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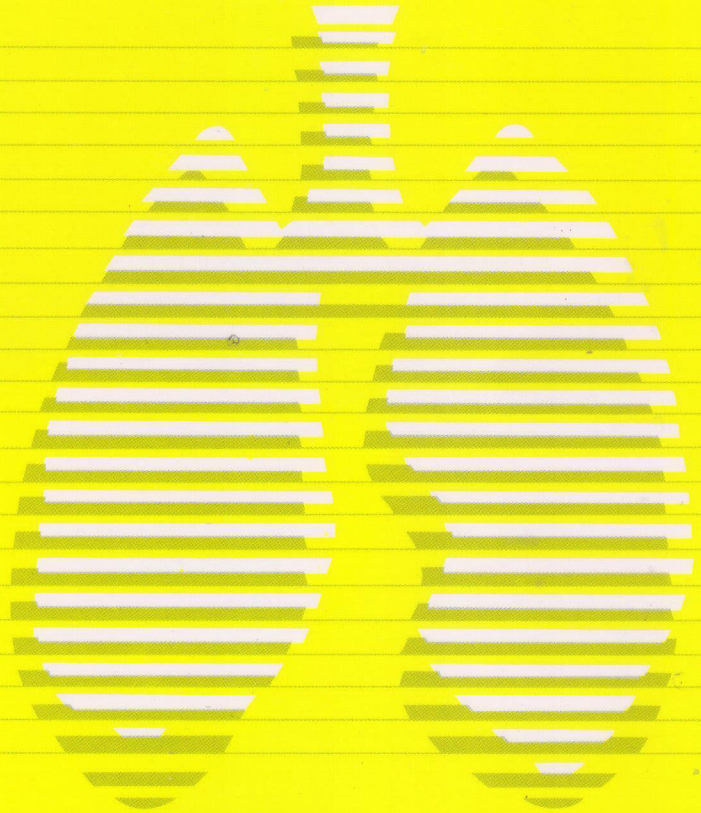

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Cirrhosis is a Crucial Factor in Mortality and Medical Costs of Acute Respiratory and Renal Failure Patients

Shuo-Chueh Chen, Shih-Ni Chang*, Wei-Erh Cheng, Chih-Yi Chen**, Wu-Huei Hsu, Yu-Chao Lin, Kuo-Liang Chiu***, Shinn-Jye Liang, Yu-Feng Wei****, Jiung-Hsiun Liu*****, Fung-Chang Sung*, Chuen-Ming Shih

Objective: Patients with cirrhosis are at high risk of mortality in Taiwan, especially those with other organ failures. This study focused on determining if cirrhosis is a crucial factor in the mortality and medical costs of acute renal and respiratory failure patients using claims data from the National Health Insurance (NHI) system of Taiwan.

Methods: Using the 2000-2007 NHI claims data for patients with acute respiratory and renal failure, we identified 2,798 patients with liver cirrhosis and 11,192 with no cirrhosis diagnosis. These subjects were frequency matched by sex and age, and co-morbidities, length of stay (LOS) in the hospital, cost, discharge status and impact of cirrhosis on in-hospital mortality were compared between the 2 groups.

Results: Non-cirrhotic patients were more prevalent than patients with the co-morbidities of sepsis, pneumonia, chronic heart/lung disease and diabetes, but the negative impact of cirrhosis on in-hospital mortality was still significant higher after correcting for other factors (OR=2.42, 95% CI=2.17 to 2.70). The cirrhotic patients had higher mortality and against-advice discharge (AAD) rates (83.8%/68.0%, $p<0.0001$), a shorter LOS ($p<0.0001$), and a higher daily cost than those with more than 3 co-morbidities and younger age at hospitalization.

