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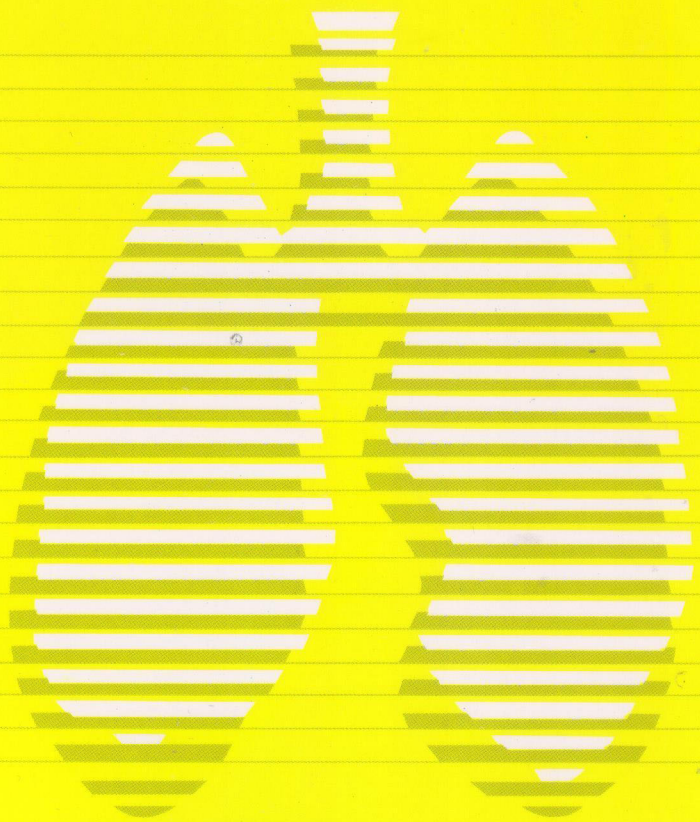

台灣胸腔暨重症加護醫學會

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Different Asthma Phenotypes in Adult Asthma: Comparison of Allergic Asthma and Nonallergic Asthma

Chih-Hao Chang, Horng-Chyuan Lin, Meng-Heng Hsieh, Guan-Yuan Chen, Fu-Tsai Chung, Chih-Teng Yu, Han-Pin Kuo

Background: Allergen sensitization is a risk factor for the development of bronchial asthma in adults. However, the relationship between allergen sensitization and lung function in asthma patients is not well understood. This study was conducted to evaluate the relationship between sensitized allergens, total serum immunoglobulin E (IgE) level, and lung function in adult asthmatic patients in northern Taiwan.

Methods: A total of 266 adult Taiwanese patients diagnosed with asthma between January 2003 and December 2004 were enrolled. Age, sex, duration of asthma, pulmonary function tests, total IgE, eosinophilic cationic protein, and specific IgE of ImmunoCAP were recorded. Allergic was defined as the presence of a specific IgE to 1 or more allergens.

Results: There were 161 (60.5%) male and 105 (39.5%) female patients, with a mean age of 60.46 ± 15.40 years. The mean duration of asthma was 13.64 ± 7.35 years. Mite allergens, *Dermatophagoides pteronyssinus* (48.46%) and *Dermatophagoides farina* (49.23%), were the most common indoor allergens. We divided the patients into allergic and nonallergic asthma groups: 164 (61.7%) patients had allergic asthma and 102 (38.3%), nonallergic asthma. Patients with allergic asthma were younger, and had a higher total IgE level and better lung function than the nonallergic asthmatics ($p<0.05$, respectively). Total serum IgE was correlated to peak expiratory flow (PEF) variability ($r=0.3395$, $p<0.0001$) in asthmatic patients. Among allergic asthmatics, the serum total IgE and PEF variability were higher as the number of positive allergen-specific IgE tests increased.

