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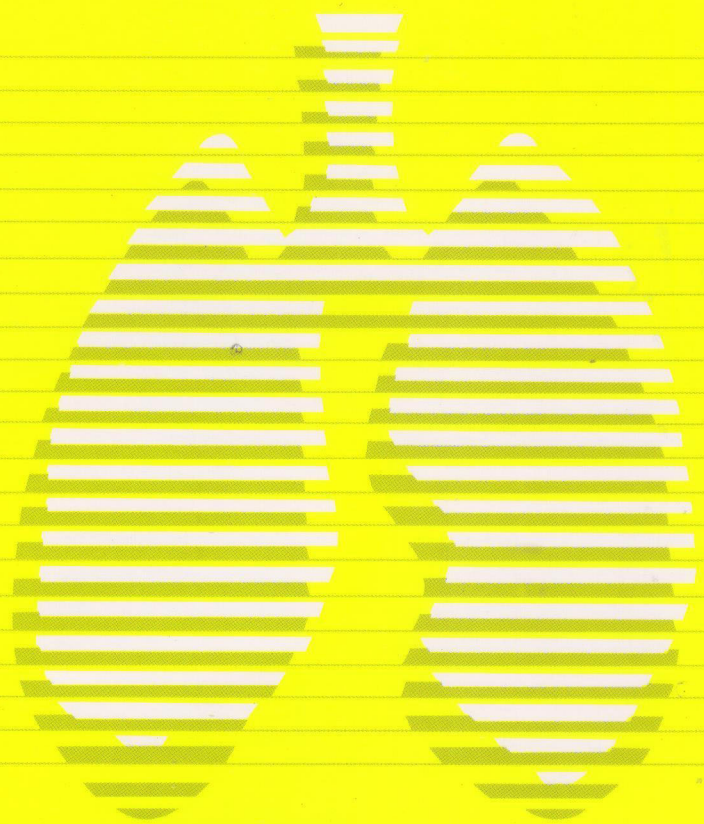

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Oral Appliance Treatment for Obstructive Sleep Apnea: A Retrospective Study

Yi-Chou Chiou, Man-Yee Chen*, Kai-Ming Chang**, Wei-Chang Huang, Jeng-Yuan Hsu

Obstructive sleep apnea (OSA) is prevalent among middle-aged adults; it has been proven to be related to cardiovascular events and could possibly cause traffic accidents. Although continuous positive airway pressure applied to the upper airway via a nasal mask (nasal CPAP) could effectively eliminate the obstruction during sleep, its cumbersome nature and high cost have prompted clinicians to seek alternative treatments. Oral appliances have become an effective method in the treatment of OSA. In this study, we retrospectively investigated the effects of oral appliance (Bionator) treatment on 74 patients with sleep-related problems. Medical charts were reviewed and the data of the patients' disease characteristics and treatment responses were extracted and analyzed. The objective parameters, sleep efficiency and respiratory disturbance index (RDI), were significantly improved after the use of the oral appliance (80.8 ± 13.8 vs. 87.8 ± 7.8, $p = 0.002$ and 29.9 ± 21.6 vs. 17.4 ± 19.1, $p<0.001$, respectively). Oral appliance treatment also altered the distribution of disease severities toward a simple snoring and mild OSA predominance. The majority of patients had moderate to good responses in all 3 severity groups. No particular predictive factor could be found for treatment response. The subjective parameters of snoring and excessive daytime sleepiness were also improved by oral appliance therapy: Snoring Outcomes Survey score (SOS): 29.2 ± 5.5 vs. 20.3 ± 7.0, $p < 0.001$; Spouse and Bed Partner Survey score (SBPS): 12.2 ± 2.6 vs. 6.8 ± 3.6, $p < 0.001$; Epworth Sleepiness Scale (ESS): 9.2 ± 5.0 vs. 5.9 ± 4.2, $p = 0.004$). There was no serious adverse effect. The most common adverse effects reported were temporo-mandibular joint discomfort (55.4%), followed by sleep disturbance (29.7%) and pain (17.6%). Conclusion: Oral appliances are effective for OSA of all severities with few complications. Oral appliances could be an inexpensive and convenient alternative for nasal CPAP in OSA treatment. ***(Thorac Med 2009; 24: 307-314)***

Key words: obstructive sleep apnea, oral appliance, oral device, Bionator

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口腔內矯正器對於阻塞性睡眠呼吸中止症後群之療效：回溯性研究