Conclusion: Patients with acute renal and respiratory failure and a diagnosis of cirrhosis are at an elevated risk of in-hospital mortality, AAD, shorter LOS, and higher daily costs during admission. ***(Thorac Med 2012; 27: 199-208)***

Key words: cirrhosis, acute renal failure, acute respiratory failure, mortality, medical cost

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肝硬化爲急性呼吸衰竭及急性腎衰竭病人之死亡率及醫療成本之重要決定因素

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魏裕峰 ****　劉炯勳 *****　宋鴻樟 *　施純明

背景：在台灣，慢性肝炎和肝硬化病人死亡率很高，尤其是合併急性呼吸衰竭及急性腎衰竭時。本研究利用健保資料庫分析肝硬化是否為急性呼吸衰竭及急性腎衰竭病人死亡率及醫療成本之重要決定因素。

方法：從 2000 年到 2007 年，我們由健保資料庫找出符合急性呼吸衰竭及急性腎衰竭之病人共 13,990 位，其中有肝硬化者占 2,798 位，無肝硬化者 11,192 位。進一步分析兩組間年齡，性別，合併症，住院天數，醫療成本，出院狀態及在院死亡率之差異，以釐清肝硬化對此類病人之衝擊。

結果：無肝硬化之組別雖然有較多之合併症，包括肺炎，敗血症，慢性心肺疾病及糖尿病，但在校正後發現，肝硬化組仍有較高之在院死亡率（OR=2.42, 95% CI=2.17 to 2.70）。肝硬化組出院狀態有較高之死亡及病危自動出院率（83.8%/68.0%, p<0.0001），較短之住院天數（p<0.0001），以及在較年輕及大於三種以上合併症者之族群每日住院花費較高。

結論：肝硬化病人合併急性呼吸衰竭及急性腎衰竭時，會造成較高之死亡及病危自動出院率，較短之住院天數但較高之每日住院花費。*(胸腔醫學* ***2012; 27: 199-208)***

關鍵詞：肝硬化，急性呼吸衰竭，急性腎衰竭，死亡率，醫療成本

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Risk Factors and Outcomes of Patients with Prolonged Mechanical Ventilation after Successful Weaning

Hung-Cheng Chen*, Meng-Chih Lin*,**, An-Shen Lin*, Chin-Chou Wang*, Yi-Hsi Wang*,**

Prolonged mechanical ventilation (PMV) places a large burden on patients, families, and healthcare resources. Some of these patients are successfully weaned and discharged, but some experience recurrent respiratory failure and undergo reinstitution of mechanical ventilation (MV). The purpose of this paper is to identify the risk factors that lead to reinstitution of MV in patients who have undergone successful weaning, and to evaluate their outcome. From January 2006 to December 2007, 314 patients were successfully weaned in the respiratory care center (RCC) of Chang Gang Memorial Hospital. Patients with reinstitution of MV were compared to patients without reinstitution of MV to identify the risk factors that lead to reinstitution. The observation period was from the day of RCC admission to the day of discharge from the hospital. Of the 314 patients, 133 (42.4%) underwent reinstitution of MV due to recurrent respiratory failure, and 181 (57.6%) were discharged without reinstitution. Patients without tracheostomy (p<0.005) had an increased incidence of reinstitution. Seventeen percent of PMV patients expired during RCC admission and 78 (58.7%) of the 133 patients that received reinstitution of MV expired during hospitalization. The incidence of MV reinstitution after successful weaning is increased in patients without tracheostomy and in those with congestive heart failure as the cause of acute respiratory failure. The prognosis of patients with MV reinstitution is poor. ***(Thorac Med 2012; 27: 209-216)***

Key words: prolonged mechanical ventilation, reinstitution of ventilator

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長期機械通氣病人在成功脫離呼吸器後再放置呼吸器的危險因子及預後

