

ISSN 1023-9855



# 胸腔醫學

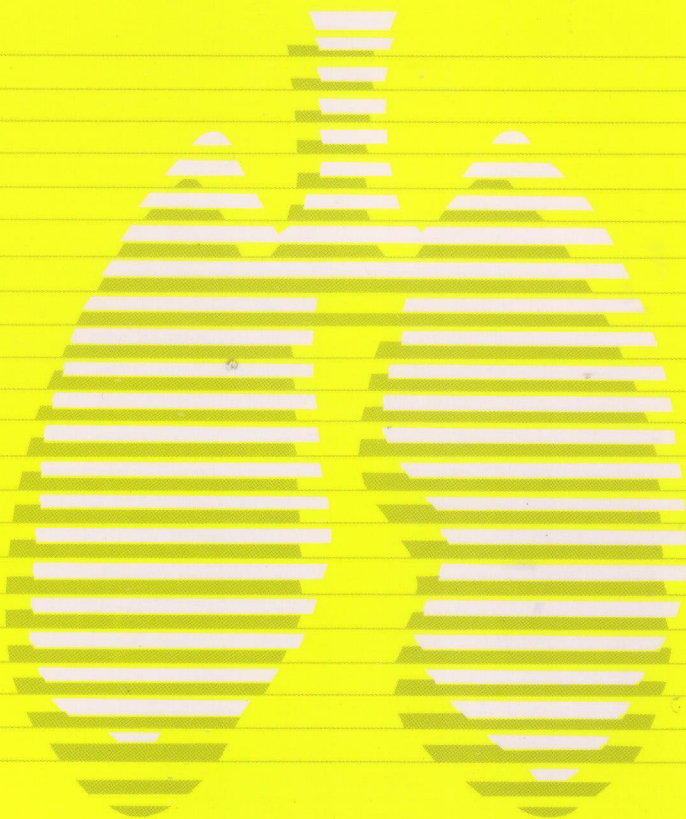
## Thoracic Medicine

The Official Journal of Taiwan Society of  
Pulmonary and Critical Care Medicine

Vol.22 No.5 Oct. 2007

第二十二卷 第五期

中華民國九十六年十月



台灣胸腔暨重症加護醫學會  
台北市中正區仁愛路一段1號

No. 1, Sec. 1, Jen Ai Rd., Taipei, Taiwan, R.O.C.



ISSN 1023-9855



Vol.22 No.5 October 2007

# 胸腔醫學

## Thoracic Medicine

The Official Journal of Taiwan Society  
of Pulmonary and Critical Care Medicine

### 原著

- 北部某醫學中心 2000-2004 年肺結核通報病例之死因分析 ..... 305~312  
郭立國, 林榮祿, 林芳杰, 吳健樑, 索 任

### 病例報告

- 肺泡蛋白質沉著症接受全肺灌洗術後併發氣管狹窄一病例報告 ..... 313~320  
許舜斌, 朱國安, 王鴻昌, 林旻希, 張晃宙
- 神經纖維瘤在沒有 von Recklinghausen 氏症病患上的漸進性惡性轉變 ..... 321~326  
吳青陽, 劉永恆, 薛 綏, 柯博仁, 謝明儒, 吳怡成, 朱 彥, 劉會平
- 肺泡蛋白質沉積症以氣胸來表現一病例報告 ..... 327~331  
陳佳文, 張漢煜, 薛尊仁
- 在一位血液透析病人出現 *Mycobacterium fortuitum* 肺部感染與菌血症 ..... 332~337  
吳信宏, 林榮祿, 李昭賢, 彭明仁, 吳健樑
- 治療性血漿分離術應用在韋格納肉芽腫合併肺出血病人一病例報告 ..... 338~343  
杜美玉, 吳清平, 彭萬誠
- 人類免疫不全病毒感染患者之瀰漫型氣管內卡波西氏肉瘤 ..... 344~350  
張志誠, 王智亮, 李岡遠, 薛 純, 林鴻銓
- 前縱膈腔之巨大脂肪瘤 ..... 351~354  
洪榮志, 許文虎
- Mycobacterium lentiflavum* 引起的肺部感染, 病例報告 ..... 355~360  
林鉅桓, 謝孟哲, 林進國, 洪明賜, 呂紹煒
- 腎切除術七年後以阻塞性肺炎為臨床表現之轉移性腎細胞癌: 一例病例報告 ..... 361~366  
鄭兆傑, 劉榮森, 黃世鴻, 徐志育
- 肺葉外肺隔離合併星形奴卡氏菌感染一病例報告 ..... 367~372  
王孔民, 劉家全, 施志勳, 許立翰
- 肺胚胎瘤: 一病例報告及文獻回顧 ..... 373~377  
李明杰, 王鴻昌, 張晃宙, 林秀玲, 賴瑞生



