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# 胸腔醫學

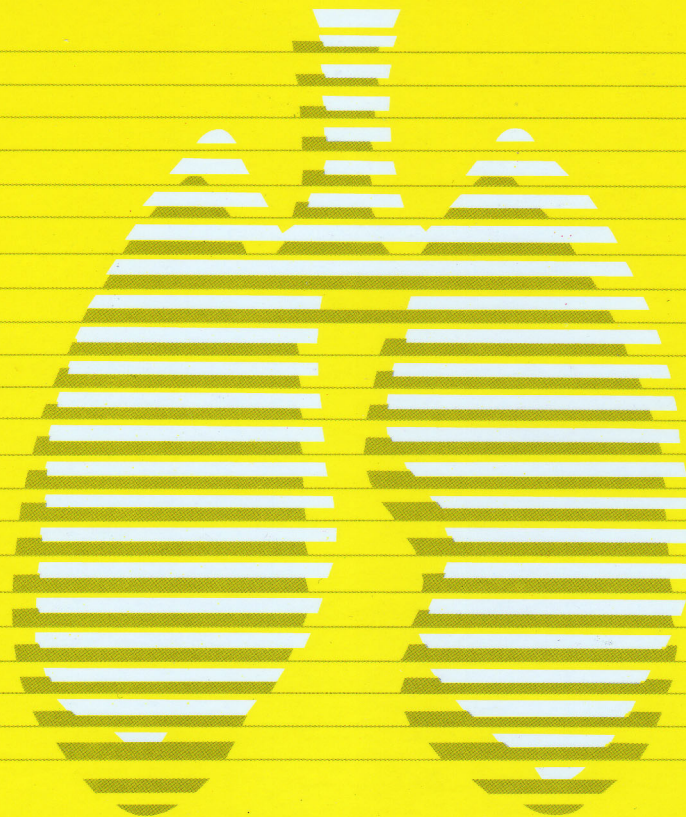
## Thoracic Medicine

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台灣胸腔暨重症加護醫學會

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# Evaluation of Exhaled Nitric Oxide in Patients with Sauropus Androgynus-Related Bronchiolitis Obliterans

Ting-Yun Ou\*, Shieh-Yi Shen\*, Ruay-Sheng Lai\*,\*\*

**Background:** In Taiwan, there was an outbreak of bronchiolitis obliterans (BO) in 1995. Based on an epidemiological study, the disease was associated with the consumption of a vegetable, *Sauropus androgynus*. The goal of this study is to determine whether nitric oxide (NO) plays a role in *Sauropus androgynus*-- related BO.

**Methods:** Twenty cases of *Sauropus androgynus* related--BO, 38 cases of asthma and 10 cases of healthy volunteers were included. Cases with upper respiratory tract infection in the most recent 6 weeks and allergic rhinitis were excluded. The exhaled nitric oxide (eNO) level was measured by an offline method, and the levels from 3 exhalations were analyzed immediately after the completion of the last exhalation. The exhaled NO was measured before spirometry or on different days, and was then calculated as the mean of 3 values.

**Results:** The BO, asthma and healthy volunteer case numbers were 20, 38 and 10 individually. The youngest mean age was in the asthma group (37 years old), compared with the BO group (51 years old) and the healthy volunteers (51 years old). The male-to-female ratios in the 3 groups were 1/19, 27/11 and 4/6. There were no smokers in either the BO or healthy volunteer group, but there were 9 smokers among the 38 subjects with asthma. The forced expiratory volume in 1 second (FEV1) in the 3 groups (BO, asthma, healthy volunteer) were  $0.49 \pm 0.13$ ,  $2.50 \pm 1.10$  and  $2.26 \pm 0.64$ L (mean  $\pm$  SD), respectively. FEV1 was significantly low in the BO group ( $p < 0.001$ ). The exhaled NO level was significantly lower in the BO subjects than in those with asthma ( $p = 0.006$ ), but without statistical difference from the healthy volunteers ( $p = 0.843$ ). The eNO level did not correlate with FEV1 among the 3 groups.