陳泓丞 *　林孟志 *,**　林安伸 *　王金洲 *　王逸熙 *,**

背景及方法：長期機械通氣（PMV）的病人常造成家屬和醫療資源一大負擔。這其中一些病人能成功脫離出院，但也有些人重覆發生呼吸衰竭並再使用呼吸器。本文目的在要找出在成功脫離呼吸器患者中再放置呼吸器的危險因素。高雄長庚紀念醫院呼吸照護中心（RCC）在 2006 到 2007 年內有 314 例成功脫離呼吸器。回顧病歷中的年齡，性別，急性生理及慢性健康評估Ⅱ評分（APACHE II 評分），格拉斯哥昏迷評分（GCS），導致急性呼吸衰竭（ARF）原因和脫離呼吸器相關參數，包括呼吸頻率，潮氣量和淺快呼吸指數（RSBI）。研究觀察期從病人入住 RCC 開始至病人出院為止。

結果：314 例中有 133 例（42.4%）因反覆呼吸衰竭再度接受機械通氣。181（57.6%）於出院時無使用機械通氣。這兩組之間在年齡，性別，APACH II 評分和相關脫離呼吸參數並沒有顯著差異。脫離呼吸器期間無氣管切開患者（p 值 <0.05）則再放置呼吸器的發生率是增加的。17% 長期機械通氣（PMV）的病人在住院期間死亡，133 例在接受重置呼吸器患者中有 78 位（58.7%）在住院期間死亡。

結論：病人成功脫離呼吸器的患者中，無接受氣管切開術患者和急性呼吸衰竭原因是充血性心臟衰竭皆是重置呼吸器的危險因素。再放置呼吸器患者的預後是不佳的。*(胸腔醫學* ***2012; 27: 209-216)***

關鍵詞：長期機械通氣，再放置呼吸器

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Gastric Metastasis as the First Sign of Tumor Recurrence after Lung Cancer Resection — Case Report

Wei-Min Tsai, Jiunn-Min Shieh, Shian-Chin Ko

Although distant dissemination is commonly encountered in patients with lung cancer, gastrointestinal metastasis is rarely diagnosed in clinical practice. Recent reports suggest that gastrointestinal metastasis of lung cancer may be more frequent than previously thought, because it is rarely symptomatic. When present, the symptoms related to gastrointestinal metastasis are not specific and the diagnosis is often delayed. However, gastrointestinal metastasis can cause life-threatening complications such as massive hemorrhage, intestinal obstruction or perforation of the hollow organ, which necessitate surgical intervention. Computed tomography (CT) may be helpful for the diagnosis of gastrointestinal metastasis, but the definite diagnosis is dependent on endoscopic or surgical biopsy. The existence of gastrointestinal metastasis is an important marker of advanced disease, which indicates a poor prognosis. We present a case of gastric metastasis of lung cancer, which presented as the first sign of tumor recurrence after a lobectomy that was performed more than 3 years before. Clinicians should take gastrointestinal metastasis into consideration when there are unexplained gastrointestinal symptoms, such as those not associated with chemotherapy or radiotherapy, in patients with lung cancer. ***(Thorac Med 2012; 27: 217-222)***

Key words: gastrointestinal metastasis, lung cancer

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胃轉移成爲肺癌術後復發的首癥：病例報告

蔡為民　謝俊民　柯獻欽

雖然肺癌常常發生遠處轉移，臨床上卻少見轉移到胃腸道。新近報告顯示：肺癌併胃腸轉移並非罕見，而是此類病人常常沒有症狀。即使發生症狀，也常是腹痛、出血、消化不良…等非特異症狀，故常延遲診斷。但胃腸轉移也可能發生致命的併發症，如：大量出血、腸道阻塞、胃腸破裂，此時就需外科緊急介入治療。在診斷方面，電腦斷層可能有些幫助，但確切的診斷有賴於內視鏡切片生檢或外科手術探查。一旦發生胃腸轉移表示進入肺癌晚期，預後極差。吾等報告一位鱗狀細胞肺癌病患，在接受肺葉切除與輔助性放射線治療三年多後，因腹痛與胃腸出血接受胃鏡檢查，卻發現肺癌併胃轉移，爾後雖歷經化學治療，仍發生對側肺轉移，最後死於肺膿瘍併發敗血症。胃腸轉移雖不常見於肺癌病人，但若出現與治療無關的胃腸症狀，仍須將此病症列入鑑別診斷。*(胸腔醫學* ***2012; 27: 217-222)***