Vol.22 No.5 October 2007

# 胸腔醫學

## Thoracic Medicine

The Official Journal of Taiwan Society  
of Pulmonary and Critical Care Medicine

### Original Articles

Causes of Death of Notified Tuberculosis Patients from 2000-2004 in a Medical Center in Taipei ... 305~312  
Li-Kuo Kuo, Rong-Luh Lin, Fung-J Lin, Chien-Liang Wu, Jen Suo

### Case Reports

- Acquired Tracheal Stenosis after Total Lung Lavage for Pulmonary Alveolar Proteinosis —  
A Case Report ..... 313~320  
Shun-Pin Hsu, Kuo-An Chu, Hong-Chung Wang, Min-Hsi Lin, Huang-Chou Chang
- Progressive Malignant Change of Neurofibroma without von Recklinghausen Disease ..... 321~326  
Ching-Yang Wu, Yun-Hen Liu, Swei Shiue, Po-Jen Ko, Ming-Ju Hsieh, Yi-Cheng Wu, Yen-Chu, Hui-Ping Liu
- Pulmonary Alveolar Proteinosis Presenting as Pneumothorax — A Case Report ..... 327~331  
Char-Wen Chen, Han-Yu Chang, Tzuen-Ren Hsiue
- Mycobacterium Fortuitum* Bacteremia and Pulmonary Disease in a Hemodialysis Patient ..... 332~337  
Hsin-Hung Wu, Rong-Luh Lin, Chao-Hsien Lee, Ming-Jen Peng, Chien-Liang Wu
- Use of Plasmapheresis in a Wegener's Granulomatosis Patient Presenting with  
Pulmonary Hemorrhage ..... 338~343  
Mei-Yu Tu, Chin-Pyng Wu, Wann-Cherng Perng
- Diffuse Endobronchial Kaposi's Sarcoma in a Patient with Human Immunodeficiency  
Virus Infection — A Case Report and Literature Review ..... 344~350  
Chih-Cheng Chang, Chih-Liang Wang, Kan-Yuan Li, Chuen Hsueh, Horng-Chyuan Lin
- A Huge Lipoma of the Anterior Mediastinum ..... 351~354  
Jung-Jyh Hung, Wen-Hu Hsu
- Pulmonary Infection due to *Mycobacterium Lentiflavum* — A Case Report ..... 355~360  
Chu-Huan Lin, Meng-Jer Hsieh, Chin-Kuo Lin, Ming-Szu Hung, Shaw-Wei Leu
- Obstructive Pneumonitis as a Clinical Presentation of Metastatic Renal Cell Carcinoma 7 Years  
after Radical Nephrectomy: A Case Report ..... 361~366  
Chao-Chieh Cheng, Jung-Sen Liu, Shih-Hung Huang, Chih-Yu Hsu
- Extralobar Bronchopulmonary Sequestration Complicated by *Nocardia Asteroides* Infection:  
A Case Report ..... 367~372  
Kung-Min Wang, Chia-Chuan Liu, Chih-Shiun Shih, Li-Han Hsu
- Pulmonary Blastoma — A Case Report and Literature Review ..... 373~377  
Ming-Chieh Lee, Hong-Chung Wang, Huang-Chou Chang, Shong-Ling Lin, Ruay-Sheng Lai

# Causes of Death of Notified Tuberculosis Patients from 2000-2004 in a Medical Center in Taipei

Li-Kuo Kuo, Rong-Luh Lin, Fung-J Lin, Chien-Liang Wu, Jen Suo\*

In Taiwan in 2003, the incidence of tuberculosis (TB) was 66.67 per 100,000 residents, with a mortality rate of 5.80 per 100,000 residents; this is still a very high mortality rate. A retrospective analysis of the causes of death of reported TB patients who died from 2000-2004 was performed; 102 patients with definitely active TB died during this period: 64 (63%) died of TB while on treatment, and 38 (37%) had a postmortem diagnosis of TB, based on positive culture reports. TB was considered to be the principal cause of death in 31 (30%) of the 102 patients, a contributing cause in 45 (44%), and unrelated in 26 (26%). Among the 38 patients with whom a postmortem diagnosis of TB was made, the mean hospital stay was 14.2 (range, 2 to 38) days. Severe pneumonia (53%) was the most commonly diagnosed cause of death in these patients, and multiple lobar infiltrates were the most common chest X-ray findings (67%).