**Conclusions:** The eNO level was not elevated in the subjects with *Sauropus androgynus*-related BO; however, it was significantly elevated in the asthma subjects, as in other reports. The possible reasons may be: 1) The eNO level does not elevate in stable patients with *Sauropus androgynus*-related BO. 2) NO plays an insignificant role in the pathogenesis of *Sauropus androgynus*-related BO. 3) There was extended damage to the epithelial cells, the main production site of eNO. (*Thorac Med* 2011; 26: 120-126)

Key words: bronchiolitis obliterans, nitric oxide, *sauropus androgynus*

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## 評估吐氣之一氧化氮在守宮木引起之阻塞性細支氣管炎的表現

歐亭芸\* 沈協益\* 賴瑞生\*,\*\*

**背景：**台灣在民國84年時有爆發一波阻塞性細支氣管炎，經流行病學調查後發現與服用減肥藥—守宮木有關，本研究的目的在於了解一氧化氮在守宮木引起之阻塞性細支氣管炎所扮演之角色。

**方法：**利用化學發光分析法測量吐氣之一氧化氮濃度。共有20位守宮木相關之阻塞性細支氣管炎，38位氣喘及10位健康的志願受測者接受測量。本實驗排除過敏性鼻炎及測量前6週有上呼吸道感染之病人。個案於肺功能檢測前即接受吐氣之一氧化氮檢測，共執行三次並取其平均值。

**結果：**用力吐氣第一秒量（FEV1）於阻塞性細支氣管炎個案明顯低於氣喘組及健康受測者（ $<0.001$ ），分別為阻塞性細支氣管炎組 $0.49 \pm 0.13$ L，氣喘組 $2.50 \pm 1.10$ L，及健康受測者 $2.26 \pm 0.64$ L（平均值 $\pm$ 標準差）。阻塞性細支氣管炎之吐氣一氧化氮濃度較氣喘患者來的低（平均值： $5.25$  vs  $8.40$  ppb,  $p=0.006$ ），但與健康受測者則無差異（平均值： $5.25$  vs  $5.35$  ppb,  $p=0.843$ ）。而吐氣之一氧化氮濃度與用力吐氣第一秒量在三組間皆無統計學上之相關性。

**結論：**守宮木引起的阻塞性細支氣管炎其吐氣一氧化氮濃度並不若氣喘病人有上升現象，可能原因為：一）病人接受一氧化氮測量時皆處於穩定期；二）一氧化氮於守宮木引起的阻塞性細支氣管炎並無扮演重要角色；三）廣泛性呼吸道上皮細胞損傷導致一氧化氮合成減少。（*胸腔醫學 2011; 26: 120-126*）

**關鍵詞：**阻塞性細支氣管炎，一氧化氮，守宮木

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# Pulmonary Coccidioidomycosis Diagnosed after Thoracoscopic Lobectomy — Case Report and Literature Review

Ching-Kai Lin, Ping-Hung Kuo, Jang-Ming Lee\*

*Coccidioides* spp. is endemic to certain lower deserts in western regions of the United States of America. All patients with coccidioidomycosis reported in Taiwan have had a history of travel to endemic areas. In this report, we describe the case of a 60-year-old woman who presented with right middle lobe consolidation that was not responsive to empiric antibiotic treatment. Laboratory examinations of sputum and bronchial washing specimens failed to reveal any microbiological pathogens. She underwent video-assisted thoracoscopic lobectomy of the right middle lobe, and the pathology confirmed the diagnosis of coccidioidomycosis. To our knowledge, this is the first case of pulmonary coccidioidomycosis diagnosed after thoracoscopic lobectomy in Taiwan. (*Thorac Med* 2011; 26: 127-132)

Key words: Coccidioidomycosis, video-assisted thoracoscopic lobectomy

# 胸腔鏡肺葉切除手術診斷肺部球孢子菌感染——病例報告 及文獻回顧

林敬凱 郭炳宏 李章銘\*

球孢子菌是美國西南部沙漠特有之地區性黴菌。所有在台灣報告之球孢子菌感染皆有疫區的旅遊使。我們報告一個60歲女性因右肺中葉實質化，痰液及支氣管鏡檢查之細菌培養查皆無發現且對完整的經驗性抗生素治療無明顯效果。病人最後接受影像胸腔鏡肺葉切除手術並由病理診斷為球孢子菌感染。據我們所知，這是台灣第一位由影像胸腔鏡肺葉切除手術診斷為肺球孢子菌感染之病例。(胸腔醫學 2011; 26: 127-132)

