關於血管肉瘤的臨床表現、組織病理學特徵及治療的選擇。*(胸腔醫學* ***2013; 28: 125-130)***

關鍵詞：血管肉瘤，肺部血管肉瘤，原發性胸腔內肉瘤

國立台灣大學醫學院附設醫院　內科部　胸腔內科
索取抽印本請聯絡：王鶴健醫師，國立台灣大學醫學院附設醫院　內科部　胸腔內科，台北市中山南路 7 號

Huge Solitary Fibrous Tumor of the Pleura – Report of a Case

Chun-Kai Huang, Huey-Dong Wu*, Chong-Jen Yu

Solitary fibrous tumor of the pleura (SFTP) is a rare neoplasm from mesenchymal cells. It is usually asymptomatic and the diagnosis is often delayed; 10-20% of SFTPs are classified as malignant. Benign SFTPs are almost curable with complete surgical resection. Clinical and radiological assessment can provide a hint of SFTP, but is often inadequate for a definitive diagnosis. Although routine fine needle aspiration biopsy (FNAB) is not suggested in SFTP, tissue proof is still necessary if disease management would be substantially affected by the results, or if surgical intervention is contraindicated. Herein, we report a 79-year-old woman with progressive dyspnea and a huge mass in the left lower lung zone. She and her family decided against surgical intervention. She was diagnosed as having SFTP with echo-guided FNAB. ***(Thorac Med 2013; 28: 131-137)***

Key words: solitary fibrous tumor, pleural tumor, prognosis

Department of Internal Medicine, National Taiwan University Hospital, Taiwan (R.O.C); Department of Integrated Diagnostics and Therapeutics*, National Taiwan University Hospital, Taiwan (R.O.C)
Address reprint requests to: Dr. Huey-Dong Wu, Department of Integrated Diagnostics and Therapeutics, National Taiwan University Hospital, No. 7, Chung Shan S. Rd., Taipei 100, Taiwan, R.O.C.

巨大肋膜腔單發性纖維瘤－單一病例報告

黃俊凱　吳惠東*　余忠仁

肋膜腔單發性纖維瘤是一種罕見的間質細胞腫瘤。它通常是無症狀的並常常在診斷前成長為一個巨大的腫瘤。有 10 至 20% 的肋膜腔單發性纖維瘤被診斷為惡性腫瘤。在完整的手術切除下，良性肋膜腔單發性纖維瘤是可以治癒的。臨床和影像學評估對於肋膜腔單發性纖維瘤的診斷可以有一定的幫助，但往往無法獲得明確的診斷。例行的細針穿刺活檢不建議用於肋膜腔單發性纖維瘤的診斷，這是由於診斷率低和可能的穿刺路徑上的轉移。然而，如果病理的結果將影響後續的治療或當手術是禁忌症時，病理組織切片仍是必要的。在此，我們報告一位 79 歲的婦女有漸進性呼吸困難的症狀，並在左下肺區發現巨大腫塊。病人及其家屬決定不接受手術治療。經由超音波指引的細針穿刺活檢，她被診斷出肋膜腔單發性纖維瘤。
*(胸腔醫學 **2013; 28: 131-137**)*

關鍵詞：單發性纖維瘤，肋膜腔腫瘤，預後

臺大醫院內科部　胸腔內科，* 臺大醫院　綜合診療部
索取抽印本請聯絡：吳惠東醫師，國立台灣大學醫學院附設醫院　綜合診療部，台北市中山南路 7 號