Conclusions: Defining asthma phenotypes as allergic or nonallergic is essential. This study supports the difference between allergic and nonallergic asthma. Patients with allergic asthma were younger and had higher total IgE and better lung function than patients with nonallergic asthma. ***(Thorac Med 2012; 27: 1-12)***

Key words: allergens, asthma, atopy, ImmunoCAP, peak expiratory flow

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不同表型的成人氣喘：過敏性氣喘與非過敏性氣喘的比較

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前言：過敏原致敏在成人是一個發生氣喘的危險因子。然而，在氣喘病人身上，過敏原致敏和肺功能之間的關係尚未確知。本研究指在探討台灣北部的成人氣喘患者的致敏過敏原、血清總免疫球蛋白E（IgE），以及肺功能之間的關聯。

方法：這個研究收集了266個從2003年1月至2004年12月之間確診為成人哮喘的病人。記錄年齡、性別、氣喘為期、肺功能檢查、血清總免疫球蛋白E、嗜酸性粒細胞陽離子蛋白和ImmunoCAP的特定IgE。過敏性的定義為至少測得一個過敏原的特異性IgE。

結果：有161（60.5%）男性和105（39.5%）女性患者，平均年齡60.46 ± 15.40歲。氣喘為期平均為13.64 ± 7.35年。塵蟎過敏原、屋塵蟎（48.46%）和粉塵蟎（49.23%）是最常見的室內過敏原。我們將患者分為過敏性氣喘與非過敏性氣喘兩組。164（61.7%）患者是過敏性氣喘，102（38.3%）是非過敏性氣喘。過敏性氣喘患者相較與非過敏性氣喘患者，年紀較低，有較高的血清總免疫球蛋白E，與更好的肺功能（$p<0.05$）。氣喘患者的血清總免疫球蛋白E 和尖端呼氣流量（PEF）變異性有相關性（$r=0.3395$，$p<0.0001$）。而過敏性氣喘患者中，血清總免疫球蛋白E和尖端呼氣流量變異性隨著過敏原的特異性IgE數量增加而增加。

結論：區分過敏性氣喘或過敏性是非常重要的，因為兩者是不同的氣喘表型。這項研究顯示過敏性和非過敏性氣喘的不同之處。過敏性氣喘患者年紀較輕，有較高的血清總免疫球蛋白E，以及更好的肺功能。*(胸腔醫學* ***2012; 27: 1-12)***

關鍵詞：過敏原，氣喘，異位性體質，ImmunoCAP，尖端呼氣流量

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Anti-inflammatory Activity and Mucolytic Effect of Ambroxol in Patients with Stable Chronic Bronchitis — A Preliminary Report

Chien-Ming Chu*,**, Chung-Chieh Yu*,**, Huang-Ping Wu*,**, Bor-Yiing Jiang*,**, Jo-Chi Tseng*,**, Chung-Ching Hua*,**, Teng-Jen Yu*,**, Yu-Chih Liu*,**, Wen-Pin Shieh*,**

Chronic bronchitis is a clinical disorder characterized by excessive mucus secretions and manifested by chronic or productive cough on most days, for a minimum of 3 months in a year and for not less than 2 successive years. Unfortunately, other disorders with similar manifestations, such as bronchiectasis, tuberculosis, and lung abscess, must be excluded. Patients with predominant asthma or emphysema may fit this definition, and many patients with pathological or physiological hallmarks or chronic bronchitis may not qualify, since they do not cough. Hyper-viscosity and overproduction of sputum often increase morbidity. Mucolytics might alleviate patients' symptoms and improve their daily activity. Ambroxol was first introduced as a mucoactive agent with anti-inflammatory activity. We investigated the benefits of this compound in reducing cytokine concentrations of sputum, sputum viscosity, and pulmonary symptoms in chronic bronchitis patients. Twenty-five chronic bronchitis patients were recruited and 20 completed the study. We found that 2-week oral administration of ambroxol did not improve static lung function (FVC, FEV_1 and FEV_1%) and 6-minute walking test distance. The sputum myeloperoxidase (MPO) activity and IL-8 level were reduced significantly, the sputum TNF-α and IL-1β levels had a tendency to decrease, and the measured sputum viscosity at 1 radian was significantly reduced. These preliminary results support the assumption that ambroxol is a mucolytic agent with anti-inflammatory activity, which might be helpful in terms of sputum clearance and reduction of airway inflammation in chronic bronchitis patients. ***(Thorac Med 2012; 27: 13-20)***

Key words: chronic bronchitis, mucolytics, ambroxol, myeloperoxidase (MPO), IL-8, TNF-α, IL-1β

