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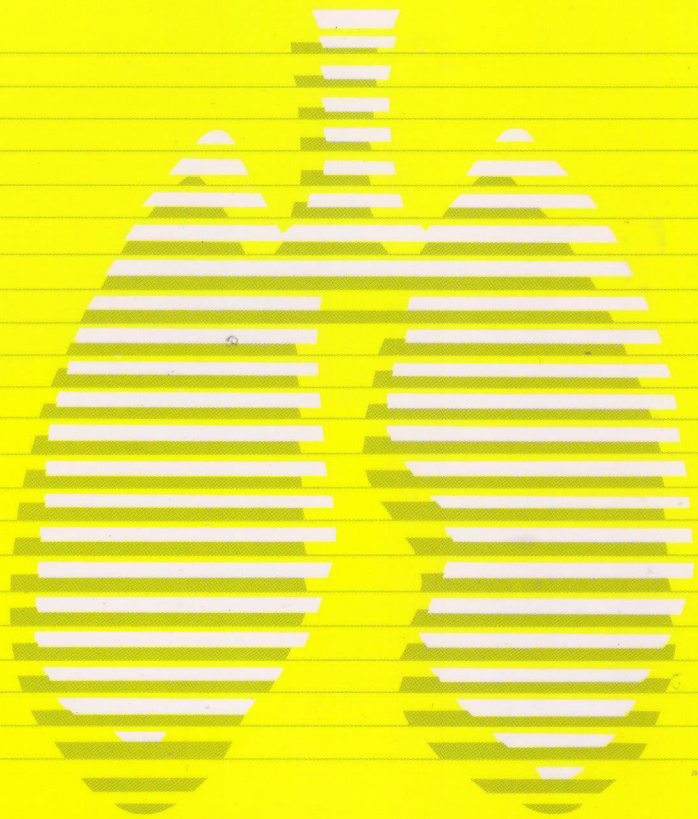

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Surgical Outcomes of Different Approaches in Treating Boerhaave's Syndrome

Chia-Ying Li, Jang-Ming Lee, Pei-Ming Huang, Yung-Chie Lee

Background: Boerhaave's syndrome is a rare, devastating disease that results from spontaneous esophageal rupture. There is no consensus on the optimal treatment. We reviewed the literature and the data of our patients to determine the more optimal treatments for different conditions.

Methods: We retrospectively reviewed the clinical results of patients with Boerhaave's syndrome undergoing surgical intervention at National Taiwan University Hospital from 2000 to 2006.

Results: The patients comprised 2 females and 6 males, ranging in age from 51 to 87 years. Four patients received cervical esophageal exclusion with a cervical T-tube, video-assisted thoracoscopic surgery decortication and gastrostomy, 2 underwent esophageal exclusion by esophagostomy and gastrostomy, and 1 had primary esophageal repair. Another patient underwent chest tube thoracostomy, gastrostomy and jejunostomy only, due to a generally poor condition. Two patients died of profound sepsis because of delayed intervention.

Conclusions: Patients with Boerhaave's syndrome can be successfully treated with early diagnosis and adequate surgical intervention. Cervical T-tube esophageal drainage can provide a 1-stage operation for temporary saliva exclusion and a satisfactory long-term outcome in selected cases. ***(Thorac Med 2010; 25: 168-174)***

Key words: esophagus, esophageal perforation, thoracic surgery

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不同手術治療方式對於Boerhaave's Syndrome癒後的影響：文獻回顧及本院經驗

李佳穎　李章銘　黃培銘　李元麒

前言：Boerhaave's syndrome是指自發性的食道破裂，是一種及少見但致命的疾病 。目前對於此疾病的治療方式尚未有一致的共識。本文回顧近幾年的文獻以及整理本院治療此疾病之經驗，以期能找到在不同狀況下較適合的治療方式。

方法：本文回溯性回顧台大醫院於2000年至2006間被診斷為Boerhaave's syndrome並接受手術的病人之術式、癒後及影響癒後之相關因素。

結果：共有兩位女性及六位男性病患被診斷為Boerhaave's syndrome。其中四位病患接受T型管頸部食道排除（exclusion）、胸腔鏡膿胸剝除（decortication）及引流性胃造口手術。兩位病人接受食道排除手術（藉由頸部食道造口及胃造口）。一位病患接受直接食道修補手術（primary repair）。另一位病患因病況較差，只接受胸管引流及引流性胃造口手術。所有病患中有兩位病患因為延遲的手術治療後來因敗血症而死亡。