In conclusion, TB was the principal cause of death in only 30% of TB patients who died, though TB was a contributory factor in most patients. One-third of patients had a postmortem diagnosis of TB. The presence of multiple lobar infiltrates should alert clinicians to the possibility of TB. More rapid and reliable diagnostic methods for TB are urgently needed. (*Thorac Med* 2007; 22: 305-312)

Key words: tuberculosis, cause of death

---

Chest Division, Department of Internal Medicine, Mackay Memorial Hospital, Taipei, Taiwan; \*National Tuberculosis Association, Taipei, Taiwan

Address reprint requests to: Dr. Li-Kuo Kuo, Division of Chest Medicine, Department of Internal Medicine, Mackay Memorial Hospital, 92, Sec.2, Chung-Shan N. Road, Taipei, Taiwan

## 北部某醫學中心 2000-2004 年肺結核通報病例之死因分析

郭立國 林榮祿 林芳杰 吳健樑 索 任\*

**前言：**肺結核是臺灣最重要的傳染性疾病。雖然已經有有效藥物治療，在臺灣肺結核的死亡率和西方國家比較，仍顯偏高。如何降低肺結核死亡率，是政府和民間刻不容緩須解決的難題。因此我們分析本院過去五年內，本院通報且死在本院的肺結核病患，希望能明白造成肺結核病人死亡的真正原因，並思考因應之道。

**方法：**我們回溯性分析 2000 至 2004 年通報之肺結核確診死亡病患。依照肺結核對病人死亡之影響：分為肺結核為主要死因，或肺結核為共同死因，或肺結核與病人死亡不相關三組。再進一步分析其細因。

**結果：**一共有 102 位病患進入分析。其中有 64 位為治療過程中死亡，有 38 位肺結核是在死亡後診斷。這 102 位病人中，以肺結核為主要死因者有 31 位(30%)，肺結核為共同死因者有 45 位(44%)，肺結核與病人死亡不相關者有 26 位(26%)。在 38 位肺結核在死亡後診斷的病人中，有百分之六十七胸部 X 光呈現多肺葉浸潤，肺炎是死亡時最常見的診斷。

**結論：**本院死亡的肺結核病人中，以肺結核為共同死因者占較多數，而以肺結核為主要死因者占較少數。有三分之一病人，肺結核是在死亡後才診斷。這些病人 X 光大多有多肺葉浸潤。臨床提高警覺，輔以更快速的診斷方法，設法及早診斷，應可降低肺結核病人死亡率。(胸腔醫學 2007; 22: 305-312)

**關鍵詞：**結核病，死因分析

# Acquired Tracheal Stenosis after Total Lung Lavage for Pulmonary Alveolar Proteinosis — A Case Report

Shun-Pin Hsu<sup>\*, \*\*</sup>, Kuo-An Chu<sup>\*</sup>, Hong-Chung Wang<sup>\*</sup>, Min-Hsi Lin<sup>\*</sup>,  
Huang-Chou Chang<sup>\*\*\*</sup>

Pulmonary alveolar proteinosis (PAP) is a rare disease characterized by a diffuse accumulation of eosinophilic periodic acid-Schiff (PAS)-positive phospholipid materials within the alveoli. The accumulation of this material is due to an increased secretion or a decreased clearance from the alveoli. Bilateral whole lung lavage has been the most effective treatment till now. Herein, we present the case of a 57-year-old female with PAP. The definite pathological diagnosis was made by open lung biopsy. She was treated with whole lung lavage. Marked improvement of dyspnea and hypoxemia were achieved, but progressively worsening dyspnea due to tracheal stenosis developed 1 month after whole lung lavage. The patient died from recurrent tracheal stenosis, even after tracheal reconstruction surgery. Prolonged high cuff pressure during double-lumen endotracheal tube intubation for total lung lavage was considered to be the most likely cause of tracheal stenosis, through it has been rarely reported. (*Thorac Med* 2007; 22: 313-320)

Key words: lung lavage, pulmonary alveolar proteinosis, tracheal stenosis

---

\*Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, \*\* Division of Chest Medicine, Department of Internal Medicine, Yongkang Veterans Hospital, \*\*\*Division of Thoracic Surgery, Department of Surgery Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan  
Address reprint requests to: Dr. Min-Hsi Lin, Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, 386, Ta-Chung 1<sup>st</sup> Road, Kaohsiung 813, Taiwan, R.O.C.

