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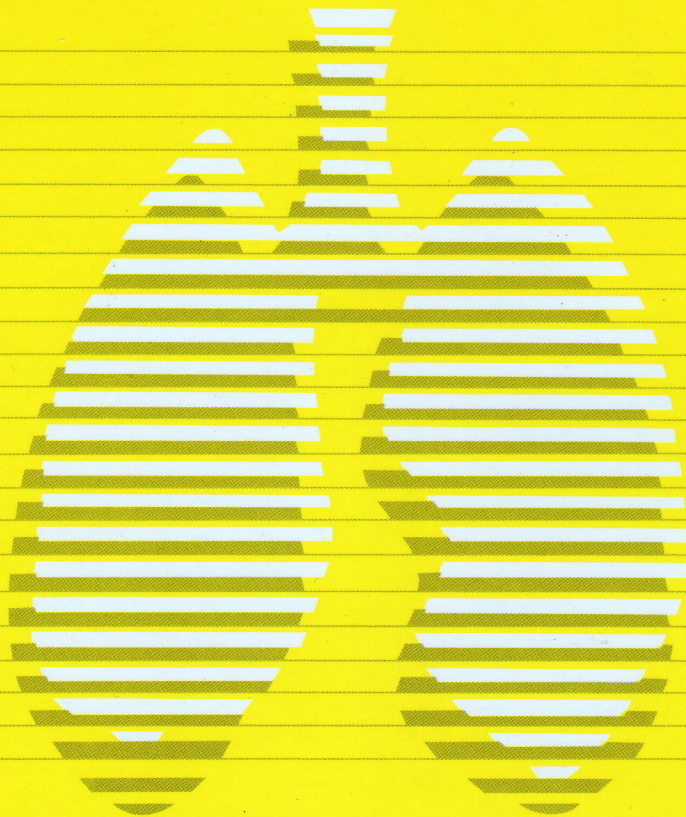
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台灣胸腔暨重症加護醫學會

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Comparison of Weekly Vinorelbine and Weekly Docetaxel, Each with Cisplatin, for Locally Advanced Non-Small Cell Lung Cancer in Patients with Concurrent Chemoradiotherapy

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

Background: Concurrent chemoradiotherapy (CCRT) is 1 of the standard treatments for locally advanced non-small cell lung cancer (NSCLC) patients. The aim of the present study was to evaluate and compare the efficacy and toxicities of weekly vinorelbine and weekly docetaxel plus cisplatin for locally advanced stage III NSCLC patients with CCRT.

Patients and Methods: We performed a retrospective review of locally advanced stage III NSCLC patients in a tertiary referral medical center between January 2003 and December 2009. Patients with histologically and/or cytologically confirmed NSCLC with inoperable stage IIIA or IIIB disease who underwent CCRT with a regimen of weekly cisplatin 20 mg/m² combined with weekly vinorelbine 20 mg/m² or docetaxel 20 mg/m² were included. The scheduled dose of thoracic irradiation was 60 Gy in 30 fractions. The collected data included general information, stage, histological types and performance status. Treatment response, including response rate, time to disease progression, survival time and toxicity, was compared in both groups.

Results: Ninety-five patients were enrolled for analysis; 26 (27.4%) had stage IIIA and 69 (72.6%) had stage IIIB NSCLC. All clinical characteristics, except stages, were identical in the 2 groups. The portion of stage IIIB patients was significantly higher in the vinorelbine group than that in the docetaxel group (83.3% versus 61.7%, $p=0.018$). The disease control rates and response rates of the vinorelbine and docetaxel groups were 72.9% and 74.5%, and 45.8% and 51.1%, respectively. One of 8 stage IIIA patients (12.5%) in the vinorelbine group and 7 of 18 stage IIIA patients (38.9%) in the docetaxel group were down-staged and subsequently received surgical resection for residual tumors. The median survival time of the patients in both groups was not significantly different (15.6 months versus 22.1 months; $p=0.07$). The incidence of leukopenia was higher in the vinorelbine group (33.3%) than in the docetaxel group (4.3%). We noted that 39.6% of patients in the vinorelbine group and 68.1% in the docetaxel group completed 6 cycles of chemotherapy, respectively. There were 4 toxic

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deaths due to sepsis during the treatment period, 1 in the vinorelbine group and 3 in the docetaxel group.