關鍵詞：胃腸轉移，肺癌

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Myelolipoma of the Chest Wall: A Case Report and Literature Review

Chia-Chen Hsieh, Hsiang-Lin Sung*, Han-Yu Chang

Myelolipomas are rare neoplasms composed of normal hematopoietic cells and mature adipose tissue. They usually occurr in the adrenal gland, although they have been reported to occur in the liver, stomach, mesentery, spleen, retroperitoneum, presacral area, leptomeninges and thorax in the previous literature. We present an unusual case of extraadrenal myelolipoma arising from the chest wall. The patient underwent tumor excision through video-asisted thoracoscpic surgery, and the pathology revealed myelolipoma. We also reviewed the literature concerning the clinical manifestations diagnosis, treatment and prognosis of myelolipoma. ***(Thorac Med 2012; 27: 223-227)***

Key words: myelolipoma, chest wall tumor

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胸廓骨髓脂肪瘤：病例報告及文獻回顧

謝佳珍　宋湘琳 *　張漢煜

骨髓脂肪瘤是一種罕見的腫瘤，腫瘤細胞包含有正常的造血幹細胞以及成熟的脂肪組織，至目前文獻記載，沒有轉為惡性腫瘤的病例。一般發生的位置以腎上腺最為常見，發生在胸腔的病例十分稀少。在過去的文獻中，生長在胸腔的骨髓脂肪瘤位置，包含肺部內、縱膈腔內、及胸壁上。我們在此報告一個罕見病例：一位七十一歲男性，主訴有多年的慢性咳嗽，因為胸部 X 光片發現右上肺野疑似有肺外腫瘤，而胸部電腦斷層檢查確認為後胸壁上的腫瘤，轉診至胸腔外科接受手術。經影像輔助式胸腔鏡手術切除腫瘤後，由病理檢查確定為胸壁上的骨髓脂肪瘤

在這一篇報告裡，我們也回顧了一些文章，說明關於發生在胸腔的骨髓脂肪瘤的臨床表現，病理特徵，診斷方式及預後。*(胸腔醫學* ***2012; 27: 223-227)***

關鍵詞：骨髓脂肪瘤，胸廓腫瘤

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Pulmonary Sarcomatoid Carcinoma in a Patient with Systemic Sclerosis Presenting as a Rapid-Growing Mass – A Case Report

Wen-Ren Lin*, Kuo-An Chu*,**, Min-Hsi Lin*, Shieh-Yi Shen*, Hui-Hwa Tseng***, Ruay-Sheng Lai*,**

Malignancy is found in up to 10% of patients with systemic sclerosis, and has included pulmonary, breast, gastrointestinal, hematopoietic, lymphoid, and other types. Lung cancer is the most frequent type of cancer in patients with systemic sclerosis, followed by breast cancer. Pulmonary sarcomatoid carcinoma is a rare subtype of lung cancer and generally has an aggressive clinical course and limited response to systemic chemotherapy regimens for conventional non-small cell lung cancer. The clinicopathological characteristics of the disease remain unclear. We report the case of a 59-year-old woman who had systemic sclerosis for 10 years and was diagnosed with pulmonary sarcomatoid carcinoma presenting with a rapid-growing lung mass. Due to the rapidly worsening performance status, systemic chemotherapy was not administered and the patient was treated with erlotinib. The patient expired about 1 month after diagnosis. ***(Thorac Med 2012; 27: 228-234)***