## 肺泡蛋白質沉著症接受全肺灌洗術後併發氣管狹窄 —病例報告

許舜斌<sup>\*,\*\*</sup> 朱國安<sup>\*</sup> 王鴻昌<sup>\*</sup> 林旻希<sup>\*</sup> 張晃宙<sup>\*\*\*</sup>

肺泡蛋白質沉著症為一罕見肺部疾病，其病理切片可見肺泡內有許多嗜伊紅性物質沉積，且其 PAS 染色呈陽性。此物質之沉積可能為肺泡內之分泌增加或清除降低而引起。直至今日，最有效之治療仍為全肺灌洗術。在此我們報告一位 57 歲女性，經施行肺部切片診斷為肺泡蛋白質沉著症。接受全肺灌洗術後，病患呼吸困難之臨床症狀及缺氧立即獲得改善，但不幸一個月後於氣管插管處發生氣管狹窄。此病患接受氣管狹窄切除及再接手術，但最後仍死於反覆性的氣管狹窄併呼吸衰竭。全肺灌洗時，長時間及高壓下之雙管腔氣管內管使用，於氣管狹窄之產生可能佔有相當的角色。(胸腔醫學 2007; 22: 313-320)

關鍵詞：肺灌洗術，肺泡蛋白質沉著症，氣管狹窄

---

\* 高雄榮民總醫院內科部 胸腔內科，\*\* 永康榮民醫院內科部 胸腔內科，\*\*\* 高雄榮民總醫院外科部 胸腔外科  
索取抽印本請聯絡：林旻希醫師，高雄榮民總醫院內科部 胸腔內科，高雄市左營區大中一路 386 號

# Progressive Malignant Change of Neurofibroma without von Recklinghausen Disease

Ching-Yang Wu, Yun-Hen Liu, Suei Shiue\*, Po-Jen Ko, Ming-Ju Hsieh,  
Yi-Cheng Wu, Yen-Chu, Hui-Ping Liu

This report describes a 23-year old female with a right-back old neurofibroma without von Recklinghausen's disease undergoing malignant change. The patient complained of abdominal pain for several months. Serial survey demonstrated 2 masses located in the right thorax and paraspinal space. These masses were excised completely and the malignant peripheral nerve sheath tumor (MPNST) was verified pathologically. This was a rare case of progressive malignant transformation of a neurofibroma without von Recklinghausen's disease. (*Thorac Med* 2007; **22: 321-326**)

Key words: malignant peripheral nerve sheath tumor (MPNST), neurofibroma

---

Division of Thoracic and Cardiovascular Surgery, \*Division of Pathology, Chang Gung Memorial Hospital, Chang Gung University, Taipei, Taiwan

Address reprint requests to: Dr. Po-Jen Ko, Div. of Thoracic and Cardiovascular Surgery, Chang Gung Memorial Hospital, 5 Fu-Hsing St., Kweishan, Taoyuan, Taiwan 333



## 神經纖維瘤在沒有 von Recklinghausen 氏症病患上的漸進性惡性轉變

吳青陽 劉永恆 薛 綏\* 柯博仁 謝明儒 吳怡成 朱 彥 劉會平

我們在此報告一個 24 歲的女性神經纖維瘤惡性轉變的病例報告，這位病患並無 von Recklinghausen disease 的病史，該名病患在 16 年前因右側背部神經纖維瘤而接受腫瘤切除手術。在 6 年前，該名病患發現在同樣的地方又有腫塊長出但並無其他不適，然而，這個腫塊在最近幾個月逐漸變大，並且有腹痛感，因此接受相關檢查進而發現在右側胸腔以及脊柱旁出現兩個腫塊。該名病患接受手術進行腫瘤切除，病理報告為惡性周邊神經鞘腫瘤，這種神經纖維瘤惡性轉變極其少見，我們提出此病例報告並作相關文獻回顧。  
(*胸腔醫學* 2007; 22: 321-326)

關鍵詞：神經纖維瘤，惡性周邊神經鞘腫瘤

# Pulmonary Alveolar Proteinosis Presenting as Pneumothorax — A Case Report

Char-Wen Chen, Han-Yu Chang, Tzuen-Ren Hsiue

Pulmonary alveolar proteinosis (PAP) is a rare disease in which lipoproteinaceous material accumulates within alveoli. Variable clinical presentations, from asymptomatic to dyspnea, have been reported. Herein, we present the case of a patient who was about 10 weeks pregnant and suffered from spontaneous pneumothorax without any trauma history. Video-assisted thoracoscopic surgery was performed and pulmonary alveolar proteinosis was diagnosed. Pulmonary alveolar proteinosis complicated with spontaneous pneumothorax is very rare and should be considered in patients with diffuse lung disease complicated with pneumothorax. (*Thorac Med* 2007; 22: 327-331)

Key words: pulmonary alveolar proteinosis, pneumothorax

## 肺泡蛋白質沉積症以氣胸來表現—病例報告

陳佳文 張漢煜 薛尊仁

肺泡蛋白質沉積症是一種罕見的疾病，其特色為酯蛋白類的物質會沉積在肺泡中。各式各樣的臨床表現，從沒有症狀到呼吸困難都被報告過。我們在此報告一個病例：一位懷孕的年輕女性在沒有任何的外傷情況下，引起自發性氣胸，經過外科切片檢查證實為肺泡蛋白質沉積症。肺泡蛋白質沉積症合併自發性氣胸極為罕見，如果病人有兩側的肺部浸潤合併氣胸，則肺泡蛋白質沉積症應該要列入鑑別診斷。*(胸腔醫學 2007; 22: 327-331)*