Conclusions: CCRT with a regimen of weekly vinorelbine plus cisplatin or weekly docetaxel plus cisplatin may have similar effects. There was less toxicity and greater tolerance in the docetaxel group. (*Thorac Med 2013; 28: 260-269*)

Key words: non-small cell lung cancer (NSCLC), concurrent chemoradiotherapy (CCRT), survival, cisplatin, vinorelbine, docetaxel

在局部後期非肺小細胞癌病人接受同步化學放射治療時， 比較每週 vinorelbine 和 docetaxel 加上 cisplatin 之差異

李忠恕 陳志弘 高國晉 林信吟* 邱立忠 劉劍英 陳濤宏 黃崇旂
蔡熒煌** 楊政達

前言：同步使用化學治療和放射治療是治療局部後期非肺小細胞癌之標準方法，在亞洲此方法的成效結果並不充足詳細。這個回溯性研究作了同步放射治療和每週化學治療於兩種不同化學治療成分（cisplatin併vinorelbine或cisplatin併docetaxel）的效力和毒性比較。

方法：這個研究收集了 95 位局部後期（stage IIIA or IIIB）非肺小細胞肺癌病人接受了同步放射治療和每週化學治療（cisplatin 併 vinorelbine 或 cisplatin 併 docetaxel）。我們記錄下病人基本背景數據，病理切片結果，治療副作用的資料，同時利用 Chi-Square test、Kaplan-Meier survival curve 和 Cox regression 來分析。

結果：這兩組（vinorelbine 組和 docetaxel 組）病人的基本資料除了分期（stage）比例有差別外，其餘是相似的。在 vinorelbine 組和 docetaxel 組中，疾病控制程度分別為 72.9% versus 56% 及治療反應為 45.8% versus 51.1%。在 stage IIIA 病人裡 vinorelbine 組 8 個病人中有 1 個可以接受完全切除手術(12.5%)，docetaxel 組則是 18 位病人中有 7 位可接受完全切除（38.9%）。全部的病人（含接受手術者），vinorelbine 組和 docetaxel 組的中位存活數分別為 15.6 months versus 22.1 months。白血球低下的發生率在 vinorelbine 組是比較高的（33.3% versus 4.3%）。治療期間有 4 個病人因敗血症而死亡，其中 1 個在 vinorelbine 組，另 3 個在 docetaxel 組。

結論：這篇研究顯示在局部後期非肺小細胞癌病人中同步放射治療和每週化學治療（cisplatin 併 vinorelbine 或 cisplatin 併 docetaxel）是安全且有效的。而未來在這類病人的治療成效上，仍需進一步前瞻性研究。（*胸腔醫學 2013; 28: 260-269*）

關鍵詞：非肺小細胞癌，同步放射治療和化學治療，存活率，cisplatin，vinorelbine，docetaxel

Concomitant Treatment with Recombinant Human Activated Protein C and Extracorporeal Membrane Oxygenation for Sepsis-related Acute Respiratory Distress Syndrome

Chin-Chih Chang^{*,**}, Shuenn-Wen Kuo^{*,**}, Jang-Ming Lee^{**}, Wen-Je Ko^{*,**}

Introduction: Sepsis-related acute respiratory distress syndrome (S-ARDS) is a difficult problem for clinicians. The aim of this study was to evaluate the efficacy and safety of combined treatment with recombinant human activated protein C (rhAPC) and extracorporeal membrane oxygenation (ECMO) for S-ARDS.

Methods: We retrospectively analyzed a prospective database in a single institution. Patients with S-ARDS requiring ECMO support were enrolled. RhAPC was given to the patients who met the criteria of our study. Other patients received conventional management. The primary endpoint was all-cause hospital mortality, and the secondary endpoint was serious bleeding complications.

Results: A total of 14 patients were enrolled. Five patients received rhAPC and 9 underwent conventional treatments. Two of 5 patients in the rhAPC group (40.0%) and 8 of 9 patients in the control group (88.9%) died in the hospital ($p=0.095$). Two serious bleeding incidents occurred in patients in the control group (22.2%) and none in the rhAPC group ($p=0.505$).