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Ambroxol 對慢性支氣管炎病患的化痰與抗發炎效用

朱建民*,** 于鍾傑*,** 吳黃平*,** 姜伯穎*,** 曾若琦*,** 花仲涇*,**
游騰仁*,** 劉育志*,** 謝文斌*,**

慢性支氣管炎為慢性發炎呼吸道阻塞及黏液過度分泌的疾病，化痰劑可能降低痰液的黏稠度，進而減輕症狀。本研究探討ambroxol對慢性支氣管炎的效用；25個慢性支氣管炎的病人進入本研究，20個病人完成此試驗，經過2週的ambroxol口服後，其肺功能、尖峰氣流速及6分鐘步行測試並無變化；而痰液中巨嗜細胞的myeloperoxidase（MPO）的活性與IL-8的濃度有意義的下降；TNF-α及IL-1ß濃度則略有下降的趨勢。而臨床症狀如咳嗽頻率、咳痰的效能、痰的黃濃色澤及呼吸困難度則有意義的改善；但哮喘發生頻率，夜間睡眠中斷次數及日常生活的活動力無改善，試驗期間並無病人發生急性發作而須住院或到急診治療，也無明顯藥物副作用的報告。本報告的結論為ambroxol是一化痰劑同時也具抗發炎效用，對慢性支氣管炎病人的痰液清除及呼吸道發炎可能有助益。*(胸腔醫學 2012; 27: 13-20)*

關鍵詞：慢性支氣管炎，化痰劑，ambroxol，myeloperoxidase (MPO)，第八細胞素，腫瘤壞死因子，第一乙型細胞素

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Spontaneous Remission in Goodpasture Syndrome and Relapse 5 Years Later — A Case Report

Fang-Chuan Dai, Mei-Chin Wen*, Jeng-Yuan Hsu, Gwan-Han Shen

Goodpasture syndrome is a rare autoimmune disease which has had a poor prognosis in the past. Recovery from severe renal failure due to Goodpasture syndrome is uncommon. Only early detection of this disease can improve the outcome and prevent long-term morbidities. However, some cases will recover spontaneously. In the present case, the initial symptoms and signs were intermittent low-grade fever, chronic cough, and hemoptysis. Chest X-ray showed multiple alveolar patches. No body weight loss and no night sweating were noted. The patient had the same symptoms 5 years previously and they resolved spontaneously. Pulmonary tuberculosis was suspected at that time. This time, hematuria with foamy urine developed during admission, and after renal biopsy and anti-GBM antibody survey, Goodpasture syndrome was diagnosed. The patient's condition improved after immediate treatment with immunosuppressive drugs and hemodialysis, and she was still well after regular follow-up for 12 months. ***(Thorac Med 2012; 27: 21-28)***

Key words: Goodpasture syndrome, spontaneous remission, relapse, anti-GBM

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自發性緩解的 Goodpasture 症候群於五年後復發：病例報告

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Goodpasture症候群是一個罕見的自體免疫疾病，在早期這個疾病的預後並不好。而因為這個疾病引起的嚴重腎衰竭很少會恢復，只有早期的發現，才能有較好的預後並避免嚴重的後遺症。但是在少數的病人卻可以看到自發性的恢復。在這個案例，我們可以看到此案例一開始的表現是輕微發燒、慢性咳嗽、咳血以及胸部X光片異常的多處浸潤。但並沒有體重減輕以及夜間盜汗的狀況。這個案例曾在五年前發現過一樣的狀況，並且有被懷疑是肺結核的感染。然而，這次住院中我們有注意到此案例有輕微血尿合併蛋白尿。經過了腎臟切片以及血清抗基底膜抗體（anti-GBM antibody）的檢查，我們確診此個案為Goodpasture症候群。經過立即的免疫抑制藥物以及血漿置換術的處理，此案例的狀況恢復良好並已經在門診追蹤了12個月。*(胸腔醫學* ***2012; 27: 21-28****)*

關鍵詞：Goodpasture症候群，自發性，抗基底膜抗體

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IgG4-Related Sclerosing Disease of the Lung — Case Report

Chih-Heng Kuo, Wen-Hu Hsu, Yi-Chen Yeh*

IgG4-related sclerosing disease is a newly recognized disorder characterized by tissue infiltration of IgG4-positive lymphoplasma cells with or without an elevated serum IgG4 concentration. It was first reported in autoimmune pancreatitis, but may occur in other organ systems, as well.