關鍵詞：肺泡蛋白質沉積症，氣胸

# ***Mycobacterium Fortuitum* Bacteremia and Pulmonary Disease in a Hemodialysis Patient**

Hsin-Hung Wu, Rong-Luh Lin, Chao-Hsien Lee, Ming-Jen Peng, Chien-Liang Wu

Bacteremia caused by *Mycobacterium fortuitum* (*M. fortuitum*) is an uncommon occurrence. We present a 65-year-old female with diabetes and chronic kidney disease, and undergoing regular hemodialysis, who was diagnosed with pulmonary disease and bacteremia caused by *M. fortuitum*. She was sent to our emergency room in a state of cardiopulmonary arrest on arrival, and was mechanical ventilator-dependent despite her recovery from cardiopulmonary resuscitation. She had a prolonged hospitalization for 8 months because of repeated episodes of pulmonary edema and nosocomial pneumonia. The blood and sputum culture during her hospital stay grew *M. fortuitum* after she was transferred to a local respiratory care ward. The diagnosis of *M. fortuitum* bacteremia and pneumonia was made according to the diagnostic criteria of the American Thoracic Society (ATS) guidelines. We discuss the epidemiology, diagnosis, possible transmission route and the treatment for this clinical entity. (***Thorac Med* 2007; 22: 332-337**)

Key words: *Mycobacterium fortuitum*, bacteremia, catheter-related infection

---

Division of Chest Medicine, Department of Internal Medicine, Mackay Memorial Hospital, Taipei, Taiwan, 92, Section 2, Chung-shan North Road, Taipei, Taiwan

Address reprint requests to: Dr. Rong-Luh Lin, Division of Chest Medicine, Department of Internal Medicine, Mackay Memorial, 92, Section 2, Chung-shan North Road, Taipei, Taiwan

## 在一位血液透析病人出現 *Mycobacterium fortuitum* 肺部感染與菌血症

吳信宏 林榮祿 李昭賢 彭明仁 吳健樑

*Mycobacterium fortuitum* 感染而引發菌血症是罕見的。本文報告一例 65 歲患有糖尿病並且長期血液透析女性，肺部受到 *Mycobacterium fortuitum* 感染，並且出現菌血症。此病患因心肺停止經急診急救後入院，住院過程中持續使用呼吸器並多次出現肺水腫與院內肺炎感染。於住院後 8 個月轉至地區醫院呼吸照護病房。轉出本院前一個月所作之痰液與血液培養均長出 *Mycobacterium fortuitum*。(胸腔醫學 2007; 22: 332-337)

關鍵詞：*Mycobacterium fortuitum*，菌血症

# Use of Plasmapheresis in a Wegener's Granulomatosis Patient Presenting with Pulmonary Hemorrhage

Mei-Yu Tu, Chin-Pyng Wu, Wann-Cherng Perng

We report the case of a 52-year-old female who initially presented with parotid and submandibular gland enlargement. During subsequent hospitalization, and while taking prednisolone and cyclophosphamide, the patient developed massive pulmonary hemorrhage and poor arterial oxygenation. Her condition worsened rapidly. She was diagnosed with Wegener's granulomatosis on the basis of clinical manifestations, pathological biopsies of suspicious tissues, serum c-ANCA, and radiological findings. Daily therapeutic plasma exchange (TPE) was initiated and continued for 10 days. Oxygenation status significantly improved, and the patient was successfully weaned from the ventilator and recovered thereafter. TPE could be a life saving measure for the treatment of pulmonary hemorrhage in patients with Wegener's granulomatosis. (*Thorac Med* 2007; 22: 338-343)

Key words: Wegener's granulomatosis, therapeutic plasma exchange, pulmonary hemorrhage

---

Division of Chest Medicine, Department of Medicine, Tri-Service General Hospital, Taipei, Taiwan  
Address reprint requests to: Dr. Wann-Cherng Perng, Division of Chest Medicine, Department of Medicine, Tri-Service General Hospital, No. 325, Section 2, Cheng-Kung Road, Nei-Hu, Taipei, Taiwan, R. O. C.