關鍵詞：球孢子菌感染，影像胸腔鏡肺葉切除手術

# Pulmonary Granulomatous Inflammation and Unexplained Repeated Infections — A Case of Chronic Granulomatous Disease

Hung-Cheng Chen\*, Kuender D. Yang\*\*, An-Shen Lin\*, Chin-Chou Wang\*,  
Wan-Ting Huang\*\*\*, Chien-Hao Lie\*

Chronic granulomatous disease (CGD) is a rare inherited disorder caused by a failure of intracellular superoxide production by phagocytes. It is usually identified in early childhood with severe recurrent bacterial and fungal infections. We present a case of CGD in a young male adult in whom the disease initially presented with left middle lung consolidation with cavitation. The patient had a history of unexplained repeated infection (including liver abscess and submandibular cellulitis at the age of 17 and 19 years). A specimen of cutting biopsy of the lung showed granulomatous inflammation. Pulmonary granuloma is a common manifestation of tuberculosis in Taiwan, but no acid-fast bacilli were identified by Ziehl-Neelsen staining in a specimen of sputum and cutting biopsy. In addition, no autoimmune disease was detected. The patient had negative respiratory burst activity in the polymorphonuclear leukocyte function test, a low response in the chemiluminescence test, and a normal finding in the chemotaxis assay, so the diagnosis of CGD was finally established. CGD rarely starts presenting in adulthood, either because it is not well-recognized in non-pediatric chest wards or because of the administration of potent antimicrobials that unintentionally treat many CGD-associated infections, postponing the diagnosis until more severe infections occur. Therefore, any adolescent or adult with unexplained and repeated infections that are accompanied by granuloma formation should be checked for phagocyte function defects. Early diagnosis of CGD is important because of the benefits of timely treatment and infection prophylaxis. (*Thorac Med* 2011; 26: 133-139)

Key words: chronic granulomatous disease, granulomatous inflammation

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## 肺部肉芽性發炎及不明原因反覆感染 —慢性肉芽腫病個案報告

陳泓丞\* 楊崑德\*\* 林安伸\* 王金洲\* 黃琬婷\*\*\* 賴建豪\*

慢性肉芽腫病（CGD）是一種罕見因細胞內superoxide製造功能衰竭所造成的遺傳性及先天免疫功能不全症候群疾病。它通常於出生後第一年即有嚴重反覆性細菌和黴菌感染。

我們提出一個案為一年輕男性患有慢性肉芽腫病於初就診的胸部X-ray表現為左下肺實質化與空洞化。患者曾有反覆不明原因感染病史（包括肝膿瘍，蜂窩組織炎分別在患者17歲和19歲）。此患者切割活檢標本顯示為肺肉芽腫發炎。在台灣肺肉芽腫發炎常於肺結核病患者出現，此患者的痰標本及切割活檢體中抗酸桿菌鑑定皆呈陰性表現。相關自體免疫疾病檢測亦呈現陰性。在刺激後的多發性多形性白血球功能測試及chemiluminance測試顯示為低反應，加上趨化檢測為陰性結果，故診斷為慢性肉芽腫病。慢性肉芽腫病罕見在成年才開始表現，推測延遲診斷原因是目前強效抗生素藥物治療及在成年胸腔科相關知識的缺乏。因此，任何青少年或成人不明原因的肺部反覆感染，並伴隨著肉芽腫的形成，應考慮顆粒球白血細胞缺陷所導致的免疫不全症候群及慢性肉芽腫病。對於慢性肉芽腫病早期診斷給予及時治療和預防感染是相當重要的。*(胸腔醫學 2011; 26: 133-139)*

關鍵詞：慢性肉芽腫病，慢性肉芽腫性發炎

# Colonic Metastasis from a Primary Lung Carcinoma: A Case Report

Chih-Hao Chang, Chih-Wei Wang\*, Meng-Heng Hsieh, Fu-Tsai Chung,  
Chih-Teng Yu, Horng-Chyuan Lin

Lung cancer with clinically demonstrated colonic metastasis is very rare, and only a few case reports have been published in the English literature. Colonic metastasis from lung malignancies occurs almost exclusively in male patients, with only 1 case involving a female patient being reported in the literature. The most common symptoms of colonic metastasis are bleeding and abdominal pain. Different malignant cell types have been reported, including large cell carcinoma, small cell carcinoma, adenocarcinoma, squamous cell carcinoma, and adenosquamous carcinoma. Such colon metastases may present with solitary lesions or disseminated masses. Determining the origin of a metastatic cancer on the basis of a morphologic examination alone is a difficult task. By using reliable immunohistochemical markers, clinical physicians can make an accurate diagnosis with appropriate staging and effective treatment for patients with lung cancer and colonic metastasis. Herein, we reported a 73-year-old woman with colonic metastasis from pulmonary adenocarcinoma, which was confirmed by an immunohistochemical study. A literature review is also included. (*Thorac Med* 2011; 26: 140-146)