Conclusion: Our analyses suggested rhAPC has no significant effect on the reduction of all-cause mortality in patients with S-ARDS requiring ECMO support, although no increase in serious bleeding complications associated with rhAPC treatment was noted. (*Thorac Med* 2013; 28: 270-277)

Key words: activated protein C, acute respiratory distress syndrome (ARDS), drotrecogin alfa, extracorporeal membrane oxygenation (ECMO), sepsis, Xigris

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同時以基因重組人類活化 C 蛋白與體外膜氧合器治療與敗血症相關的急性呼吸窘迫症候群

張金池^{*,**} 郭順文^{*,**} 李章銘^{**} 柯文哲^{*,**}

前言：與敗血症相關的急性呼吸窘迫症候群在臨床治療上仍是一個很困難的問題。本研究的目的是評估同時以基因重組人類活化 C 蛋白與體外膜氧合器治療與敗血症相關的急性呼吸窘迫症候群之療效及安全性。

方法：我們以台大醫院中的前瞻性資料庫來做回溯性分析。我們收集了與敗血症相關的急性呼吸窘迫症候群並且使用體外膜氧合器的病人。符合本研究中基因重組人類活化 C 蛋白治療條件的病人接受該藥物治療，其他病人則接受傳統治療。初級終點為全部原因的在醫院死亡率，次級終點為嚴重出血併發症。

結果：共有 14 位病人被收入本研究，其中 5 位接受基因重組人類活化 C 蛋白治療（研究組），其他 9 位接受傳統治療（對照組）。研究組中 5 位有 2 位死亡（40.0%），而對照組中 9 位有 8 位死亡（88.9%， $p=0.095$ ）。在嚴重出血併發症方面，在對照組中有 2 位發生（22.2%），在研究組中則無（ $p=0.505$ ）。

結論：在與敗血症相關的急性呼吸窘迫症候群並且使用體外膜氧合器的病人使用基因重組人類活化 C 蛋白治療，對於降低死亡率沒有顯著的成效，雖然在本研究中沒有發現與此藥物相關的嚴重出血併發症。
(*胸腔醫學* 2013; 28: 270-277)

關鍵詞：基因重組人類活化 C 蛋白，體外膜氧合器，葉克膜，敗血症，急性呼吸窘迫症候群，除栓素

Diagnosis and Treatment of an Infective Bronchogenic Cyst Using Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration: A Case Report

Kuo-Yang Huang*, Chia-Hung Chen*, **, Wei-Chih Liao*, Chih-Yen Tu*, ***, ****, Chuen-Ming Shih*, **, Wu-Huei Hsu*, ***

Bronchogenic cysts are 1 of the most common bronchopulmonary congenital malformations found in adults. Most would agree that symptomatic or infected cysts should be surgically removed. We report a 58-year-old male with fever and a mediastinal mass, who was diagnosed with infected bronchogenic cyst and treated with a combination of antibiotics and drainage by endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA). This case suggests that EBUS-TBNA can be an effective alternative treatment to surgery in the management of infective bronchogenic cysts. (*Thorac Med* 2013; 28: 278-282)

Key words: bronchogenic cyst, endobronchial ultrasound, endobronchial ultrasound-guided transbronchial needle aspiration

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使用支氣管內視鏡超音波導引細針抽吸術診斷及治療感染性支氣管性囊腫：病例報告

黃國揚* 陳家弘**,** 廖偉志* 涂智彥*,***,**** 施純明**,** 徐武輝*,***

支氣管性囊腫是成人最常見的先天性支氣管肺畸形之一。大多數人皆同意有症狀或感染性支氣管性囊腫需手術移除。我們在此報告一位臨床表現為發燒及縱隔腔腫瘤的 58 歲男性病患；經支氣管內超音波導引經支氣管細針抽吸診斷為感染性支氣管性囊腫及抗生素治療。此病例提議支氣管內超音波導引經支氣管細針抽吸可為感染性支氣管性囊腫除開刀外之有效替代療法。(*胸腔醫學* 2013; 28: 278-282)

關鍵詞：支氣管性囊腫，支氣管內視鏡超音波，支氣管內視鏡超音波導引細針抽吸術

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Hodgkin's Lymphoma Presenting as Pleural and Chest Wall Invasion: A Case Report