# 治療性血漿分離術應用在韋格納肉芽腫合併肺出血病人 —病例報告

杜美玉 吳清平 彭萬誠

我們提出一個患有韋格納肉芽腫 (Wegener's granulomatosis) 的 52 歲女性病患。她最先顯示的臨床跡象為腮腺與頷下腺的腫大。所有臨床表徵、組織病理學的活檢、血清 c-ANCA 和胸 X 光片對於確定病患診斷都是有價值。在病患的住院期間，雖然先使用類固醇和 cyclophosphamide 來治療，但是病患卻發生了大量肺出血及氧合衰竭。由於臨床危急的狀態，我們立即加上每日的治療性血漿分離術來治療病患。經過 10 天的治療性血漿分離術治療後，病患的肺部情況有了顯著的進展。所以病患可以很快的脫離呼吸器，並且復原順利。(胸腔醫學 2007; 22: 338-343)

關鍵詞：韋格納肉芽腫 (Wegener's granulomatosis)，治療性血漿分離術，肺出血

# Diffuse Endobronchial Kaposi's Sarcoma in a Patient with Human Immunodeficiency Virus Infection — A Case Report and Literature Review

Chih-Cheng Chang, Chih-Liang Wang, Kan-Yuan Li, Chuen Hsueh\*,  
Horng-Chyuan Lin

Kaposi's sarcoma, a major complication in homosexual or bisexual acquired immunodeficiency syndrome (AIDS) patients, is a ubiquitous disease marked by cutaneous tumor and lymphadenopathy in the dermal and visceral organs. Cutaneous and gastrointestinal tract Kaposi's sarcoma is common, but respiratory system involvement is rare. This report describes a young male AIDS patient suffering from endobronchial Kaposi's sarcoma without cutaneous involvement. Multiple solid endobronchial tumors were characterized by a glistening surface under bronchoscopy. The endobronchial nodules regressed after 3 months of treatment with highly active antiretroviral therapy, including Combivir (Lamivudine 150 mg + Zidovudine 300 mg) twice a day, Lopinavir 800 mg per day and Ritonavir 200 mg per day. The possibility of endobronchial Kaposi's sarcoma should be considered in HIV patients suffering from chronic cough beyond opportunistic infection. (*Thorac Med* 2007; 22: 344-350)

Key words: Endobronchial Kaposi's sarcoma, acquired immunodeficiency syndrome

---

Department of Thoracic Medicine, Chang Gung Memorial Hospital, Chang Gung University College of Medicine, Taipei, Taiwan; \*Department of Pathology, Chang Gung Memorial Hospital, Taipei, Taiwan  
Address reprint requests to: Dr. Horng-Chyuan Lin, Department of Thoracic Medicine, Chang Gung Memorial Hospital, Chang Gung University College of Medicine, 199 Tun Hwa N Rd. Taipei, Taiwan



# 人類免疫不全病毒感染患者之瀰漫型氣管內卡波西氏肉瘤

張志誠 王智亮 李岡遠 薛純\* 林鴻銓

卡波西氏肉瘤，是一種在後天免疫不全患者身上常見的症候。其表現常為表皮腫瘤或淋巴結腫大為主要症狀。但在本例中卻以肺部症狀為主要表現。

我們報告一位由於以咳血與胸悶症狀求診，26歲年輕男性。一開始的表現是發燒及間歇性咳血痰。經一系列檢查之後，後天免疫不全及瀰漫性卡波西氏肉芽腫被診斷出來。我們的結論是，在有胸部X光有結節症狀及咳血的年輕病人，且若無吸煙病史者應懷疑是否有其他異於肺部感染外的病灶，除了較常見的肺癌外，應該要將氣管內卡波西氏肉瘤考慮其中。(胸腔醫學 2007; 22: 344-350)

關鍵詞：氣管內卡波西氏肉瘤，後天免疫不全症候群，人類免疫不全病毒

# A Huge Lipoma of the Anterior Mediastinum

Jung-Jyh Hung, Wen-Hu Hsu

A mediastinal lipoma is an unusual, but benign tumor composed of a large amount of mature adipose tissue within the mediastinum. It represents less than 1% of all primary mediastinal tumors, and occurs most commonly in the anterior mediastinum. Most patients are asymptomatic; however, retrosternal pain, dry cough or dyspnea may occur due to its mass effect. Because of the slow growth of the mediastinal lipoma, surgical excision should be performed when symptoms present or when the diagnosis is ambiguous using radiographic examinations. (*Thorac Med* 2007; 22: 351-354)

Key words: lipoma, mediastinum

## 前縱膈腔之巨大脂肪瘤

洪榮志 許文虎

縱膈腔脂肪瘤是在縱膈腔中由成熟脂肪組織構成的少見之良性腫瘤。它佔了縱膈腔原發性腫瘤的1%，並且最常在前縱膈腔中發現。雖然大部分的病患沒有症狀，但是可能因為腫瘤壓迫而產生前胸痛、乾咳或呼吸喘。因為脂肪瘤生長緩慢，因此當產生症狀時，或是診斷無法確定時，應進行手術切除。(胸腔醫學 2007; 22: 351-354)