We report a 47-year-old female patient presenting with an asymptomatic pulmonary nodule. As she refused computed tomography-guided biopsy, and the bronchoscopic cytology report was inconclusive, she underwent surgery under the provisional diagnosis of lung cancer. IgG4-related sclerosing disease of the lung may be easily confused with pulmonary malignancy, and patients often undergo unnecessary surgery. Immunohistochemical staining with the finding of dense IgG4-positive lymphoplasma cell infiltration is essential for the diagnosis. Steroid treatment is usually effective in relieving the symptoms. More study is needed to determine whether steroid treatment is necessary for asymptomatic patients, as in our reported case. ***(Thorac Med 2012; 27: 29-35)***

Key words: IgG4-related sclerosing disease, lymphoplasma cells, pulmonary nodule

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IgG4 相關之硬化症在肺之表現—病例報告

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IgG4相關之硬化症為一近來發現之病症，特徵是組織中廣泛浸潤許多IgG4染色呈陽性的淋巴漿細胞，可能伴隨血清中IgG4濃度昇高。此病首先在自體免疫胰臟炎的病人上報告過，但其他器官也有可能發生。

我們報告了一位47歲女性，在治療左側腎細胞癌時，意外發現了左上肺結節病灶。由於病人拒絕接受斷層掃描導引之肺穿刺檢查，且支氣管鏡細胞學檢查無具體結果，後來在初步診斷為肺癌下進行肺切除手術。臨床上易誤認為肺惡性腫瘤而接受不必要的手術。在免疫組織化學染色下，IgG4染色呈陽性的淋巴漿細胞廣泛的浸潤是診斷的必要條件。類固醇治療通常有效，可以緩解症狀。至於無症狀病人（如我們報告的病例）是否仍需要類固醇治療，則需更多研究。*(胸腔醫學 **2012; 27: 29-35**)*

關鍵詞：IgG4相關之硬化症，淋巴漿細胞，肺結節

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Wegener's Granulomatosis with Tracheal Involvement and Severe Pulmonary Hemorrhage

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Wegener's granulomatosis (WG) is a systemic autoimmune vasculitis of small-to-medium-sized vessels. It mainly involves the upper and lower respiratory tracts, the kidneys, skin, and eyes. It can occur at any age and affects both sexes equally. Diffuse pulmonary hemorrhage is an unusual manifestation. Once this occurs, the respiratory condition can deteriorate rapidly, leading to respiratory failure. Early diagnosis and early use of immunosuppressive agents are the main means of managing it. We describe a case of newly diagnosed WG that presented with tracheal involvement and pulmonary hemorrhage. In spite of standard combination therapy with cyclophosphamide and pulse methylprednisolone, the patient still passed away due to severe pulmonary hemorrhage leading to hypoxia and multi-organ failure. ***(Thorac Med 2012; 27: 36-42)***

Key words: Wegener's granulomatosis, pulmonary hemorrhage

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韋格納肉芽腫併發氣管侵犯及嚴重肺出血

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格納肉芽腫（Wegener's Granulomatosis）是一種壞死型肉芽腫性血管炎，病變主要在小動脈、靜脈及毛細血管，侵犯的器官包含上、下呼吸道，腎臟，眼睛和皮膚。如侵犯氣管，會在氣管內膜形成疤痕組織造成呼吸道狹窄，輕者成阻塞性肺炎，重者則導致呼吸衰竭。合併呼吸道侵犯的韋格納肉芽腫較少併發嚴重肺出血，可是一旦發生，則可能導致立即地呼吸困難和呼吸衰竭。本文報告一例韋格納肉芽腫合併氣管侵犯及嚴重肺出血個案。*(胸腔醫學* ***2012; 27: 36-42)***

關鍵詞：韋格納肉芽腫，肺出血

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Late Onset Non-Infectious Interstitial Lung Disease Following Bone Marrow Transplantation: A Case Report

Mei-Ling Chen, Yung-Hsiang Hsu*, En-Ting Chang**

Late-onset non-infectious pulmonary complications (LONIPCs) occurring more than 3 months after allogeneic stem cell transplantation (allo-SCT) have become recognized as life-threatening complications that reduce the recipient's quality of life. Bronchiolitis obliterans (BO) and bronchiolitis obliterans with organizing pneumonia (BOOP) are most commonly reported. CT-guided transthoracic biopsy has a high diagnostic yield (56-70%) in post-transplant patients with focal, nodular, and peripheral pulmonary lesions with platelet counts above 30 × 10^9/L and good cooperation. The treatment response of LONIPCs to immunosuppressive agents varies. We reported a 35-year-old male who received bone marrow transplantation 21 months previously for relapse of acute lymphoblastic lymphoma, and who had had dry cough for 4 months. The diagnosis of lymphocytic interstitial pneumonia (LIP), a rare presentation of LONIPCs, was made after CT-guided biopsy. The patient responded well to steroid treatment. ***(Thorac Med 2012; 27: 43-48)***