邱翊洲　陳萬宜*　張開明**　黃偉彰　許正園

背景及方法：阻塞型睡眠呼吸中止症後群（obstructive sleep apnea；OSA）為一中年人口常見之疾病並已知和心血管問題有關，且可能會導致交通意外。雖然以鼻罩為介面之連續氣道正壓呼吸器（nsasal CPAP）能有效地解除此類病人睡眠時氣道阻塞，它諸多不便的特性之較高昂的費用使得臨床醫師尋找替代的治療。近年來口腔內矯正器成為另一項治療的選擇。然而過往絕大部份的口腔內矯正器治療OSA之研究多於非亞洲國家進行，台灣目前尚未有此治療之本土數據。於此我們回溯性地整理2002年3月至2003年4月間，共74例於本院睡眠醫學門診因睡眠相關之困擾（日間嗜睡，打鼾）而接受口腔內矯正器之病人的病歷資料，並對於病人之基本資料及治療前後之polysomnography及嗜睡及打鼾問卷的結果加以分析。

結果：病人使用口腔內矯正器後，睡眠檢查（polysomnography）中之睡眠效率（sleep efficiency）及呼吸障礙指數（Respiratory Disturbance Index；RDI）皆有顯著改善（睡眠效率（%）：80.8 ± 13.8 vs 87.8 ± 7.8, $p = 0.002$；RDI (/hour)：29.9 ± 21.6 vs 17.4 ± 19.1, $p < 0.001$）於打鼾及嗜睡問卷之分數亦有顯著改善：打鼾問卷（Snoring Outcomes Survey；SOS）（分）：29.2 ± 5.5 vs 20.3 ± 7.0, $p < 0.001$. 配偶/同床伴侶問卷（Spouse/Bed Partner Survey；SBPS）（分）：12.2 ± 2.6 vs 6.8 ± 3.6, $p < 0.001$. Epworth嗜睡問卷（Epworth Sleepiness Scale；ESS）（分）：9.2 ± 5.0 vs 5.9 ± 4.2, $p = 0.004$。進一步分析發現，無論在輕度，中度或重度這三組OSA病人中，大部份的病患使用口內矯正器後都能獲得中等至良好程度的改善。並無嚴重的不良反應產生。最常見的副作用依序為顳顎關節不適感（55.4%），睡眠干擾（29.7%）及疼痛（17.6%）。

結論：口腔內矯正器可用於治療各種嚴重程度之阻塞型睡眠呼吸中止症候群之病人，且副作用不大。相對於nasal CPAP，此治療可視為一較便宜及方便的有效替代方法。惟仍需更多大型前瞻性之雙盲並含對照組的研究來進一步支持此論點。***(胸腔醫學 2009; 24: 307-314)***

關鍵詞：阻塞型睡眠呼吸中止症候群，口腔內矯正器

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Multiple Pulmonary Nodules: A Diagnostic Dilemma in an Endemic Area for Tuberculosis

Yao-Wen Kuo, Hao-Chien Wang, Chong-Jen Yu

In Taiwan, which is an endemic area for tuberculosis, coexisting pulmonary tuberculosis and lung cancer may pose both a diagnostic and a treatment challenge to the clinician. We present the case of a 60-year-old female with multiple pulmonary nodules. The initial diagnosis of pulmonary tuberculosis was made by the pathological finding of a left lower lung nodule. The initial treatment response was fair, before a 3-month gap in follow-up. However, miliary carcinomatosis developed later and tissue proof of a right lower lung nodule revealed adenocarcinoma. When encountering a patient with multiple pulmonary nodules in an endemic area for tuberculosis, the possibility of a coexisting etiology other than tuberculosis should always be kept in mind; close monitoring of the treatment response is mandatory. ***(Thorac Med 2009; 24: 315-319)***

Key words: multiple pulmonary nodules, pulmonary tuberculosis, adenocarcinoma of lung

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多發性肺結節：肺結核盛行區域的診斷困境——病例報告

郭耀文　王鶴健　余忠仁

台灣是肺結核的盛行區域，而肺癌亦是國人的主要死因之一；當病人同時得到肺癌及肺結核感染時，其診斷及治療都極具挑戰性；我們報告一名60歲女性患者，體檢意外發現肺部有7個多發性肺結節，其中左下肺的結節在經電腦斷層導引之穿刺組織切片後，病理報告呈現乳酪化狀的肉芽腫；在投予抗結核菌治療三個月後，肺結節有縮小的趨勢，但後續胸腔X光檢查發現二側肺野的結節增大而且併有粟粒狀的病變，其中右下的肺結節在支氣管鏡超音波導引之穿刺組織切片下呈現肺腺癌；在多發性肺結節中，不同的結節可能有著不同的致病機轉，因此密切追蹤治療反應及保持高度的臨床警覺十分重要。*(胸腔醫學* ***2009; 24: 315-319)***

