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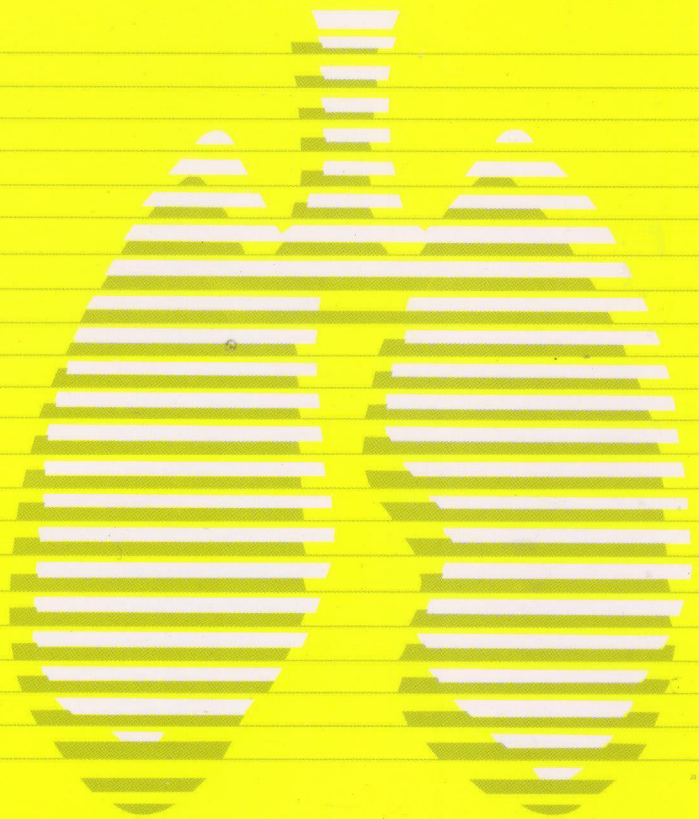

台灣胸腔暨重症加護醫學會

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病例報告

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Case Reports

Disseminated *Mycobacterium Avium Complex* Infection in a Non-HIV-infected Patient: A Case Report and Literature Review

Chor-Shen Lim, Chao-Chi Ho, Chong-Jen Yu

Disseminated *Mycobacterium-avium complex* infection (MAC) is rare in patients without acquired immunodeficiency syndrome (AIDS). Recent studies have shown that specific genetic defects have been associated with the development of disseminated nontuberculous mycobacteria infection in non-human immunodeficiency virus (HIV)-infected subjects. These genetic defects might present as susceptibility to intracellular pathogens, such as Salmonella species or severe infections due to otherwise poorly pathogenic mycobacteria. We herein report a 78-year-old non-HIV-infected man with history of pulmonary *Mycobacterium kansasii* and non-typhoidal Salmonella bacteremia, who presented with acute exacerbation of chronic obstructive pulmonary disease (COPD) and finally developed disseminated MAC infection after prolonged use of steroid. This patient subsequently died of multi-organ failure. ***(Thorac Med 2010; 25: 1-6)***

Key words: disseminated NTM infection, non-HIV, salmonellosis, steroid

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非愛滋病引起之瀰漫性禽結核分枝桿菌感染：病例報告及文獻回顧

林祖燊　何肇基　余忠仁

瀰漫性禽結核分枝桿菌感染在非愛滋病患中是相當罕見的。既便是接受任何程度免疫抑制劑之非愛滋病病患，這樣的表現也相當罕見。近來許多研究顯示某些基因缺陷與非愛滋病患發生瀰漫性禽結核分枝桿菌感染有關。這些基因缺陷可以易感染一些胞內病原菌，像是沙門氏桿菌，或是以發生嚴重的低致病性分枝桿菌之感染來表現。我們在此報告一名78歲非愛滋病感染之男性，過去曾罹患堪薩斯分枝桿菌之肺部感染和沙門氏桿菌菌血症。病患最初以慢性阻塞性肺疾之急性發作表現，經一段時間的類固醇治療後發生瀰漫性禽結核分枝桿菌感染。病患最終死於多重器官衰竭。*(胸腔醫學* ***2010; 25: 1-6)***