關鍵詞：脂肪瘤，縱膈腔

# Pulmonary Infection due to *Mycobacterium Lentiflavum* — A Case Report

Chu-Huan Lin, Meng-Jer Hsieh\*, Chin-Kuo Lin, Ming-Szu Hung, Shaw-Wei Leu

*Mycobacterium lentiflavum* is a recently identified non-tuberculous mycobacterial species. Pulmonary infection with *M. lentiflavum* is rare. We report 3 patients infected with *M. lentiflavum* with a clinical presentation and radiological findings mimicking pulmonary tuberculosis. This organism is usually not susceptible to single first-line anti-tuberculosis drugs. Streptomycin or kanamycin can be incorporated into the regimen if the isolates display susceptibility. Treatment for 18-24 months may be necessary because short-course chemotherapy cannot eradicate the *M. lentiflavum* infection completely. (*Thorac Med* 2007; 22: 355-360)

Key words: *Mycobacterium lentiflavum*, pulmonary infection

## *Mycobacterium lentiflavum* 引起的肺部感染，病例報告

林鉅桓 謝孟哲\* 林進國 洪明賜 呂紹煒

*Mycobacterium lentiflavum* 是一種最近才鑑定出的非結核分枝桿菌。因為引起的肺部感染仍然罕見。我們報告了三位肺部感染 *M. lentiflavum* 的病患，其臨床症狀及胸部 X 光片的表現與肺結核相似。*M. lentiflavum* 對第一線抗結核藥物通常有抗藥性，如果抗生素敏感性試驗對 Streptomycin 或 kanamycin 具敏感性。可將其加入治療處方中。短期的療法效果不佳，長達18-24個月的治療可能是必須的。(胸腔醫學 2007; 22: 355-360)

關鍵詞：*Mycobacterium lentiflavum*，呼吸道感染，抗結核藥物

# Obstructive Pneumonitis as a Clinical Presentation of Metastatic Renal Cell Carcinoma 7 Years after Radical Nephrectomy: A Case Report

Chao-Chieh Cheng, Jung-Sen Liu\*, Shih-Hung Huang\*\*, Chih-Yu Hsu

The lung is a frequent site of metastasis and often the site of solitary metastasis of renal cell carcinoma (RCC). Since renal cell carcinoma is notorious for metachronous metastasis, even decades after removal of the primary tumor, life-long follow-up has been suggested. Surgical resection for pulmonary metastasis of RCC is a safe and effective treatment that offers improved survival benefits. Preoperative identification of patient and tumor risk factors is imperative in selecting patients for metastasectomy. We report a 66-year-old man who underwent left radical nephrectomy for RCC 7 years before this admission and presented with an obstructive pneumonitis mimicking an endobronchial tumor as metachronous pulmonary metastasis. (*Thorac Med* 2007; **22: 361-366**)

Key words: renal cell carcinoma, pulmonary metastasis, endobronchial tumor

## 腎切除術七年後以阻塞性肺炎為臨床表現之轉移性腎細胞癌：一例病例報告

鄭兆傑 劉榮森\* 黃世鴻\*\* 徐志育

肺臟為腎細胞癌轉移之好發部位，且為單一轉移之常見病灶。繼發性腎細胞癌轉移仍可發生於接受腎臟切除手術後長達數十年之久，故建議終生追蹤檢查。手術切除目前仍為腎細胞癌肺臟轉移之安全且有效的治療方式，且對延長存活亦有所助益。唯術前病患腫瘤風險之評估確認極為重要。我們報告一位 66 歲於 7 年前曾患腎細胞癌並接受腎臟切除手術的男性病患，以阻塞性肺炎為其臨床表現，最後診斷為腎細胞癌肺部轉移向上延伸到 truncus intermedius。(胸腔醫學 2007; 22: 361-366)

關鍵詞：腎細胞癌，肺部轉移，支氣管腫瘤

# Extralobar Bronchopulmonary Sequestration Complicated by *Nocardia Asteroides* Infection: A Case Report

Kung-Min Wang, Chia-Chuan Liu, Chih-Shiun Shih, Li-Han Hsu\*

Bronchopulmonary sequestration is a rare congenital or acquired malformation of the lower respiratory tract. Sequestrations are classified anatomically as intralobar sequestration, located within the normal lobe, and extralobar sequestration, located outside the normal lobe and with its own visceral pleura. Pulmonary infection, mainly bacterial, is the most common complication of bronchopulmonary sequestration. Nocardiosis is characteristically thought as an opportunistic infection in immuno-compromised patients. Sex hormones can influence cell-mediated immunity and predispose to such infection. We report the case of a middle aged woman with a concurrent history of symptomatic endometriosis under long-term treatment with medroxyprogesterone acetate, and in whom an extralobar sequestration complicated by *Nocardia asteroides* infection was diagnosed by video-assisted thoracoscopic surgery. (*Thorac Med* 2007; 22: 367-372)