Key words: lung cancer, sarcomatoid carcinoma, systemic sclerosis

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肺類肉瘤上皮癌在一硬皮症患者：一病例報告

林文仁 *　朱國安 *,**　林旻希 *　沈協益 *　曾暉華 ***　賴瑞生 *,**

硬皮症的患者約有百分之十可發現腫瘤，包括肺癌，乳癌，消化道腫瘤，白血病，淋巴瘤及其他癌症。肺癌是硬皮症患者中最常見的，其次是乳癌。肺類肉瘤上皮癌是一種罕見的肺。

一般認為臨床病程較為快速，而且對於傳統非小細胞肺癌所使用的化學治療反應並不顯著。目前對於肺類肉瘤上皮癌的臨床及病理表徵以及 EGFR（Epidermal Growth Factor Receptor）表現盛行率仍不清楚。在此我們報告一位硬皮症患者合併肺部間質性變化，以一極快速生長之下肺葉腫塊為初始表現，經電腦斷層切片證實為肺類肉瘤上皮癌，因患者體能狀況不佳，故未接受傳統化學治療，而使用標靶（Erlotinib）藥物治療，但是治療效果不佳，患者在診斷後一個月死亡。*(胸腔醫學* ***2012; 27: 228-234)***

關鍵詞：肺癌，肺類肉瘤上皮癌，硬皮症

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Sequential Bilateral Spontaneous Pneumothorax Following Gefitinib Therapy for Pulmonary Adenocarcinoma with Activated EGFR Mutation – A Case Report

Ching-Hsiang Lu*, Ruay-Sheng Lai*,**, Jia-Bin Liao***

Spontaneous pneumothorax (SP) is a rare phenomenon in patients with primary and metastatic pulmonary neoplasm. Gefitinib has been approved as an effective treatment for pulmonary adenocarcinoma patients with an activated epidermal growth factor receptor (EGFR) mutation. Pneumothorax following gefitinib treatment is rarely reported in the literature. We present the case of a 49-year-old woman with primary pulmonary adenocarcinoma with bilateral lung, brain and multiple bone metastases. A L858R point mutation in exon 21 was detected by PCR/direct sequencing. She took gefitinib as her first-line chemotherapy, and had a partial response. Sequential bilateral SP developed after gefitinib had been used for about 2 months. We believe that the SP was caused by gefitinib therapy, which may have resulted in the necrosis of multiple pleural-based pulmonary nodules with bronchopleural fistula formation. This hypothesis is similar to that of SP following cytotoxic chemotherapy in sarcoma and germ cell tumor. We inserted a chest tube, but recurrence was found after its removal. Chemical pleurodesis was used, after which, the SP was no longer noted. In this report, we present a case of bilateral SP, which is a rare complication following gefitinib treatment for pulmonary adenocarcinoma. Chemical pleurodesis is recommended after the lung has been fully re-expanded to prevent repeated pneumothorax. ***(Thorac Med 2012; 27: 235-239)***

Key words: gefitinib, lung cancer, pleurodesis, spontaneous pneumothorax

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肺腺癌經標靶治療後引起之相繼的雙側自發性氣胸：一病例報告

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雙側自發性氣胸不論是在原發性或轉移性肺腫瘤都是非常少見的，特別是在使用艾瑞莎（Iressa®）治療肺腺癌後發生的自發性氣胸在文獻上更是罕見。艾瑞莎已證實對肺腺癌且上皮細胞生長因子接受體突變陽性的患者有療效。本文描述一名 49 歲女性患有原發性肺腺癌合併雙側肺部、腦部及全身多處骨頭轉移，且上皮細胞生長因子接受體突變為陽性，在使用艾瑞莎來當做一線治療後，發生相繼的雙側自發性氣胸。肋膜下肺腫瘤壞死併發支氣管肋膜瘻管被認為是氣胸的主因。這個理論與肉瘤及生殖細胞腫瘤經化學治療後發生氣胸的理論相似。氣胸經胸管引流後症狀解除，但是移除胸管後又再次復發氣胸。經後續執行肋膜沾黏治療後便不再發生氣胸。此病例提醒臨床醫師，在使用艾瑞莎治療肺腺癌患者後產生的自發性氣胸是罕見的，若發生時應執行肋膜沾黏治療以避免復發。*(胸腔醫學 **2012; 27: 235-239**)*