關鍵詞：瀰漫性禽結核分枝桿菌感染，非愛滋病，沙門氏桿菌菌血症，類固醇

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Application of Third-Generation (3G) Mobile Videophone to the DOTS-Plus Program in Multidrug-Resistant Tuberculosis in Taiwan: Case Report

Veng-Kai Tang, Kuan-Jen Bai, Chin-Yun Wang*, Ming-Chih Yu, Taipei-MDRTB Group

Multidrug-resistant tuberculosis (MDR-TB), caused by the bacterium, *Mycobacterium tuberculosis*, is resistant to both isoniazid and rifampicin and is a phenomenon threatening to destabilize global tuberculosis control. Taiwan's Centers for Disease Control implemented a patient-centered DOTS (directly observed treatment, short-course)-Plus program for MDR-TB patients in May 2007. We report the case of a 71-year-old MDR-TB patient who successfully completed 18 months of MDR-TB treatment under the DOTS-Plus program, beginning October 2007. A third-generation (3G) mobile videophone was used to watch the patient take medicine throughout his course of treatment. His acceptance of the program and compliance with monitoring by videophone DOT (V-DOT) were excellent. We conclude that V-DOT can be an effective approach to case management for MDR-TB patients and can achieve a high level of adherence in selected cooperative cases in Taiwan. ***(Thorac Med 2010; 25: 7-12)***

Key words: multidrug-resistant tuberculosis, DOTS-Plus, 3G mobile videophone

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3G 影像手機應用於多重抗藥結核病的進階都治計畫：病例報告

鄧穎佳　白冠壬　王錦雲*　余明治　台北區多重抗藥結核病小組

對於isoniazid及rifampin同時具有抗藥性的多重抗藥結核病會威脅全球的結核病防治，因此，台灣疾病管制局於民國96年5月開始實施以病人為中心的進階都治計畫。在此，我們報告一位71歲多重抗藥結核病人於民國96年10月開始接受抗結核藥物治療並完成18個月的進階都治計畫。在整個治療過程中，我們運用3G影像手機直接觀察病人服藥。病人對於進階都治計畫的接受度極佳，並且對於3G影像手機的接受度也非常好。我們認為對於特定合作的多重抗藥結核病人，3G影像手機可有效的應用於進階都治計畫並能達到相當好的服藥順從性。*(胸腔醫學* ***2010; 25: 7-12)***

關鍵詞：多重抗藥結核病，進階都治計畫，3G影像手機

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Hypertrophic Osteoarthropathy (HOA) as the Initial Presentation of Squamous Cell Carcinoma of the Lung: A Case Report

Chieh-Hung Wu*, Yuh-Min Chen*,**, Yu-Chin Lee*,**, Ruery-Perng Perng*

Hypertrophic osteoarthropathy (HOA) is a clinical syndrome consisting of periostitis, arthritis and clubbing. HOA is associated with a variety of diseases, the malignancies of which are the major cause, especially pulmonary malignancies. The mechanism of HOA may be associated with platelets, VEGF, PDGF, or other cytokines. The therapy for HOA should be directed at the underlying disease. We herein report the case of a 33-year-old woman who suffered from squamous cell carcinoma of the lung with the initial presentation of arthritis and clubbing. The symptoms of HOA resolved after 6 courses of chemotherapy and curative radiotherapy. ***(Thorac Med 2010; 25: 13-18)***

Key words: hypertrophic osteoarthropathy, lung cancer

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以肥厚性骨頭關節病變（hypertrophic osteoarthropathy, HOA）爲初始表現之肺鱗狀上皮細胞癌—病例報告