Key words: bronchopulmonary sequestration, *Nocardia asteroides*, extralobar, intralobar, medroxyprogesterone acetate

---

Division of Thoracic Surgery, \*Division of Pulmonary and Critical Care Medicine, Koo Foundation Sun Yat-Sen Cancer Center, Taipei, Taiwan, R.O.C.

Address reprint requests to: Dr. Chia-Chuan Liu, Division of Thoracic Surgery, Koo Foundation Sun Yat-Sen Cancer Center, No. 125, Lih-Der Road, Pei-Tou District, Taipei 112, Taiwan, R.O.C.



## 肺葉外肺隔離合併星形奴卡氏菌感染一病例報告

王孔民 劉家全 施志勳 許立翰\*

肺隔離是罕見的先天或後天性下呼吸道畸形。在解剖分類上，有位於肺葉內肺隔離與擁有獨立臟層胸膜的肺葉外肺隔離。重複地細菌性肺部感染是肺隔離最常見之併發症。星形奴卡氏菌感染，一般被認為是免疫力低下病人的伺機性感染症。性荷爾蒙已被證實會影響細胞性免疫反應。我們在此報告一位因子宮內膜增生合併出血而長期服用女性荷爾蒙—黃體激素的中年婦女，雖以抗生素治療，仍有反覆下呼吸道感染，經手術治療，證實為肺葉外肺隔離合併星形奴卡氏菌感染。(胸腔醫學 2007; 22: 367-372)

關鍵詞：肺隔離，星形奴卡氏菌，肺葉內，肺葉外，黃體激素

# Pulmonary Blastoma — A Case Report and Literature Review

Ming-Chieh Lee, Hong-Chung Wang, Huang-Chou Chang\*, Shong-Ling Lin\*\*,  
Ruay-Sheng Lai

Pulmonary blastoma is a rare primary pulmonary neoplasm. The prognosis is rather poor. We report a 33-year-old man who presented with mild hemoptysis for 1 month. A chest radiogram revealed a well-defined lobulated mass in the right upper lung field. The video-bronchoscopy demonstrated an endobronchial tumor localized at the orifice of the right upper bronchus with almost complete obstruction of the lumen. Biopsy was taken, but the pathology was without a definite diagnosis. A right upper lobe lobectomy with mediastinal lymph node dissection was performed. The pathology was compatible with a classic biphasic pulmonary blastoma without lymph node metastasis. Immunohistochemical studies showed positive for thyroid transcription factor-1 (TTF1) and negative for p53. No adjuvant chemotherapy was arranged. He remained well and no tumor recurrence or distant metastasis was found after 22- months of follow-up. Absence of a p53 mutation is a good prognostic factor for pulmonary blastoma. (*Thorac Med* 2007; 22: 373-377)

Key words: p53, prognosis, pulmonary blastoma

---

Section of Chest Medicine, Department of Internal Medicine; \*Section of Chest Surgery, Department of Surgery, \*\*Department of Pathology and Laboratory Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, R.O.C.

Address reprint requests to: Dr. Hong-Chung Wang, Section of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, No. 386, Ta-Chung 1st Road, Kaohsiung 813, Taiwan, R.O.C.

## 肺胚胎瘤：一病例報告及文獻回顧

李明杰 王鴻昌 張晃宙\* 林秀玲\*\* 賴瑞生

肺胚胎瘤是一相當罕見原發性肺癌。其預後非常差。我們報告一位 33 歲男性病患，其臨床症狀為咳血有一個月的時間。胸部 X 光有一界線清楚的腫瘤在右上肺野。支氣管鏡檢查發現有一氣管內腫瘤於右上葉支氣管開口處合併內腔狹窄，但切片病理報告並沒有明確的診斷。隨後施行右上肺葉合併縱膈腔淋巴結切除，病理報告是典型性的肺胚胎瘤，而無淋巴結的轉移。免疫組織化學研究發現 TTF1 陽性及 p53 陰性反應。病人並未接受手術後的輔助化學治療。病患目前仍健在，且經過 22 個月的追蹤並沒有局部復發或遠處的轉移。無 p53 突變是肺胚胎瘤一個良好預後的表現。(胸腔醫學 2007; 22: 373-377)

關鍵詞：p53，預後，肺胚胎瘤