關鍵詞：艾瑞莎，肺癌，肋膜沾黏治療，自發性氣胸

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Tracheobronchial Foreign Body Aspiration of Crab Leg Shell – An Unusual Type of Airway Obstruction

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Foreign body aspiration (FBA) is a common medical emergency for children, although it also occurs in older age groups. In adults, FBA is most commonly caused by the failure of airway protective mechanisms. Otherwise, FBA in adults can be caused by an iatrogenic or traumatic event. FBA necessitates prompt recognition and early removal to avoid serious and sometimes fatal consequences. The longer a foreign body remains in the airway, the more complications that can develop. A careful inquiry into the patient's medical history is of utmost importance for an accurate diagnosis of FBA. Without a supporting history, the diagnosis of FBA is often delayed, from days to months. Chest radiography may be normal and is not always useful for diagnosis. If the history is highly suggestive of FBA, bronchoscopy should be performed for both diagnostic and therapeutic purposes. We present a case of FBA of a crab leg shell that obstructed the lower trachea and right main bronchus. Although the chest radiograph appeared normal, there was a strong history of FBA after failed laryngeal manipulation by an otorhinolaryngologist. The diagnosis was further verified by computed tomography and lung function tests. Ultimately, the foreign body was retrieved by flexible bronchoscopy. If the history is highly suggestive, clinicians should maintain a high index of suspicion for FBA, even with normal imaging studies. ***(Thorac Med 2012; 27: 240-247)***

Key words: foreign body aspiration, bronchoscopy

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氣道阻塞卻未造成塌陷—異物嗆入氣管之病例報告

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異物嗆入是小孩常見的急症，但亦可見於成人。異物嗆入較常發生在氣道保護機制受損的病人，也可能導因於醫療處置或外傷事件。異物嗆入須及早發現並儘速移除，以避免嚴重且可能危及生命的後遺症，異物在氣道內停留的時間愈久，愈可能發生後遺症。詳細詢問病史是正確診斷異物嗆入的不二法門，若是從病史中無法讓醫護人員考慮到異物嗆入的可能，則診斷可能延遲數天到數月。胸部 X 光檢查對異物誤嗆的診斷不一定有幫助，病人的胸部 X 光影像可以是正常的，如果從病史中高度懷疑是異物嗆入，應立即安排支氣管鏡檢以診斷並設法移除氣道內異物。我們報告一例蟹腳殼嗆入卡住氣管下段與右主支氣管的病例，一開始蟹殼是卡在喉部，經耳鼻喉科醫師處置後，反而掉入氣管內。因蟹腳殼呈管狀，不會完全堵住氣道，所以病人的胸部 X 光片幾近正常，但因病史上高度懷疑，加上身體檢查、電腦斷層與肺功能檢查的佐證，最後以軟式支氣管鏡移除異物。臨床醫師對於有嗆到病史的病人，即使影像學檢查正常，亦應保持高度警覺，排除異物嗆入的可能。*(胸腔醫學* ***2012; 27: 240-247****)*

關鍵詞：異物嗆入，支氣管鏡

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Tracheal Lipoma – Case Report and Review of the Literature

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Primary tracheal lipomas are extremely rare neoplasms and can be difficult to diagnose due to their capacity to mimic other obstructive lung diseases. We report the case of a male patient with tracheal lipoma. He complained of shortness of breath for a long time with little response to treatment. During forced expiration in the pulmonary function test, a dramatic constant reduction in expiratory flow of the flow-volume curve was noted. Based on that, an obstructing lesion in the airway was suspected. A computed tomographic scan revealed the presence of a tumor in the mid-trachea. The tumor was confirmed by fiberoptic bronchoscopy and successfully resected by endoscopic laser. Histologic examination of the tumor showed a benign lipoma. After surgical treatment, the patient reported significant improvement in his shortness of breath. ***(Thorac Med 2012; 27: 248-252)***