吳杰鴻* 陳育民*,** 李毓芹*,** 彭瑞鵬*

肥厚性骨頭關節病變（hypertrophic osteoarthropathy, HOA）是一包含杵狀指、骨膜炎及關節炎之臨床徵候。大多數之肥厚性骨頭關節病變是次發性的，大部份跟惡性腫瘤有關，尤其是肺部的惡性腫瘤。肥厚性骨頭關節病變之成因被認為是跟血小板、血管內皮生長因子（vascular endothelial growth factor, VEGF）、血小板衍生性生長因子（platelet-derived growth factor, PDGF）等有關。肥厚性骨頭關節病變之治療須針對其原發疾病作治療。這裡我們提出一個33歲之女性，一開始表現出杵狀指及關節炎，經過詳細檢查後診斷為肺鱗狀上皮細胞癌之病人。經過化學治療後病人之肥厚性骨頭關節病變明顯改善。*(胸腔醫學* ***2010; 25: 13-18)***

關鍵詞：肥厚性骨關節病變（hypertrophic osteoarthropathy），肺癌（lung cancer）

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Remission of Clubbing Fingers after Chemoradiotherapy in a Patient with Locally Advanced Non-small Cell Lung Cancer

Sheng-Hao Lin, Tsung-Ying Yang, Gee-Chen Chang, Jeng-Yuan Hsu

Digital clubbing is a clinically sign that typically indicates pulmonary or cardiac disease. It is not uncommon and can occur in all cell types of lung cancer [1]. The exact mechanism for clubbing is still not fully understood. A reversal of clubbing after resection of the lung cancer has been reported in several publications [2], but improvement in digital clubbing after chemotherapy or radiotherapy is seldom reported. We herein report a lung cancer patient whose clubbing fingers improved simultaneously with the clinical response after chemotherapy and radiotherapy. A 50-year-old man was diagnosed with non-small cell lung cancer and the initial presentation was productive cough for 2 months. Chest radiography showed a mass 9 cm at the right upper lobe. Cytology of the transthoracic needle aspiration revealed adenocarcinoma. The clinical stage was T4N0M0 with mediastinal invasion, using a CT scan. The clubbing fingers were also remarkable. He received 6 courses of chemotherapy with paclitaxel 180 mg/m^2 plus cisplatin 75 mg/m^2 every 3 weeks followed by radiotherapy 52 Gy. The tumor shrank significantly after treatment. The clubbing fingers also improved simultaneously. The patient was followed up for 12 months after treatment without recurrence. ***(Thorac Med 2010; 25: 19-25)***

Key words: clubbing finger, lung cancer, hypertrophic osteoarthropathy (HOA)

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非小細胞肺癌病患接受化學治療後，杵狀指的明顯消散

林聖皓　楊宗穎　張基晟　許正園

杵狀指是一個臨床常見的現象，通常是在肺部或心臟疾病中的病人表現。這種情況並非罕見，可發生在所有細胞類型的肺癌 [1]。導致杵狀指的確切機轉還沒有完全理解。在某些研究報告指出，肺癌切除後會看到杵狀指的改善 [2]。至於肺癌接受化學治療或放射治療後，杵狀指的改善的報導則相當稀少。我們報告一位肺癌患者的杵狀指，在臨床肺癌對化學及放射治療有反應的同時，也看到杵狀指的改善。一位50歲的男子被診斷出非小細胞肺癌，他的初步症狀是咳嗽有痰持續約2個月。胸部X光顯示，大約有一個9公分的腫瘤在右上肺葉。經細針穿刺胸部的細胞學報告顯示為腺癌。臨床分期為T4N0M0，同時伴隨有縱隔腔的侵襲。杵狀指也同樣明顯。這位患者接受六次的化學治療平均每三週施打一次，紫杉醇180 mg/m^{2}和順鉑75 mg/m^2，以及放射治療52 Gy。腫瘤治療後顯著縮小。杵狀指同時也改善。病人治療後已追蹤12個月並無復發。*(胸腔醫學* ***2010; 25: 19-25)***

關鍵詞：杵狀指，肺癌，肥厚性骨頭關節病變

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Foreign Body Aspiration with a Movable Suction Tube Shifted from Left to Right Bronchus – A Case Report