結論：只要早期診斷再加上適當的手術治療，Boerhaave's syndrome是一個可以被成功治療的疾病。T型管頸部術在食道排除手適合的病人身上是一個可以暫時提供唾液排除引流而且只需要一階段手術的另一個選擇。*(胸腔醫學* ***2010; 25: 168-174)***

關鍵詞：食道，食道破裂，胸腔手術

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Well-Differentiated Fetal Adenocarcinoma of the Lung: Three Case Reports

Cheng-Ching Chung*,***,****, The-Ying Chou**, Wen-Hu Hsu*,***

Well-differentiated fetal adenocarcinoma (WDFA) is a rare malignant neoplasm of the lung, and was first described by Kradin *et al*., in 1982. Since then, there have been about 65 cases reported in the literature. It is important to identify this rare variant of adenocarcinoma with low-grade malignancy and low associated mortality. We reported 3 young adult patients (all less than 50 years old) with WDFA. They all received surgical resection without adjuvant therapy, and all of them were still alive and disease-free at 11 years, 8 years and 32 months, respectively. ***(Thorac Med 2010; 25: 175-183)***

Key words: well-differentiated fetal adenocarcinoma, pulmonary blastoma, lung cancer

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肺部分化良好的胎兒型腺癌—三個病例報告

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肺部分化良好的胎兒型腺癌（WDFA）是一種罕見的肺部惡性腫瘤。這是由Kradin於1982年初次描述。自此之後，文獻上約有65個案例被報告出來。確認這種罕見的肺腺癌變形是重要的，因為這是一種低度惡性且致死率低的腫瘤。本篇文章中，我們報告三個罹患WDFA的年輕病患(皆未滿50歲)。這三位病患全都接受手術切除，並且至今都還存活著，沒有復發的現象分別維持了十一年，八年及三十二個月。
(胸腔醫學 ***2010; 25: 175-183)***

關鍵詞：肺部分化良好之胎兒型腺癌，肺母細胞癌，肺癌

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Successful Treatment of a Potentially Fatal Complication of Tracheoinnominate Artery Fistula with Extracorporeal Life Support: Report of a Case

Nan-Chun Wu, Jinn-Rung Kuo*, Bor-Chih Cheng

Tracheoinnominate artery fistula is a rare disease with an extremely fatal course. Without aggressive surgical treatment, the mortality rate is nearly 100%. We report a 14-year-old male who suffered from acute respiratory distress syndrome as the complication of tracheoinnominate artery fistula. We concluded that ligation of the innominate artery plus iliofemoral arterial bypass and tracheal repair could cure this life-threatening disease, without recurrence. Furthermore, extracorporeal membrane oxygenation can provide adequate pulmonary and cardiac support to help these patients get through the critical postoperative condition. ***(Thorac Med 2010; 25: 184-189)***

Key words: tracheoinnominate artery fistula, percutaneous dilated tracheostomy, extracorporeal membrane oxygenation

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以葉克膜成功的治療因氣管－無名動脈瘻管所造成的致命併發症：病例報告

吳南鈞　郭進榮*　鄭伯智

氣管－無名動脈瘻管是一個相當罕見的疾病，但是卻有極高的致死率。如果沒有積極的以外科手術治療，死亡率幾乎是百分之百。我們報告一位十四歲的男性因為氣管－無名動脈瘻管，以外科手術將無名動脈切除，同時做氣管修補與右側髂動脈到鎖骨下動脈繞道手術，術後因為合併急性呼吸窘迫症候群，而使用葉克膜支持，成功的治療此一致命的疾病與其併發症，且至目前為止並無復發的現象，亦無神經學方面的後遺症。*(胸腔醫學 **2010; 25: 184-189**)*

關鍵詞：氣管－無名動脈瘻管，經皮擴張氣管造口術，葉克膜

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Pulmonary Primitive Neuroectodermal Tumor Associated with Digital Clubbing – A Case Report

Sheng-Han Tsai, Han-Yu Chang

Digital clubbing, one of the syndromes of hypertrophic osteoarthropathy, is associated with many types of medical illness, including infectious, inflammatory disease, cyanotic heart disease and neoplasm. Classically, digital clubbing has been thought to be associated with lung cancer. The incidence of clubbing fingers in lung cancer is about 10-29%, and it is more associated with non-small cell lung cancer than small cell lung cancer. We present a rare case of pulmonary primitive neuroectodermal tumor with clubbing fingers. A 56-year-old man had suffered from progressive dyspnea on exertion, accompanied with cough, abdominal fullness and body weight loss of 10 kg in the most recent 5 months. On examination, obvious digital clubbing was found in both hands. Imaging study demonstrated a huge left lung tumor. Sonography-guided biopsy was performed and the pathology report suggested primitive neuroectodermal tumor. The patient received chemotherapy with doxorubicin, decarbazine and ifosfamide, and began gradually feeling less dyspneic after chemotherapy. ***(Thorac Med 2010; 25: 190-196)***