Key words: lung cancer, colonic metastasis, immunohistochemical study

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## 原發性肺癌併結腸轉移：一個病例報告

張志豪 王志偉\* 謝孟亨 鍾福財 余志騰 林鴻銓

肺癌伴隨結腸的轉移在臨床非常罕見。在過去幾十年來的英文文獻裡，只有少數零星的病例報告被發表過。幾乎所有肺癌併結腸轉移的病例都是男性患者，只有一例文獻是女性。最常見的臨床症狀是出血和腹痛。不同類型的惡性腫瘤細胞，包括大細胞癌、小細胞癌、肺腺癌、鱗狀細胞癌，腺鱗癌都有被報導過。有些案例是單一的結腸轉移，而有些案例是同時伴隨其他器官的轉移。只靠著細胞型態來判斷癌症的原發處是一項困難的工作。靠著使用免疫組織化學染色法，可以幫助臨床醫師對肺癌做出正確的診斷、分期、及有效的治療。在此我們報告一名73歲女性病患，以肺腺癌併結腸轉移表現，經免疫組織化學染色法來確定診斷的病例。並回顧歷年來與此種病歷相關的文獻報告。*(胸腔醫學 2011; 26: 140-146)*

關鍵詞：肺癌，癌症結腸轉移，免疫組織化學染色法

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# Severe Acute Respiratory Distress Syndrome Caused by Influenza B Virus in a Healthy Adult

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Primary influenza pneumonia is characterized by fever, cough, progressive dyspnea, and even respiratory failure in severe cases. Acute respiratory distress syndrome (ARDS) due to influenza pneumonia is rare and is associated with a very high mortality rate. Most reported cases of primary influenza pneumonia were caused by influenza A virus. There are rare reports of influenza B pneumonia, and most of the cases have occurred in children with underlying disease. We report a case of ARDS associated with influenza B pneumonia in a 28-year-old man without underlying disease. The pathologic features of the open lung biopsy were consistent with diffuse alveolar damage. The patient received oseltamivir and methylprednisolone therapy, but oxygenation deteriorated, and the patient was refractory to prone position ventilation and high frequency oscillatory ventilation. Extracorporeal membrane oxygenation was used as a life-sustaining modality, but the patient developed ventilator-associated pneumonia and died. Although rarely found, influenza B pneumonia could develop in adults without underlying disease and cause refractory ARDS. (*Thorac Med* 2011; 26: 147-152)

Key words: acute respiratory distress syndrome, influenza B virus, open lung biopsy, prone position, high frequency oscillatory ventilation, extracorporeal membrane oxygenation

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## 成年人 B 型流感病毒感染造成嚴重呼吸窘迫症候群： 病例報告

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高國晉<sup>\*, \*\*, \*\*\*</sup>

流感病毒感染造成急性呼吸窘迫症候群常常會造成嚴重的併發症和很高的死亡率。大部分都是導因於A型流感病毒感染，而B型流感病毒大部分發生在小孩及健康的年輕成人。茲報告一位28歲健康男性感染B型流感並導致嚴重呼吸窘迫症候群。肺部病理切片顯示瀰漫性肺泡破壞。個案後來有接受抗病毒藥物oseltamivir及類固醇使用，但是血氧濃度並沒有明顯改善即使用了高頻震盪通氣和俯臥姿。後來這位病人有使用葉克膜改善血氧交換，但是發生嚴重的呼吸器相關肺炎和死亡。雖然B型流感病毒造成的呼吸窘迫症候群相對少見，健康成人若是有病毒性肺炎相關症狀仍須早期診斷及投藥。(胸腔醫學 2011; 26: 147-152)

關鍵詞：B型流感病毒，呼吸窘迫症候群，開肺切片，高頻震盪通氣，俯臥姿，葉克膜

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# Spontaneous Pneumomediastinum — A Rare Complication in Dermatomyositis