Yueh-Lan Huang, Cheng-Yi Wang, Hen-I Lin, Shih-Tze Chung, Yen-Teh Chang

Foreign body aspiration (FBA) usually occurs in children and the elderly. We report a 69-year-old man who had left-side massive pleural effusion and empyema secondary to a movable foreign body, without knowing the exact time of the FBA. A suction tube, 11 cm in length, was initially found by chest radiography and computed tomography (CT) in the lower trachea extending to the left bronchus. However, 4 days later, the suction tube was retained between the lower trachea and right bronchus, using flexible bronchoscopy, and then removed successfully. Empyema in the left side persisted, so video-assisted thoracoscopic surgery for decortication was performed, and his pneumonia then improved. FBA may be undetected due to an atypical history or misleading clinical and radiological findings. It can be unrecognized for a long time until symptoms and signs occur or persist. FBA is sometimes a life-threatening emergency and requires prompt attention. Flexible fiberoptic bronchoscopy can be chosen as the first-line approach to remove the foreign body. ***(Thorac Med 2010; 25: 26-30)***

Key words: foreign body, suction tube, empyema

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吸入性異物—抽痰管在左右氣管內遊走—病例報告

黃月蘭　王誠一　林恆毅　鍾世哲　張炎德

吸入性異物常發生在小孩及老年人身上。我們報告一位65歲男性病患。因不知吸入異物多長時間而導致左側大量胸水及膿胸。在胸部X光及電腦斷層掃描下證實了一支約11公分長的抽痰管在左側氣管，但四天後安排支氣管鏡取出時卻發現抽痰管在右側氣管。在不明確的病史及胸部X光沒任何發現下，吸入性異物常常難被發現，且往往會讓症狀持續而不見改善。吸入性異物偶會危及生命並需要盡快取出。支氣管鏡是取出異物的初步選擇。*(胸腔醫學* ***2010; 25: 26-30)***

關鍵詞：異物，抽痰管，膿胸

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Lemierre's Syndrome, a Forgotten Disease: Case Report and Review of the Literature

Chun-Yu Lai*, Diana Yu-Wung Yeh*,**, Chen-Chun Lin*

Lemierre's syndrome is an ancient and rare disorder with a fatal potential. It is an infection usually caused by the anaerobe *Fusobacterium necrophorum* and spreads from the oropharynx to the thrombosed internal jugular vein, eventually resulting in sepsis via the hematogenous route. We report a healthy 29-year-old male who developed acute respiratory distress syndrome (ARDS) after an upper respiratory tract infection 2 weeks previous. The initial Gram stains all showed Gram-negative rods, which only grew in anaerobic blood culture bottles. After the diagnosis of Lemierre's syndrome was made and the antibiotic regimen adjusted accordingly, the patient began to improve. However, subsequent chest radiographs showed septic emboli and empyema; chest computed tomography (CT) supported the diagnosis and confirmed the presence of internal jugular vein thrombi. After chest tube drainage in addition to continued antibiotic treatment, the patient was successfully weaned off the mechanical ventilator and discharged from the hospital.

After the introduction of antibiotics, the incidence rate of Lemierre's syndrome decreased. With the appearance of drug-resistant bacteria associated with the overuse of antibiotics, however, general practitioners are now discouraged from prescribing antibiotics for uncomplicated upper respiratory tract infections. With the changes made in the antibiotics prescribing pattern, the incidence rate of this almost forgotten disease seems to be on the rise again. Correct and timely antibiotics usage improves the prognosis of Lemierre's syndrome. Beta-lactamase-containing penicillins are the drugs of choice. Lemierre's syndrome should remain in the differential diagnoses when treating patients with pneumonia preceded by upper respiratory tract infection and neck fullness or discomfort. ***(Thorac Med 2010; 25: 31-37)***

Key words: Lemierre's syndrome, pneumonia, upper respiratory tract infection, thrombophlebitis, *Fusobacterium necrophorum*