Key words: nail, lung tumor, hypertrophic osteoarthropathy

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肺原始性神經外胚層腫瘤併杵狀指—個案報告

蔡昇翰　張漢煜

杵狀指是肥厚性骨頭關節病變的其中一種表徵，並與許多種類的內科疾病包括感染、發炎、發紺性心臟病及腫瘤等有相關。傳統上認為杵狀指與肺癌有相關聯。在肺癌中杵狀指的發生率約10-29%，相較於小細胞癌更容易發生於非小細胞癌。我們在此報告一個罕見的肺部原始性神經外胚層腫瘤合併有杵狀指的個案。一個56歲男性在最近的五個月內發生了漸進的呼吸性氣促，伴隨有咳嗽，腹脹及體重減輕10公斤。經檢查發現兩手有明顯的杵狀指。影像學檢查顯示了左肺有巨大的腫瘤。經實行超音波導引切片術後病理報告為原始性神經外胚層腫瘤。病人接受了包含Doxorubicin, Decarbazine及Ifosfamide的化學治療。病人在治療後感覺氣促的症狀有漸漸改善。*(胸腔醫學* ***2010; 25: 190-196)***

關鍵詞：指甲，肺腫瘤，肥厚性骨頭關節病變

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A Rare Radiological Pattern of Pulmonary Metastasis of Gastric Cancer Mimicking Bronchioloalveolar Carcinoma: A Case Report

Kuan-Chun Lin, Chi-Wen Lo, Ping- Chen Yu*

This report describes a patient with pulmonary metastasis of gastric cancer who unexpectedly presented with bilateral consolidation, air bronchogram and ground-glass opacities on chest radiography. All imaging findings and clinical symptoms suggested bronchioloalveolar carcinoma. This was a rare radiological pattern that has only occasionally been reviewed. ***(Thorac Med 2010; 25: 197-202)***

Key words: pulmonary metastasis, bronchioloalveolar carcinoma, gastric cancer

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罕見胃癌併發肺轉移之影像學表現擬肺泡細胞癌：病例報告

林冠群　羅啟文　余秉真*

肺泡細胞癌的比率佔所有肺癌中的4%，其影像學之表現為單一或多處的肺實質性變化及毛玻璃狀。典型的病理學為惡性細胞利用周圍的肺泡細胞壁築成一個像鷹架的組織。本文描述一位胃癌經胃全切除術後之患者，因咳嗽併痰多，持續呼吸困難，端坐呼吸及嚴重低血氧而住院。胸部X光呈現肺廣泛浸潤及兩側肋膜積水，胸部電腦斷層顯示兩側肺實質性病變及空氣支氣管造影，毛玻璃狀；且沒發現任何肝臟或腹腔內轉移之影像。所有的影像學檢查及臨床症狀均傾向為肺泡細胞癌。支氣管鏡檢查顯示無氣管內病灶或是出血情形，切片病理報告表示是由胃癌所轉移而不是肺泡細胞癌。這是一個經由影像學證實由胃腺癌轉移至肺部的罕見病例。*(胸腔醫學* ***2010; 25: 197-202)***

關鍵詞：肺轉移，肺泡細胞癌，胃癌

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Solitary Pulmonary Nodule Due to Dirofilariasis: A Case Report and Case Review in Taiwan

Yu-Song Lee, Chien-Da Huang, Chih-Teng Yu, Chih-Wei Wang*, Han-Pin Kuo

Solitary pulmonary nodule caused by *Dirofilariasis immitis* (dog heartworm), a filarial nematode, is a rare lung parasitic infection. Man is a “dead end” host of *D. immitis*. The greatest problem that *D. immitis* creates in the human body is focal pulmonary infarction with a secondary granulomatous and fibrotic reaction after necrosis of the worm. We reported a 53-year-old male patient with a solitary pulmonary nodule in the left upper lung caused by dirofilariasis. The solitary nodule caused by human pulmonary dirofilariasis is easily confused with cancer. Clinicians should be alert to the possibility of pulmonary dirofilariasis when a solitary, noncalcified pulmonary nodule is noted. ***(Thorac Med 2010; 25: 203-210)***

Key words: pulmonary dirofilariasis, solitary pulmonary nodule, lung parasitic infection