關鍵詞：多發肺結節，肺結核，肺腺癌

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Increased FDG Uptake on PET/CT Imaging of an Intrapulmonary Schwannoma: Case Report

Adam Kang-Ding Ting*, Han Chang***, Thomas Chang-Yao Tsao****,
Ming-Chic Chou*, Jang-Ming Su*,**

Primary pulmonary Schwannomas are extremely rare and their radiological manifestations are varied. We presented a 42-year-old female patient with a huge benign Schwannoma, 8 cm at its greatest dimension, arising in the left upper lobe of the lung. This benign tumor showed an increased fluorodeoxyglucose (FDG) uptake in the positron emission tomography (PET)/computed tomography (CT) imaging. The patient underwent a lobectomy of the diseased lung with a complete removal of the tumor. She remained asymptomatic after a 14-month follow-up. In this report, we focused the discussion on the radiological findings so as to improve the diagnosis of this rare disease. ***(Thorac Med 2009; 24: 320-324)***

Key words: intrapulmonary Schwannoma (neurilemmoma), positron emission tomography (PET)

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肺內神經鞘瘤於正子/斷層掃描顯像上增加氟化脫氧葡萄糖之攝取：一病例報告

陳幹珍*　張菡***　曹昌堯****　周明智*　蘇建銘*,**

原發性肺內神經鞘瘤是極為罕見並且在影像顯示上是表現多變的。我們提出了一個42歲女性患者其左上肺葉有一最大徑8厘米的巨大良性神經鞘瘤，最重要的是此良性腫瘤於正子掃描（PET）/斷層掃描（CT）成像上增加氟化脫氧葡萄糖的攝取，患者的治療方針是以左上肺葉切除來達到腫瘤完全切除，此病患在術後14個月的追蹤並無復發之跡象。我們在此文章集中討論了影像學上的發現以改善此罕見疾病的診斷。*(胸腔醫學* ***2009; 24: 320-324****)*

關鍵詞：肺內神經鞘瘤，正子掃描

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Cytodiagnosis of Sputum from a Patient with Lung Parenchymal Involvement of Hodgkin's Lymphoma: A Case Report and Literature Review

Wen-Chien Fan*, Shih-Hao Liu**, Ying-Chung Hong***,****, Yuh-Min Chen*, ****, Yu-Chin Lee*, ****

Involvement of the lung parenchyma at the time of initial diagnosis is relatively rare in Hodgkin's lymphoma (HL). The radiographic appearance may be either solitary or multiple nodules with or without concomitant hilar and mediastinal lymphadenopathies. Differential diagnosis may include primary or metastatic cancer of the lung. The reliability of the cytologic diagnosis of HL has been demonstrated by common cytologic methods. Infrequently, Reed-Sternberg (RS) cells identified in sputum cytology were able to provide the initial diagnostic basis for HL with lung involvement. We reported herein a 52-year-old woman with the initial presentation of nonproductive cough, chest discomfort, and body weight loss. Primary or metastatic cancer of the lung was suspected from the image studies of the chest. However, the possibility of lymphoma with lung involvement should be considered. Cytology methods revealed characteristic RS cells, which could have been overlooked and mistaken as primary lung cancer initially. With a high index of suspicion and improved recognition, sputum cytology provided us an important clue to resolve this dilemma and pursue a confirmatory pathologic diagnosis. ***(Thorac Med 2009; 24: 325-331)***

Key words: Hodgkin's lymphoma, lung involvement, Reed-Sternberg cell, sputum cytology

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痰液的細胞學診斷應用於何杰金氏淋巴瘤肺實質侵犯：病例報告及文獻回顧