Chao-Hung Chen, Chiung-Zuei Chen, Hang-Yu Chang

Dermatomyositis is a generalized disorder characterized by myositis and typical cutaneous findings. Dermatomyositis is commonly associated with interstitial lung disease. However, spontaneous pneumomediastinum has been reported as a rare complication in dermatomyositis. Herein, we describe a 57-year-old female patient with dermatomyositis who had the complications of spontaneous pneumomediastinum and extended subcutaneous emphysema. The progressive ulcerative skin lesions were accompanied by refractory pneumomediastinum despite relatively high-dose corticosteroids. The ulcerative skin lesions and pneumomediastinum resolved successfully after treatment with oxygenation therapy and corticosteroids in combination with cyclosporine-A. The patient remained well during more than 6 months of outpatient follow-up after discharge. According to previous studies, spontaneous pneumomediastinum is not associated with interstitial lung disease, but with bronchial necrosis. Necrosis of the bronchial wall caused by focal ischemia due to vasculopathy could result in air leakage with resultant pneumomediastinum. (*Thorac Med* 2011; 26: 153-159)

Key words: spontaneous pneumomediastinum, dermatomyositis, polymyositis, interstitial lung disease, corticosteroid, cyclosporine-A

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## 自發性氣縱膈—皮膚炎之罕見併發症

陳昭宏 陳炯睿 張漢煜

皮膚炎普遍以肌炎與典型的皮膚症狀來表現，且常見與間質性肺病相關。然而自發性氣縱膈在皮膚炎已被發現是一種罕見的併發症。在此，我們描述一個57歲的女性被診斷為皮膚炎，有潰瘍性皮膚損傷與間質性肺炎的表現，並且發生罕見的自發性氣縱膈合併厲害的皮下氣腫之併發症。儘管用高劑量之類固醇，漸進性的潰瘍性皮膚損傷與頑固性自發性氣縱膈依然發生。當合併類固醇、氧氣，與環孢靈的治療，潰瘍性皮膚損傷與自發性氣縱膈之情形獲得改善。病人出院六個月後依然在門診追蹤。根據過去的研究，自發性氣縱膈與支氣管壞死相關而非之前所認定是間質性肺病造成。血管病變造成支氣管壁壞死被認為才是造成氣縱膈的原因。(胸腔醫學 2011; 26: 153-159)

關鍵詞：自發性氣縱膈，皮膚炎，多發性肌炎，間質性肺病，類固醇，環孢靈

# Small Intestine Intussusceptions Secondary to Metastasis from Adenocarcinoma of the Lung – A Case Report

Juei-Yu Cheng\*, Chih-Jen Yang\*, \*\*\*\*, \*\*\*\*\*; Jong-Rung Tsai\*, \*\*\*\*, Chee-Yin Chai\*\*,  
Jaw-Yuan Wang\*\*\*, Jhi-Jhu Hwang\*, \*\*\*\*

Lung cancer is the leading cause of cancer death in the world [1-2]. In patients with lung cancer, metastasis to the bone, brain, liver and adrenal gland is most frequently found [2]. Gastrointestinal metastasis is not as frequently reported [1]. Among these patients, bleeding, anemia, and acute abdomen were the common presentations. Intussusception is a relatively rare but emergent condition. Aggressive investigation and early surgery are the only methods for providing palliation to patients with gastrointestinal metastasis. However, morbidity and mortality remain high and the prognosis is poor. Herein, we report a lung adenocarcinoma patient who presented acute abdomen; the final diagnosis was the unexpected small bowel intussusception caused by metastasis. We report this rare case and review the literature. (*Thorac Med* 2011; 26: 160-164)

Key words: lung cancer, gastrointestinal metastasis, intussusception

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## 由肺腺癌引起的罕見小腸轉移併發腸套疊之一個案報告

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肺癌是世界重要癌症死因。骨骼、腦部、肝臟、腎上腺是肺癌轉移最常見的地方，而胃腸道轉移則甚少被報導。這些病人往往以出血、貧血、急性腹痛表現。在胃腸道轉移中，腸套疊是相對罕見但緊急的狀況。積極介入、及早手術對這些病人而言是唯一可行的解決之道。即便如此，併發症以及死亡率仍居高不下，且預後欠佳。這裏，我們報導一位肺腺癌病患表現急性腹痛，其最終診斷為肺癌之小腸轉移造成之腸套疊。我們報導這位病人並作文獻回顧。(*胸腔醫學* 2011; 26: 160-164)