Key words: late-onset noninfectious pulmonary complications (LONIPCs), hematopoietic stem cell transplantation, lymphocytic interstitial pneumonia

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骨髓移植後遲發性非感染性間質性肺疾病：一病例報告

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造血幹細胞移植後超過3個月所發生的遲發性非感染性肺部併發症（LONIPCs）已成為公認的威脅生命的併發症，並且降低受捐者的生活品質。其中，閉塞性細支氣管炎（BO）以及閉塞性細支氣管炎和肺炎(BOOP)是最常被報導的。在移植後的病人，如果其肺部病變為結節狀、周邊的肺部病變且血小板數量高於30 x 10^9/L以及病人可以配合時，電腦斷層引導下的穿刺活檢具有較高的診斷率（56%～70%）。LONIPC對於治療的反應是不一致的。我們報告一位35歲的男性，接受了骨髓移植，主訴乾咳了4個月。經過電腦斷層引導下穿刺活檢診斷，是淋巴細胞間質性肺炎。這在LONIPC是一種罕見的表現。他對類固醇治療的反應良好。*(胸腔醫學* ***2012; 27: 43-48)***

關鍵詞：遲發性非感染性肺部併發，造血幹細胞移植，淋巴細胞間質性肺炎

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Solitary Squamous Papilloma of Trachea — A Case Report

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Squamous papilloma is a benign lesion commonly found on orolaryngeal mucosa and may be associated with HPV type 6 and 11, but is seldom described as a tracheobronchial tumor especially the solitary form. We presented a 39-year-old man with history of laryngeal papillomatosis who suffered from solitary endotracheal squamous papilloma. The endotracheal lesion was pedunculated and about 0.9 cm in size, and resulted in obstruction of the airway. He underwent flexible bronchoscopic Nd-YAG laser ablation under local anesthesia without intubation. This was a rare case based on a literature review since it was a solitary form of endotracheal tumor that underwent bronchoscopic laser ablation without intubation. The clinical manifestations and treatment of these tracheobronchial papillomas are reviewed. ***(Thorac Med 2012; 27: 49-54)***

Key words: Human Papillomavirus (HPV), laryngeal papillomatosis, Nd-YAG laser, solitary squamous papilloma

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氣管內單一扁平上皮乳突瘤：病例報告

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扁平上皮乳突瘤在口腔咽喉黏膜中是很常見的良性病變，可能與人類乳突病毒（HPV）第6和11型有關聯。但此類病變在氣管或支氣管內相當罕見，特別是單一腫瘤型態的病灶。在此，我們報告了一位39歲有喉部乳突瘤病史之男性病患合併有氣管內單一扁平上皮乳突瘤。此氣管內腫瘤在外型上是具莖狀的，約0.9公分大且合併有氣道之阻塞。病患在局部麻醉沒有接受氣管插管的情況接接受釹雅鉻雷射（Nd-YAG laser）腫瘤切除術。在查閱了文獻後我們發現這一個相當罕見的病例，因為此病患之氣管內扁平上皮乳突瘤是以單一的型態存在；且此病患是在局部麻醉沒有插管的情形下接受軟式支氣管鏡釹雅鉻雷射腫瘤切除術。在查閱了一些文獻後，我們探討了氣管內乳突瘤之臨床表現及其治療方式。*(胸腔醫學* ***2012; 27: 49-54)***

關鍵詞：人類乳突病毒，喉部乳突瘤，釹雅鉻雷射，單一扁平上皮瘤

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Gastric MALT Lymphoma with Secondary Pulmonary Lymphoma: A Case Report