范紋健*　劉士豪**　洪英中***,****　陳育民*,****　李毓芹*,****

何杰金氏淋巴瘤侵犯肺實質一般較少見，胸部X光表現可為單一或多發性肺部結節病灶合併縱隔腔及肺門淋巴結，需與原發或轉移性肺部腫瘤作鑑別診斷。痰液細胞學檢查中發現典型的Reed-Sternberg氏細胞實屬罕見，但可以提供何杰金氏淋巴瘤肺實質侵犯的診斷初步證據。我們報告一位52歲的女性病患，因為乾咳、胸部不適以及體重減輕而就診。胸部影像學檢查懷疑為原發或轉移性肺部腫瘤。然而淋巴瘤肺部侵犯的可能性亦須考慮。細胞學檢查中所發現典型的Reed-Sternberg氏細胞，可能被忽略或是被誤認為肺癌。藉著高度懷疑與良好的確認，痰液細胞學檢查可提供我們一個重要的線索解答這個難題並且進一步尋求病理切片已得到正確診斷。*(胸腔醫學* ***2009; 24: 325-331)***

關鍵詞：何杰金氏淋巴瘤，肺部侵犯，Reed-Sternberg氏細胞，痰液細胞學

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Pulmonary Inflammatory Pseudotumor in a Patient with Remitted Hodgkin Lymphoma – A Case Report

Nin-Chieh Hsu; Huey-Dong Wu, Chong-Jen Yu

Inflammatory pseudotumor (IPT) is a rare diagnosis of a solitary pulmonary nodule. We reported a young male with Hodgkin lymphoma, which had achieved complete remission after bone marrow transplantation. One year after transplantation, a new mass developed at the right lower lobe. leading to a suspicion of recurrent lymphoma. The lesion was finally proved to be a pulmonary IPT using ultrasound-guided biopsy; it spontaneously regressed during follow-up. The clinical presentation, radiologic features, histological patterns and current treatment of pulmonary IPT are discussed. ***(Thorac Med 2009; 24: 332-338)***

Key words: inflammatory pseudotumor, inflammatory myofibroblastic tumor, Hodgkin lymphoma

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何杰金氏淋巴瘤緩解後出現肺部發炎性僞腫瘤——病例報告

許甯傑　吳惠東　余忠仁

肺部發炎性偽腫瘤是罕見的肺部良性腫瘤，我們報告一位年輕男性，過去有何杰金氏淋巴瘤，接受過自體幹細胞移植後達到完全緩解，在移植一年後在右下肺葉出現一個4公分大小的腫瘤，懷疑是淋巴瘤的復發。最後經由胸腔超音波導引組織切片，證實為發炎性偽腫瘤，追蹤一個月後，右下肺腫瘤逐漸縮小。本文將討論發炎性偽腫瘤的臨床表現、影像學特徵、組織學特徵及治療方式。*(胸腔醫學* ***2009; 24: 332-338****)*

關鍵詞：發炎性偽腫瘤，發炎性肌纖維母細胞瘤，何杰金氏淋巴瘤

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Organizing Pneumonia Induced by Low-Dose, Short-Duration Amiodarone Therapy – A Case Report

Hong-Yi Dai, Chi-Long Chen*, Chi-Li Chung, Fong-Chieh Wang

Organizing pneumonia (OP) is a rare manifestation of amiodarone pulmonary toxicity (APT), and may present with fever, cough and progressive dyspnea, mimicking pulmonary infection or vasculitis. It is generally agreed that the risk of developing APT may be associated with higher daily dose and longer duration of amiodarone treatment. We report a case of amiodarone-induced OP with low-dose, short-duration of therapy. A 76-year-old man presented with 10 days of fever, cough and progressive dyspnea, after taking low-dose amiodarone for 8 weeks (200 mg/day for the initial 2 weeks and 100 mg/day for another 6 weeks). The chest radiograph revealed scattered ground-glass opacities and consolidations in the bilateral lower lungs. The condition deteriorated rapidly despite the empirical antibiotic treatment. Computed tomography (CT)-guided lung biopsy was performed and the pathological diagnosis was OP. The symptoms and lung infiltrates on chest radiographs resolved markedly after withdrawal of amiodarone and beginning the use of corticosteroids. Although a rare manifestation, OP should be considered in patients treated with amiodarone who suffer from respiratory illness, even under low-dose, short-duration therapy. ***(Thorac Med 2009; 24: 339-345)***

Key words: amiodarone, amiodarone pulmonary toxicity, organizing pneumonia

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使用低劑量，短期Amiodarone所導致之器質化肺炎——個案報告