關鍵詞：肺癌，胃腸道轉移，腸套疊

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# Urinothorax Following Percutaneous Nephrolithotripsy – A Case Report

Hsin-Hung Wu, Ming-Jen Peng\*

We presented an unusual case of transudative pleural effusion. Urinothorax developed in a young man who underwent percutaneous nephrolithotripsy (PCNL) for obstructive hydronephrosis caused by renal stones. Urinothorax was confirmed by biochemistry study. The anatomic defect could be identified from computerized tomography (CT) of the abdomen. The pleural effusion resolved rapidly and the dyspnea was relieved after drainage. We reviewed the literature and focused on the diagnostic processes. (*Thorac Med* 2011; 26: 165-170)

Key words: urinothorax, percutaneous nephrolithotripsy

## Urinothorax：病例報告

吳信宏 彭明仁\*

Urinothorax是一種少見的肋膜腔漏液積水。我們報告一位36歲男性在進行過percutaneous nephrolithotripsy一週後出現同側大量肋膜漏液。由漏液的外觀及生化檢查數據的分析診斷為urinothorax。電腦斷層影像可以看到顯影劑經由腎臟流出進入肋膜腔，證實了nephro-pleural fistula的存在。病人情況在正確診斷後，施予胸管引流及Double J stent置放而快速緩解。核子醫學的標記也可以用來協助找nephro-pleural fistula的存在。當臨床快速出現大量肋膜漏液於曾經接受手術處置obstructive nephropathy之病患，urinothorax需列為必要之鑑別診斷。*(胸腔醫學 2011; 26: 165-170)*

關鍵詞：Urinothorax，Percutaneous Nephrolithotripsy

# Ruptured Mediastinal Mature Teratoma Mimicking Difficult Asthma: A Case Report

Shih-En Tseng\*, Yen-Wen Chen\*,\*\*, Wen-Hu Hsu\*\*,\*\*\*, Yi-Chen Yeh\*\*,\*\*\*\*,  
Jia-Horng Wang\*,\*\*

The clinical presentation of central airway obstruction may mimic asthma. If a patient fails to respond to standard asthma treatment, an alternative diagnosis should always be considered. We described a 61-year-old female who initially presented diffuse wheezing and was treated for asthma. The patient had a poor response to asthma treatment and respiratory distress persisted. Endotracheal intubation and mechanical ventilator support had to be initiated. A mediastinal abscess was found 7 days after endotracheal intubation and required catheter drainage. After successful weaning from the ventilator, serial imaging studies revealed a tracheal tumor. Bronchofiberscopic biopsy was performed and the pathology disclosed squamous dysplasia. Nd-Yag laser tumor ablation was performed several times, but rapid recurrence of the tumor was observed. The patient underwent removal of the tumor and segmental tracheal resection. The pathology confirmed the tumor as a ruptured mediastinal mature teratoma. After surgery, the patient's symptom completely disappeared. (*Thorac Med* 2011; 26: 171-178)

Key words: difficult asthma, mediastinal mature teratoma

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## 以困難性氣喘來表現之縱膈腔錯構瘤：一病例報告

曾士恩\* 陳燕溫\*\*, \*\* 許文虎\*\*, \*\*\*, \*\* 葉奕成\*\*, \*\*\*, \*\* 王家弘\*, \*\*

臨床上大氣道阻塞可以氣喘急性發作來表現，若是病人以標準氣喘治療方式治療後仍無法獲得有效的改善時，就要考慮是否有其他可能之致病因包括大氣道阻塞。本案例是一名61歲女性一開始即以氣喘發作來表現，在類固醇及氣管擴張劑治療數週後症狀反而加重，進而發生呼吸衰竭的情形。在插管使用呼吸器後一週，發現一縱膈腔膿瘍而緊急接受導管引流。在拔管後病人一直有反覆出現之呼吸道症狀而接受系列之影像追蹤，且發現有一快速生長之氣管內腫瘤。一開始的病理切片只有鱗狀上皮異化，病人接受多次雷射腫瘤燒灼，但此腫瘤仍持續快速生長。最後病人接受氣管內腫瘤摘除術及部分氣管切除，而手術病理顯示為一縱膈腔良性錯構瘤。手術後病人症狀完全消失。(胸腔醫學 2011; 26: 171-178)

關鍵詞：困難性氣喘，縱膈腔錯構瘤

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