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犬心絲蟲造成孤立肺部結節：病例報告與台灣病例整理

李育松　黃建達　余志騰　王志偉*　郭漢彬

犬心絲蟲（*Dirofilariasis immitis*）造成孤立性肺部結節（Solitary pulmonary nodule）在感染人類的寄生蟲病例中屬於少見。對犬心絲蟲而言，人類是終宿主；而其在人類肺部導致的主要問題是局部的肺部栓塞，與蟲體凋亡之後併發的肉芽腫和纖維化。在本文中，我們報告一位53歲男性病患，因肺部感染犬心絲蟲造成的孤立性結節。臨床上，因為犬心絲蟲造成的肺部結節在影像學檢查不易與惡性腫瘤作區別，所以建議臨床醫師對於孤立性肺部結節必須考慮犬心絲蟲感染的可能性。***(胸腔醫學 2010; 25: 203-210)***

關鍵詞：犬心絲蟲，孤立性肺部結節，肺部寄生蟲

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Vocal Cord Mucormycosis: An Unusual Cause of Stridor – Case Report

Yen-Sung Lin, Chih-Yen Tu, Chia-Hung Chen, Yi-Heng Liu, Wei-Chih Liao, Huan-Ting Shen

Mucormycosis is an opportunistic fungal infection. It occurs in patients with diabetes mellitus, malignancy or long-term steroid use, and in those who are immunocompromised. Usually, it infects the rhinocerebral, pulmonary, cutaneous or gastrointestinal systems [1]. Pulmonary mucormycosis commonly occurs in immunocompromised patients or those with malignancies, but vocal cord mucormycosis is rare and the standard treatment is still inconclusive. We reported a patient with acute myeloid leukemia and type 2 diabetes mellitus suffering from vocal cord mucormycosis infection with the initial presentation of stridor. We treated the patient by intravenous amphotericin B for more than 1 month because he refused surgical intervention. But the patient still expired due to disseminated mucormycosis infection. ***(Thorac Med 2010; 25: 211-215)***

Key words: mucormycosis, acute myeloid leukemia, vocal cord, stridor

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以喘鳴爲最初表現的聲帶白黴菌病—病例報告

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白黴菌病是一種伺機性黴菌感染。它通常發生在有糖尿病、免疫不全、癌症和長期使用類固醇的病人身上。通常侵犯鼻腦部、肺部、皮膚和腸胃道。肺部白黴菌通常發生在糖尿病和癌症病人。聲帶侵犯的病例則很少被報告也尚未有標準治療方式的結論。我們提出一個急性骨髓性白血病合併有糖尿病的病人，以喘鳴為最初表現的聲帶白黴菌病歷報告。因為病人拒絕開刀介入，我們以靜脈注射amphotericin B超過一個月。最後病人仍然因為瀰漫性白黴菌病感染而死亡。*(胸腔醫學* ***2010; 25: 211-215)***

關鍵詞：白黴菌，急性骨髓性白血病，聲帶，喘鳴

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Spontaneous Pneumothorax Following Chemotherapy for Malignant Pleural Mesothelioma with Diffuse Pulmonary Metastasis – A Case Report

Pao-Shan Wang, Kuo-An Chu, Shong-Ling Lin*, Ming-Ting Wu**, Ruay-Sheng Lai

Malignant pleural mesothelioma (MPM) is an asbestos-associated neoplasm that arises from mesothelial surfaces of the pleural cavities. Contralateral pulmonary metastasis in MPM, although reported, is unusual. Spontaneous pneumothorax (SP) following chemotherapy for malignancy is relatively rare, but has been reported in patients with a variety of tumors. To the best of our knowledge, SP occurring as a complication of chemotherapy in patients with MPM has not been reported before. In this report, we described a 54-year-old man with right-sided MPM who underwent combination chemotherapy with cisplatin and pemetrexed. Seven days after chemotherapy, he presented with an acute onset of worsening dyspnea with left pneumothorax. A computed tomography (CT) scan of the chest revealed right pleural-based masses, numerous newly developed bilateral pulmonary nodules and multiple subpleural nodules of the left lung with pneumothorax. The new development of numerous bilateral pulmonary nodules in this patient was believed to have been caused by the MPM, including contralateral pulmonary metastasis. Based on the temporal relationship to chemotherapy and the multiple subpleural nodules demonstrated by chest CT, chemotherapy-induced pneumothorax was considered. A chest tube was inserted and the dyspnea improved. Chemical pleurodesis was performed after complete expansion of the left lung. At that point, the patient opted for palliative care and refused further chemotherapy. He died less than 3 months later without recurrence of SP. In patients with pulmonary metastasis from MPM, the acute onset of dyspnea following chemotherapy should alert clinicians to the possibility of SP. Chest tube insertion and subsequent pleurodesis should be arranged properly and immediately. ***(Thorac Med 2010; 25: 216-221)***