戴宏儀　陳志榮*　鍾啟禮　王鋒杰

器質化肺炎是amiodarone肺毒性少有的表現，臨床上可呈現像肺部感染或血管炎般的發燒、咳嗽和呼吸困難。一般認為使用較高劑量和較長期的amiodarone治療才會產生amiodarone肺毒性。我們提出一個使用低劑量及短期amiodarone所導致之器質化肺炎案例。一位76歲男性在使用八星期的低劑量amiodarone（每天100~200毫克）後呈現10天的發燒、咳嗽和進行性呼吸困難。胸部X光片表現出雙側下肺野分散的毛玻璃樣病變及肺實質化病變。即使在投予抗生素的經驗治療後情況仍惡化。經以電腦斷層導引肺組織切片獲得器質化肺炎的病理診斷。臨床症狀及胸部X光片的肺浸潤在停用amiodarone和投與類固醇後得到顯著的改善。儘管是少有的表現，當使用低劑量和短期amiodarone治療的患者有肺部不適時，仍應考量器質化肺炎的可能性。*(胸腔醫學 **2009; 24: 339-345**)*

關鍵詞：amiodarone，amiodarone肺毒性，器質化肺炎

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Solitary Primary Chest Wall Lymphoma – Report of a Case

Ying-Chieh Su, Yao Fong, Jinn-Rung Kuo*, Yueh-Feng Tsai

Primary chest wall lymphoma is a rare condition. We report a 32-year-old woman who developed an asymptomatic right chest wall mass. Chest computed tomography (CT) showed destruction of the right 8th rib, associated with a huge extra-osseous soft tissue mass (6 x 5 cm) in the right chest wall. CT-guided fine needle biopsy showed diffuse, large B-cell lymphoma. The patient received 6 courses of chemotherapy with M-CHOP (methotrexate, cyclophosphamide, doxorubicin, vincristine, and prednisolone) over the course of 3 months. A Tc-99m MDP (PET CT) after chemotherapy showed no Tc-99m MDP uptake throughout her body, including the prior tumor site. After about 4 years of follow-up, chest CT-imaging revealed no tumor recurrence. In our experience, chemotherapy alone may lead to total regression of the tumor, followed by a long period of disease-free survival. Chemotherapy should be considered as the initial therapy for patients with primary chest wall lymphoma. Partial or total regression of the tumor could make surgery easier, or avoidable. ***(Thorac Med 2009; 24: 346-351)***

Key words: lymphoma, chest wall tumor, chest wall lymphoma, surgery for chest wall tumor, M-CHOP

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原發性胸壁淋巴瘤：病例報告

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原發性胸壁腫瘤並不常見，只佔所有的胸腔腫瘤之5%，而原發性胸壁淋巴癌又未合併其他區域之侵犯則相當少見，統計上只佔了原發性胸壁腫瘤的2.4%，並且幾乎都發生在50至60歲的年齡層。對於原發性淋巴癌之治療，該採手術廣泛性切除併胸壁重建或化學治療，何者有較佳之預後，目前仍無定論。

在此，我們介紹一個原發性胸壁淋巴癌的年輕女性，因考量手術切除併重建之破壞，將影響病患之身體機能及外觀，且化學治療也可能得到良好之療效，故採行化學治療。病患在完成6個M-CHOP的治療週期之後，已追蹤4年時間，腫瘤未再復發。*(胸腔醫學* ***2009; 24: 346-351)***

關鍵詞：淋巴瘤，胸壁腫瘤，胸壁淋巴瘤，胸壁腫瘤手術

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Pulmonary Pleomorphic Carcinoma: A Case Report

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Pulmonary pleomorphic carcinoma (spindle/giant cell) is a subset of sarcomatoid carcinoma. It is rare, and is seen predominantly in the sixth decade of life. The symptoms/signs and radiologic abnormalities are nonspecific. A large subpleural mass with areas of central low-attenuation is the most common finding in chest computed tomography. The pathologic diagnosis of pleomorphic carcinoma is difficult due to the heterogeneity of the tumor cells. Immunohistochemical examinations are helpful in making an appropriate diagnosis; the stains are positive for thyroid transcription factor-1, cytokeratins, and vimentin, and negative for surfactant protein-A. Pulmonary pleomorphic carcinoma has an extremely poor prognosis compared with other non-small cell lung cancers. The tumor usually relapses within 6 months after operation and median survival time after relapse is only 2.6 months.