Yen-Ting Lin, Chao-Chi Ho

Hodgkin's lymphoma is not an uncommon cause of mediastinal lymphadenopathy. However, pleural and chest wall invasion are rare. Our patient, a 41-year-old male, presented to our clinic with recurrent right chest pain for 1 month. Physical exam was unremarkable, except a 1.5 cm, non-tender, soft lymph node was found at the left axilla. CXR revealed a faint extrapulmonary lesion at the right upper lung field with rib destruction. CT scan showed wide-based pleural thickening with adjacent right 6th rib destruction, some mediastinal lymphadenopathies, a T9 sclerotic lesion with adjacent enlarged soft tissue and a 1.5 cm left axillary lymphadenopathy. A pleural malignancy was suspected. CT-guided biopsy of the pleural lesion disclosed atypical lymphoid infiltrates, suspicious of Hodgkin's lymphoma. Excision biopsy of the left axillary lymph node revealed foci of large lymphoid cells with hyperchromatic nuclei and condensed cytoplasm. Binucleated Reed-Sternberg cells were present. A Hodgkin's lymphoma, classical-type, was diagnosed. After chemotherapy with an ABVD protocol, the CXR and CT scan both showed significant tumor regression. A PET scan did not disclose a viable hypermetabolic malignancy. Hodgkin's lymphoma usually spreads along with lymph node distribution. Pleural and chest wall involvement are rare. A detailed physical examination and tissue diagnosis are essential with the presence of any suspicious malignancy of pleural origin. (*Thorac Med* 2013; 28: 283-289)

Key words: Hodgkin's lymphoma, pleural lesion

以肋膜和胸壁侵犯為表現的何杰金氏淋巴瘤：病例報告

林彥廷 何肇基

何杰金氏淋巴瘤 (Hodgkin's lymphoma) 是縱隔腔淋巴病變的原因之一，其擴散的方式常經由一個個鄰近的淋巴結散布出去。肋膜和胸壁的侵犯多半在縱隔腔淋巴病變已經相當巨大的情況下才會發生。我們報告一位 41 歲男性以胸痛表現求診。胸部 X 光發現一片邊緣不清的肺外病灶伴隨肋骨侵蝕。電腦斷層顯示局部肋膜增厚伴隨右側第 6 肋骨侵蝕、局部縱隔腔淋巴病變及左腋下單一淋巴結腫大。肋膜病理切片顯示非典型淋巴球浸潤，懷疑是何杰金氏淋巴瘤。腋下淋巴結切除後，病理報告確診為典型何杰金氏淋巴瘤。經過化學治療，肋膜病灶和淋巴病變均顯著縮小，正子攝影已看不出任何的惡性變化。在不明原因肋膜增厚的病患，病理學檢查是必須的診斷工具。(*胸腔醫學* 2013; 28: 283-289)

關鍵詞：何杰金氏淋巴瘤，肋膜病變

Marantic Endocarditis in a Patient with Lung Cancer: Report of a Case and Review of the Literature

Hsin-Yi Wang, Ping-Hung Kuo

Marantic endocarditis, also known as nonbacterial thrombotic endocarditis (NBTE), is an uncommon complication of advanced malignancy. The disease is characterized by hypercoagulability-related non-infective thrombi on valvular leaflets causing extensive embolization. In this report, we describe a 52-year-old woman with lung adenocarcinoma who developed extensive embolic infarction of the brain and extremities. Nonbacterial thrombotic endocarditis was diagnosed based on the clinical presentation and results from echocardiography. We also review the related literature concerning this rare disease entity. (*Thorac Med* 2013; 28: 290-295)

Key words: marantic endocarditis, nonbacterial thrombotic endocarditis, infective endocarditis

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肺癌合併 marantic 心內膜炎：案例報告及文獻回顧

王馨儀 郭炳宏

marantic 心內膜炎，也被稱為非細菌性血栓性心內膜炎，是一種在晚期癌症不常見的併發症。這個疾病主要特徵是在心臟瓣膜上黏附因高凝血功能造成之非感染性血栓，進而造成全身性廣泛的栓塞。在這篇病例報告中，我們描述一位患有非小細胞肺腺癌的 52 歲女性，在腦部與四肢出現廣泛性的缺血性栓塞。根據臨床表徵與心臟超音波結果，最後診斷為非細菌性血栓性心內膜炎。我們同時進行此特殊疾病的文獻回顧。(胸腔醫學 2013; 28: 290-295)

關鍵詞：marantic 心內膜炎，非細菌性血栓性心內膜炎，感染性心內膜炎

Non-Small Cell Lung Cancer in a Pregnant Woman with Intra-cardiac Metastasis, Superior Vena Cava Syndrome and Right Main Bronchus Compression: A Case Report