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Primary lymphomas of mucosal-associated lymphoid tissue (MALTomas) are rarely encountered in clinical practice. Non-Hodgkin's lymphoma (NHL) accounts for 2-3% of all malignancies, while MALTomas comprise approximately 5% of all NHLs. The simultaneous presentation of gastric MALTomas with pulmonary lymphoma is relatively rare. The radiological appearance of pulmonary lymphoma is also variable. We report the case of a 63-year-old female initially diagnosed with and treated for pulmonary tuberculosis (TB). Due to her persistent cough, chest computed tomography (CT) was done, which revealed findings consistent with pulmonary lymphoma. In addition, the CT scan also showed diffuse thickening of the gastric mucosa wall with a mass lesion. An abdominal CT scan disclosed diffuse thickening of the stomach mucosal wall, with masses that were histopathologically confirmed as gastric MALToma. This case report highlights a common atypical clinical presentation of MALToma, which is easily mistaken to be a chronic inflammatory disease like TB, and reviews its nature, staging, management approach, and outcome. ***(Thorac Med 2012; 27: 55-63)***

Key words: gastric malt lymphoma, *Helicobacter pylori*, pulmonary lymphoma

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罕見胃粘膜相關淋巴組織（MALT）淋巴瘤合併肺部的淋巴瘤：病例報告及文獻回顧

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黏膜相關的淋巴組織之淋巴瘤是一種不常見的緩慢型淋巴瘤。這些低年級淋巴瘤是最常見的診斷為胃。『與黏膜相關的淋巴組織之淋巴瘤』若侵犯至胃部，常與幽門螺旋桿菌（Helicobacter pylori）有關。此種淋巴瘤在診斷時常是局部性的，局限於一定的範圍，較不常侵犯至肺，骨髓，且生長速度緩慢，好發於有自體免疫疾病的人。我們提出一位63歲女性在接受肺結核治療了六個月，因長期咳嗽情形未見改善，來門診救醫時意外發現右上肺葉有疑似「肺部黏膜相關淋巴組織淋巴瘤」。另外腹部電腦斷層檢查，胃鏡檢查顯示胃的黏膜增厚並合併有*Helicobacterpylori*幽門桿菌感染。最後病理學檢查確定診斷為胃黏膜相關的淋巴組織之淋巴瘤。後續檢查顯示淋巴瘤已侵犯至肺和骨髓。我們回溯文獻並對胃和肺黏膜相關的淋巴組織之淋巴瘤的流行病學、臨床、病理、治療、預後做一整理。針對來討論肺黏膜相關淋巴組織淋巴瘤的非典型的臨床症狀，臨床影像相關表現，早期治療的重要性。***(胸腔醫學 2012; 27: 55-63)***

關鍵詞：胃黏膜相關淋巴組織淋巴瘤，幽門桿菌，肺淋巴瘤

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Spontaneous Hemothorax Secondary to Metastatic Thymic Carcinoma

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Thymic carcinoma is a rare anterior mediastinum tumor. Although pleural metastasis is common, thymic carcinoma presenting as spontaneous hemothorax is a rare presentation. We present the case of a 53-year-old man without a past medical history who was admitted from the emergency department for a sudden onset of left chest pain with cold sweating, followed by increasing shortness of breath. A chest roentgenogram taken on admission showed a large amount of pleural effusion on the left side. A diagnostic thoracocentesis yielded bloody pleural fluid, which was consistent with hemothorax in biochemical and cytological studies. Diagnostic video-assisted thoracoscopy showed a left chest wall tumor with bleeding. Limited thoracotomy with resection of the tumor was performed. The histologic report revealed metastatic thymic carcinoma. We also reviewed the literature on thymic carcinoma. ***(Thorac Med 2012; 27: 64-70)***

Key words: spontaneous hemothorax, metastatic thymic carcinoma

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轉移性胸腺癌表現爲自發性血胸

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胸腺癌是罕見的前縱膈腔腫瘤。雖然胸腺癌轉移肋膜常見，以自發性血胸表現為罕見。我們報導一個病例：一位五十三歲的男性，無過去病史，從急診住院，主訴為左側胸痛，合併冒冷汗，以及進階性呼吸困難。胸部X光發現左側大量肋膜積水。診斷性肋膜取液發現血色肋膜液，以生物化學與細胞學檢查，診斷為血胸。診斷性胸腔鏡檢查發現左側胸壁腫瘤併出血。病人接受局限性胸廓切開術及腫瘤切除。病理報告為轉移性胸腺癌。我同時回顧胸腺癌相關文獻。*(胸腔醫學* ***2012; 27: 64-70)***

關鍵詞：自發性血胸，轉移性胸腺癌

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