We reported the case of a 50-year-old lifelong non-smoking male with pulmonary pleomorphic carcinoma. The chest image showed a lobulated mass in the superior segment of the left lower lobe with invasion to the left upper lobe. Pneumonectomy of the left lung was performed and the diagnosis of pulmonary pleomorphic carcinoma with regional lymph node metastasis was made. The patient did not take chemotherapy after surgical resection. Brain metastasis occurred 4 months later. He died of pneumonia and septic shock 6 months after undergoing surgery. ***(Thorac Med 2009; 24: 352-357)***

Key words: pleomorphic carcinoma, lung cancer

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肺部多型性癌：病例報告

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肺部多型性癌是一種罕見且具侵略性的惡性腫瘤，此腫瘤常發生於老年且具抽菸史之男性病患，臨床上以咳嗽、胸痛及咳血為主要臨床表現。。根據世界衛生組織在西元1999年的定義，多型性癌是由紡錘細胞及巨大細胞這兩種細胞再搭配其他較常見的上皮細胞組合而成。因其細胞型態之多樣性，術前病理診斷多型性癌有其困難性，免疫化學染色可給予診斷上的協助。較其他非小細胞肺癌，肺部多型性癌具有轉移性與復發性之特點。統計上，手術後在六個月內腫瘤常復發，而從復發至病人死亡約2.6個月。除了早期完整性手術切除外，目前並無證據顯示化療及放療對於此類腫瘤預後有臨床上顯著之助益。

我們在此報告一位50歲未曾吸煙的男性病人，因左胸痛及咳血1個月而至胸腔科門診求治。胸部電腦斷層檢查發現左下葉上節有一巨大周邊腫瘤併侵犯左上葉，經左肺全葉切除後，病理報告顯示為肺部多型性癌合併肺葉淋巴結轉移。病人沒有接受術後輔助性化學治療，於4個月後產生腦部轉移，雖經施行全腦放射治療，病人終於接受手術6個月後因肺炎併發敗血性休克而死亡。*(胸腔醫學* ***2009; 24: 352-357****)*

關鍵詞：多型性癌，肺癌

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Pulmonary Alveolar Proteinosis Treated with Multiple Selective Lobar Lavage by Bronchofiberscopy: A Case Report

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Pulmonary alveolar proteinosis (PAP) is a rare disease. The current standard treatment for PAP is whole-lung lavage (WLL). An alternative procedure is selective lobar lavage by bronchofiberscopy. We report our experience with bronchofiberscopic lobar lavage in treating a patient with PAP that was diagnosed by wedged resection via video-assisted thoracoscopic surgery (VATS). Due to hypoxemia and de-saturation, the patient could not tolerate the WLL procedure herefore, we performed lobar lavage by bronchofiberscopy for each side twice at 24 hours interval. Approximately 2,000 ml of warm normal saline solution was instilled for each cycle of lavage, combined with manual chest percussion under sedation and mechanical ventilator support in the intensive care unit (ICU). The patient withstood the entire procedure well and the endotracheal tube was removed on the 7th post-operative day. In our experience, bronchofiberscopic lobar lavage can be safely and effectively performed for those patients with PAP who cannot tolerate WLL. ***(Thorac Med 2009; 24: 358-363)***

Key words: pulmonary alveolar proteinosis, bronchofiberscopic lobar lavage, video-assisted thoracoscopic surgery

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多次光纖支氣管內視鏡選擇性肺葉沖洗術治療肺泡蛋白質沈著症——病例報告

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肺泡蛋白質沈著症（pulmonary alveolar proteinosis, PAP）是少見的疾病。全肺沖洗術（whole lung lavage, WLL）仍是現今標準的治療方式。而使用光纖支氣管內視鏡選擇性的肺葉沖洗術是另一個選擇的方式。我們報告一個蛋白質沈著症患者在胸腔內視鏡肺葉切片手術後使用支氣管內視鏡作多次肺葉沖洗術的經驗。因為低血氧以及氧合飽和度下降，病患無法執行全肺沖洗術。所以我們選擇兩邊分開24小時執行各兩次的光纖支氣管內視鏡肺葉沖洗術。每次以2000毫升的溫暖生理食鹽水從支氣管鏡注入，並伴隨徒手胸腔敲擊（chest percussion）後抽回，在加護病房內監視以及鎮靜藥物的使用下執行。病患對執行過程忍受度良好並且在手術後第七天拔管。我們的經驗顯示，光纖支氣管內視鏡肺葉沖洗術對無法容忍全肺沖洗術的蛋白質沈著症患者來說，是有效且安全的治療方式。*(胸腔醫學* ***2009; 24: 358-363)***

關鍵詞：肺泡蛋白質沈著症，光纖支氣管內視鏡肺葉沖洗術，胸腔內視鏡手術

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