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Lemierre 氏症候群：病例報告與文獻回顧

賴君宇*　葉育雯*,**　林鎮均*

Lemierre氏症候群，一個古老，罕見，但卻有潛在性致命危險的疾病，主要是由厭氧菌壞死細梭桿菌造成口咽部的感染，進而侵犯到內頸靜脈造成栓塞性靜脈炎，最後經由血行性傳染造成全身性轉移的敗血症(主要是以肺部的表現為主)，我們報告一個29歲的健康男性，在兩週的上呼吸道感染症狀之後，於短短的時間內就進展到呼吸衰竭與急性呼吸窘迫症候群，一開始所有檢體的染色都顯示是革蘭氏陰性桿菌，但只有在厭氧瓶的血液培養中有細菌生長，在有了初步方向與Lemierre氏症候群的診斷，選用適當的抗生素治療之後，病人情況開始改善，但是接下來的的胸部X光片顯示敗血性栓塞與膿胸的形成，胸部電腦斷層也有同樣的發現，除此之外，還發現病人的內頸靜脈有血管內的栓塞，雖然病人在臨床上並沒有脖子腫痛的症狀，在外科引流膿胸與持續的抗生素治療之後，病人成功的脫離呼吸器，於幾天後健康的出院。

因為抗生素的發明以及廣泛的被使用，Lemierre氏症候群的發生率的確有下降的趨勢，但最近不斷的宣導上呼吸道感染不應例行性的使用抗生素之後，這個被遺忘的疾病有病例增加的趨勢，使用正確的抗生素治療決定此疾病的預後，含有乙型內醯胺酶抑制劑的盤尼西林維治療的首選，對於合併有脖子腫脹，上呼吸道症狀與肺部病變的病人，鑑別診斷時應該把此疾病列入考慮。*(胸腔醫學* ***2010; 25: 31-37****)*

關鍵詞：Lemierre氏症候群，肺炎，上呼吸道感染，血栓性靜脈炎，壞死細梭桿菌

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Bilateral Pulmonary Mass as a Clinical Presentation of Primary Pulmonary Leiomyosarcoma: A Case Report

Jen-Siong Yip, Jiunn-Min Shieh, Shian-Chin Ko

Leiomyosarcoma is a malignant soft tissue tumor predominantly affecting the uterine and gastrointestinal tract. Primary pulmonary leiomyosarcoma is very rare. It is diagnosed only after other primary origins have been excluded. Less than 100 cases have been reported worldwide in the literature. Most of the reported cases involved a unilateral lung, and only a few cases had bilateral lung involvement on diagnosis. We herein report a case of pulmonary leiomyosarcoma with bilateral lung involvement and no other detectable primary origin. Although the patient had a good performance status initially, the poor prognosis was inevitable in this unresectable condition. Palliative chemotherapy was given. Ultimately, the patient succumbed to the disease. ***(Thorac Med 2010; 25: 38-43)***

Key words: pulmonary tumor, leiomyosarcoma

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以兩側肺部病灶爲臨床表現的原發性肺部平滑肌肉瘤：病例報告

葉子洪　謝俊民　柯獻欽

平滑肌肉瘤是一種影響子宮和腸胃道為主的惡性軟組織腫瘤。原發性肺部平滑肌肉瘤更是非常罕見。診斷前必須先排除其他原發部位。目前在全世界曾經被報導的病例不到一百個。大部分被報導的病例都只有單側肺部病灶，只有少數的病例在診斷時已經有兩側肺部病灶。本病例是一個以兩側肺部病灶為表現的平滑肌肉瘤，而且沒有發現其他原發部位。儘管病人剛開始時的狀態不錯，其預後卻因無法切除而很差。我們只能給予姑息性的化學治療。最終病人還是因疾病而死亡。*(胸腔醫學* ***2010; 25: 38-43****)*

關鍵詞：肺腫瘤，平滑肌肉瘤

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Pseudo-Meigs' Syndrome Presenting as Lymphocytic Pleural Effusion with Elevated Adenosine Deaminase Activity – A Case Report