Key words: chemotherapy, malignant pleural mesothelioma, spontaneous pneumothorax

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惡性肋膜間皮瘤合併瀰漫性肺轉移於化學治療後併發自發性氣胸一病例報告

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惡性肋膜間皮瘤是原發於肋膜腔間皮細胞的腫瘤，與石棉的曝露有關。惡性肋膜間皮瘤合併對側肺部轉移在文獻查證上非常罕見。接受化學治療後併發自發性氣胸的病例是少見的，但在多種腫瘤病人曾被報導過。惡性肋膜間皮瘤的病人接受化學治療後併發自發性氣胸在文獻上尚未被報導。本文描述一名54歲男性患有右側惡性肋膜間皮瘤病人，接受化學治療七天後出現呼吸困難惡化的症狀。胸部電腦斷層影像顯示新形成的雙側瀰漫性肺結節及左側多發性肋膜下結節併左側氣胸。根據化學治療的時間關聯性及胸部電腦斷層影像之證據，診斷為惡性肋膜間皮瘤合併瀰漫性肺部轉移，經化學治療後併發自發性氣胸。經胸管引流及後續肋膜沾黏治療後氣胸的症狀解除。此時，病人選擇支持性療法而不願再接受化學治療。病患於三個月後死亡而無復發自發性氣胸。此病例提醒臨床醫師，惡性肋膜間皮瘤合併肺部轉移的病人接受化學治療後，若發生急性呼吸困難的症狀，應考慮自發性氣胸之可能性。***(胸腔醫學 2010; 25: 216-221)***

關鍵詞：化學治療，惡性肋膜間皮瘤，自發性氣胸

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Aspergillus Tracheobronchitis in an Immunocompetent Patient Successfully Treated with Voriconazole

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Tracheobronchial aspergillosis is a rare, unique variant of invasive aspergillosis. *Aspergillus* tracheobronchitis is a type of tracheobronchial aspergillosis. Most reported cases are of immunocompromised patients receiving chemotherapy or immunosuppressive agents, and symptoms may include fever, hemoptysis, cough, chest discomfort, and unilateral wheezing. This entity is not detectable by chest roentgenogram or computed tomography scan, but may be diagnosed by careful bronchoscopy. Treatment options for tracheobronchial aspergillosis include surgical resection of the lesion or antifungal therapy, such as voriconazole. In this report, we described a 73-year-old immunocompetent patient who presented with recurrent, excessive hemoptysis and required intubation and management in the intensive care unit. Bronchoscopy revealed an obstructing yellow plug in the superior segmental lumen of the left lower lobe. Microscopic examination of a biopsy specimen was diagnostic for *Aspergillus* tracheobronchitis. Voriconazole was administered and resolution of the lesion was followed by serial bronchoscopy monitoring. ***(Thorac Med 2010; 25: 222-229)***

Key words: invasive aspergillosis, *Aspergillus* tracheobronchitis, voriconazole, bronchoscopy

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免疫正常的人在麴菌氣管支氣管炎時成功的使用抗黴菌治療

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氣管支氣管麴菌感染是一種侵入性麴菌感染的特殊形態而且發生率可能是少見的，麴菌氣管支氣管炎則又是氣管支氣管麴菌感染中的一種形態，大多數的病人都是免疫不全的病人，像是接受化學治療或免疫抑制劑的病人並且症狀可能有發燒、咳血、咳嗽、胸部不適、甚至單邊哮喘。這種疾病無法使用胸部放射檢查或是電腦斷層掃瞄而得知，但是可輕易的由支氣管鏡小心檢查而診斷。麴菌氣管支氣管炎的治療方式包含了手術切除病灶處或是抗黴菌藥物，像是黴飛（voriconazole）。在此我們報告一個73歲免疫正常的病人因反覆大量咳血，而插管住入加護病房，支氣管檢查發現有一個黃色的異物塞住左下肺的上分枝腔內，經切片檢查而診斷為麴菌氣管支氣管炎；我們使用黴飛做為治療併用支氣管鏡追蹤直到完全消失。*(胸腔醫學* ***2010; 25: 222-229)***

關鍵詞：侵入性麴菌症，麴菌氣管支氣管炎，黴飛，支氣管鏡

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