Key words: tracheal lipoma, spirometry, obstructive ventilatory defect

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氣管內脂肪瘤：病例報告與文獻回顧

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原發性氣管內脂肪瘤是極少見的腫瘤，因為會造成類似阻塞性肺疾病的症狀，在診斷上是比較不容易的。我們病例報告了一位有氣管內脂肪瘤的病人，長期抱怨呼吸喘，但經治療後卻沒有明顯成效，在肺功能檢查的吐氣期間，發現吐氣流速為固定地減少，因此懷疑在氣管內有阻塞物的存在，電腦掃瞄在氣管中段發現了一個腫瘤，支氣管內視鏡證實腫瘤的存在，藉由支氣管鏡內雷射，腫瘤順利被切除。病理顯示為良性脂肪瘤，於手術後，病人呼吸喘的症狀改善許多。*(胸腔醫學 **2012; 27: 248-252**)*

關鍵詞：氣管內脂肪瘤，肺活量測定法，阻塞型換氣障礙

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Development of Churg Strauss Syndrome in an Asthma Patient Taking Montelukast

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A very limited number of reports have documented the association between leukotriene receptor antagonist (LTRA) and Churg-Strauss syndrome (CSS), but to date, a clear relationship has not been established because of its rarity.

We report a 69-year-old asthma patient who suffered from progressive bilateral lower legs numbness and weakness about 2 weeks after taking montelukast. Nerve conduction velocity (NCV) showed axonal degenerative polyneuropathy. Because of shortness of breath, she was admitted soon after these symptoms were noted. The initial laboratory analyses showed eosinophilia (74% of white cell count) with a high total IgE level (2,768 IU/mL). Chest radiograph revealed non-fixed bilateral pneumonia. Dramatic resolution of the pneumonia with steroid treatment was achieved and montelukast treatment was stopped. In addition, Waters' view showed bilateral maxillary sinusitis. With the above findings, including asthma, marked eosinophilia, polyneuropathy, sinusitis, and non-fixed radiographic pulmonary infiltrates, CSS was diagnosed. We believe that montelukast is a useful and relatively safe drug for treating asthma, but care should be taken regarding its linkage with CSS. ***(Thorac Med 2012; 27: 253-259)***

Key words: montelukast, neuropathy, Churg-Strauss syndrome

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使用 Montelukast 的氣喘病人發生的 Churg-Strauss 症候群

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目前為止，只有極少數的病例報告提到白三烯受體拮抗劑（leukotriene receptor antagonist）與 Churg-Strauss 症候群的關係，因此兩者之間的確切關聯性尚未被清楚的建立。這位 69 歲的氣喘病患在使用 montelukast 兩週後，發生雙下肢麻及無力的情形。神經傳導速度檢查顯示軸突退化性多神經病變。血液檢驗報告發現嗜伊紅血球增多（21.53 x 10^3/uL）及高濃度的免疫球蛋白 IgE（2,768 IU/mL）。非固定性（non-fixed）的雙側肺炎在停用 montelukast 及使用類固醇後，得到顯著的改善。此外，Water's view 顯示雙側上頜竇炎。綜合以上的發現：氣喘、嗜伊紅血球增多、多神經病變、鼻竇炎、非固定性肺浸潤，此病患診斷為 Churg-Strauss 症候群。就我們所知，Montelukast 在用於治療氣喘上，是安全且有效的藥物，但它與 Churg-Strauss 症候群之間的關連性，仍需小心注意。*(胸腔醫學 **2012; 27: 253-259**)*

關鍵詞：Montelukast，神經病變，Churg-Strauss 症候群

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