Yi-Chun Lai*, **, Shih-Chi Ku**, Chong-Jen Yu**

Lung cancer is often diagnosed at an advanced stage and is inoperable. However, intracardiac metastasis is rare. In addition, the occurrence of lung cancer in pregnant women is not common. Herein, we report the case of a 33-year-old female who presented at 29 weeks of gestation with a 4-week history of gradual shortness of breath and dry cough. Echocardiography and chest computed tomography showed a huge mass involving the anterior mediastinum with multiple lung metastases, compression of the trachea, carina, right main bronchus, and superior vena cava, and intracardiac metastasis. The pathology of a chest ultrasound-guided biopsy revealed non-small cell carcinoma -- poorly differentiated adenocarcinoma of lung origin. The early diagnosis and treatment strategy for such a complex condition with regard to delivery method, the management of the airway and intracardiac metastasis in a pregnant woman are very difficult issues. A healthy baby boy was delivered via emergency cesarean section; however, the patient died of cardiogenic shock due to outflow obstruction by the intracardiac tumor on the 13th day of hospitalization. This case highlights the importance of clinicians being alert to cases of unusual dyspnea in pregnant women that cannot be explained by the course of the pregnancy itself. (*Thorac Med* 2013; 28: 296-303)

Key words: intracardiac metastasis, lung cancer, pregnancy, superior vena cava syndrome

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一位孕婦診斷為非小細胞肺癌合併心臟轉移、上腔靜脈症候群和右主氣管壓迫：一個病例報告

賴怡君^{*,**} 古世基^{**} 余忠仁^{**}

肺癌往往在診斷時已經是末期且無法開刀。然而，肺癌發生心臟內轉移是很罕見的。肺癌也不常發生在懷孕的婦女身上。在此，我們要報告的案例是一位懷孕 29 週的 33 歲女性，表現的症狀是一個月以來的乾咳和逐漸變喘。胸腔超音波和胸部電腦斷層發現有巨大腫塊位在前縱隔腔合併多處肺轉移，且壓迫到氣管，和上腔靜脈，並有心臟內轉移。胸部超音波引導下切片病理結果為分化不好的肺腺癌。治療的困難點在於抉擇孕婦該何時引產，用何種方式生產，以及處理被壓迫到的呼吸道和心臟內的轉移。雖然小孩在緊急剖腹產後平安生下來，但病人不幸的在住院第十三天後死亡，死於心臟內腫瘤阻塞住心輸出血流造成的心因性休克。這個病例提醒臨床工作者應好好注意懷孕婦女所發生的無法解釋之呼吸困難，要想到有肺癌的可能性，進而安排後續檢查，如無輻射顧慮的心臟超音波和胸部超音波檢查。(*胸腔醫學* 2013; 28: 296-303)

關鍵詞：心臟內轉移 (intracardiac metastasis)，肺癌 (lung cancer)，孕婦 (pregnancy)，上腔靜脈症候群 (superior vena cava syndrome)

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Acute Pneumonitis and Alveolar Hemorrhage Induced by Illegal Augmentation Mammoplasty – Case Report

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Chih-Yen Tu*,**, Wu-Huei Hsu*

Augmentation mammoplasty with subcutaneous injections of silicone has been proven to be dangerous to the overall health of the patient. Injections of silicone have resulted in migration, granulomatous hepatitis, severe pulmonary reactions and even death. Unlawful silicone injections have led to some very severe reactions within the pulmonary area, and some injections have resulted subsequently in pneumonitis-type illness. We introduce a case of acute pneumonitis and alveolar hemorrhage in a 25-year-old woman who had undergone this procedure twice, 7 and 4 days before admission. The patient initially presented with shortness of breath, massive hemoptysis and hypoxemia. Chest radiograph revealed an alveolar pattern predominantly in the bilateral peripheral zones, and computed tomography scan demonstrated bilateral fluffy air-space infiltrates and intact silicone breast implants. The chest image and symptoms such as dyspnea and hemoptysis all showed improvement within a few days following the administration of oxygen and steroid, and supportive care. (*Thorac Med* 2013; 28: 304-308)

Key words: silicone, augmentation mammoplasty, acute pneumonitis, alveolar hemorrhage