Zhung-Han Wu*, Chi-Li Chung*,**

Pseudo-Meigs' syndrome is defined as the association of nonmalignant hydrothorax and ascites with any benign or malignant pelvic tumor other than benign solid ovarian tumor. We reported a 38-year-old obese woman who was admitted for massive right-side pleural effusion. The analysis of the pleural fluid revealed an exudate with lymphocyte predominance and an increased adenosine deaminase (ADA) level (49 IU/L). The patient was treated as having tuberculous (TB) pleurisy initially. However, the pleural effusion did not resolve and further examinations disclosed ascites and ovarian cancer. After surgical resection of the ovarian tumor, both the hydrothorax and the ascites resolved markedly and did not recur during the 1-year follow-up. This report described mildly elevated ADA activity in pleural effusions associated with pseudo-Meigs' syndrome. Although a relatively uncommon etiology, pseudo-Meigs' syndrome should be included in the differential diagnosis of a lymphocytic pleural exudate with high ADA activity. ***(Thorac Med 2010; 25: 44-50)***

Key words: adenosine deaminase, hydrothorax, pleural effusion, Pseudo-Meigs' syndrome

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以 ADA 活性偏高之淋巴球性肋膜積水爲表現的 Pseudo-Meigs 症候群—病例報告

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Pseudo-Meigs症候群的定義是，除了良性實體卵巢腫瘤外，凡其它任何良性或惡性之骨盆腔腫瘤之患者，合併發生非惡性之肋膜積水及腹水。我們報告一位三十八歲的肥胖女性患者，因大量右側肋膜積水而住院；其肋膜積水之數據顯示為以淋巴球為主，且腺苷酸脫氨基酶（adenosine deaminase, ADA）活性高之滲出液（exudate）。這位患者起初被懷疑為結核性肋膜炎接受抗結核藥物治療，然而其肋膜積水並未改善，每天仍有高達1100~1800 ml 從胸管引流出來；進一步檢查發現了合併產生的腹水及卵巢癌。經外科手術切除卵巢腫瘤後，肋膜積水及腹水皆明顯減少，且經過一年的持續追蹤後，並無復發的情況。這份病例報告顯示在pseudo-Meigs症候群患者的肋膜積水為以淋巴球為主且ADA的活性是增加的。雖然pseudo-Meigs症候群是一相對少見的疾病，但是當發現有高ADA活性與淋巴球為主之滲出性肋膜積水時，仍應將其列為鑑別診斷之一。*(胸腔醫學* ***2010; 25: 44-50)***

關鍵詞：腺苷酸脫氨基酶，胸水，肋膜積水，Pseudo-Meigs症候群

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Left Chylothorax Following Subtotal Gastrectomy and Vagotomy – A Case Report

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Chylothorax is a rare postoperative complication of general surgery. It has never been reported to occur after subtotal gastrectomy and vagotomy. We described a 66-year-old man who developed left chylothorax resulting from subtotal gastrectomy and vagotomy. Conservative treatment was tried first. Then, surgical intervention through right-sided video-assisted thoracoscopic surgery with clipping of the right thoracic duct was performed, but failed. Finally, left thoracotomy with ligation of the branch of the thoracic duct at the supradiaphragmatic region resolved the left chylothorax. ***(Thorac Med 2010; 25: 51-55)***

Key words: chylothorax, subtotal gastrectomy, vagotomy, left thoracotomy, thoracic duct ligation

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亞全胃切除和迷走神經切斷手術後引起左側乳糜胸—病例報告

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乳糜胸在胸腔手術中為一罕見之併發症。而亞全胃切除和迷走神經切斷手術後引起左側乳糜胸未曾被報告過。我們提出一位66歲男性病人，因為接受亞全胃和迷走神經切斷切除手術後，引起左側乳糜胸，先給予保守性治療無效後，經由右側胸腔鏡輔助下，予以手術金屬夾夾住胸管後，病人乳糜胸未見改善。最後，經由左側開胸手術，在降主動脈左方於橫隔膜上找到胸管分支並結紮之，成功治療病人乳糜胸。*(胸腔醫學* ***2010; 25: 51-55)***

關鍵詞：乳糜胸，亞全胃切除，迷走神經切斷，左側開胸手術，胸管結紮

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