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違法地使用皮下注射矽膠隆乳術造成急性肺炎及肺泡出血

姚智偉 * 沈德群 * 陳家弘 * 陳鴻仁 * 涂智彥 **, ** 徐武輝 *

違法地使用皮下注射矽膠來進行隆乳術，已經被證實會對人體的健康造成相當程度的危害。大量的矽膠注射會造成矽膠轉移至身體的其他部位、肉芽腫性肝炎、嚴重的肺部反應甚或是死亡。我們報告一位二十五歲的女性，因皮下注射矽膠隆乳而導致急性肺炎及肺泡出血。她的表現為呼吸喘促、大量咳血及動脈低血氧。胸部 X 光呈現以週邊為主的肺泡型病變而電腦斷層則顯示出雙側肺泡浸潤及明顯可見的矽膠植入物。患者的呼吸喘促與咳血情形，在使用氧氣供給搭配類固醇注射及支持性療法之下，明顯在短時間內有效地改善。(*胸腔醫學* 2013; 28: 304-308)

關鍵詞：矽膠，隆乳術，急性肺炎，肺泡出血

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Early Intracranial Metastases from a Huge Malignant Pleural Mesothelioma – A Case Report

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Malignant pleural mesothelioma is a rare disease and is associated with high mortality. We reported the case of a patient initially presenting with a 15 cm mass in the right posterior pleural space. Pathologic diagnosis of malignant mesothelioma, epithelioid subtype, was made by means of sonography-guided tumor biopsy. No distant metastasis was found in the initial systemic image survey. After receiving 2 courses of chemotherapy, the patient developed significant central nervous system symptoms. The diagnosis of bilateral cerebellar metastases was established by brain magnetic resonance image. The patient underwent brain radiation therapy, but with no response, and died 3 months after the initial diagnosis. Malignant pleural mesothelioma is traditionally regarded as a tumor that occurs through aggressive local invasion rather than distant hematogenous spread. Early and symptomatic brain metastases are a rare event in patients with malignant pleural mesothelioma and a very rare cause of death, as in our case. (*Thorac Med* 2013; 28: 309-314)

Key words: mesothelioma, pleural, epithelioid, brain metastases

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一巨大惡性肋膜間皮瘤併早期腦轉移：一病例報告

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惡性肋膜間皮瘤是一個罕見且高致死率的疾病。我們報告一位病例以右後側肋膜腔 15 公分的腫瘤為表現。經由超音波導引腫瘤病理切片，診斷為上皮性的惡性間皮瘤。系統性影像檢查並沒有發現任何遠端轉移。在接受兩個療程的化學治療後，病患出現了明顯的中樞神經症狀。經由腦部核磁共振，診斷了雙側小腦的腫瘤轉移。病患接受了腦部的放射治療但是沒有反應。他在診斷後三個月死亡。惡性間皮瘤在傳統上被認為總是造成腫瘤局部侵犯，而較少有遠端血行性轉移的現象。早期且有症狀的腦部轉移在罹患惡性肋膜間皮瘤的病患中是非常少見的情形，而且也是相當罕見造成死亡的原因。(胸腔醫學 2013; 28: 309-314)

關鍵詞：間皮瘤，肋膜，上皮性，腦部轉移

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Huge Ectopic Posterior Mediastinal Goiter – A Case Report

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Ectopic goiter is rarely seen in the posterior mediastinum. We reported the case of a 54-year-old female who was admitted to our service because of progressive dysphagia, dyspnea on exertion and cough for 3 months. The patient was diagnosed as having a huge posterior mediastinal tumor, which caused tracheal deviation and esophageal compression. The tumor was completely resected through an anterolateral thoracotomy. The final pathological exam confirmed ectopic thyroid tissue. She was discharged with a favorable outcome and relief of symptoms. (*Thorac Med* 2013; 28: 315-320)

Key words: ectopic goiter, mediastinum, thyroid

巨大異位性後縱隔腔甲狀腺腫：一病例報告

劉昭宇 林志鴻* 楊伊凡* 徐中平*

異位性甲狀腺腫罕見於後縱隔腔。我們報導一位 54 歲女性因為吞嚥困難、運動時呼吸困難，及咳嗽持續三個月，來本院就診。此病患被診斷患有一巨大的後縱隔腔腫瘤，造成氣管位移及食道壓迫。此腫瘤經由前側位開胸手術完全切除。最後病理報告確認為異位性甲狀腺組織。她後來順利出院，症狀改善且結果良好。(*胸腔醫學* 2013; 28: 315-320)

關鍵詞：異位性甲狀腺腫，縱隔腔，甲狀腺