

花蓮慈濟醫院影像診療研討會

日期：2026年05月08日
時間：08:00 - 09:00
地點：花蓮慈濟醫院大愛七樓 702 教室

時間	題目	主講人
08:00-09:00	個案討論	蕭力夫

Patient Profile

陳O志 71-year-old male 工人

Chief complaint : CT showed progressive disease of lung

Present illness:

general weakness with massive body weight loss(13 kg) within 2 months
denied fever, chilliness or other discomfort

Social history:

Alcohol: socially for several years, quit

Betel nut: socially while working, quit

Cigarette: 1PPD since he was 20 years old, quit for 30+yers

No family history

Past history

2012/06/19

RUL, adenocarcinoma s/p RUL VATS lobectomy and mediastinal LNs dissection, **pT1bN0, stage IA**

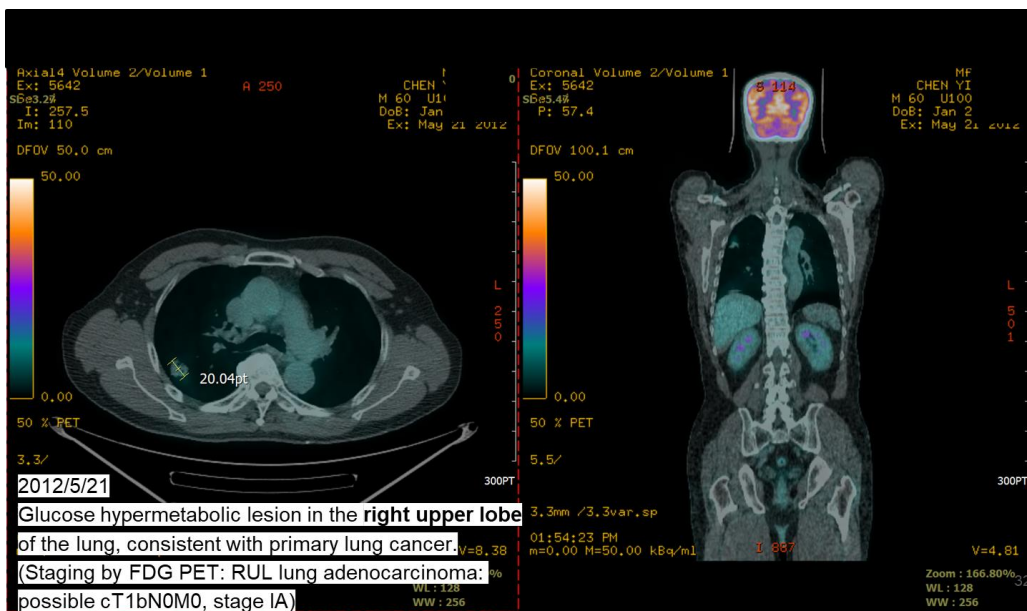
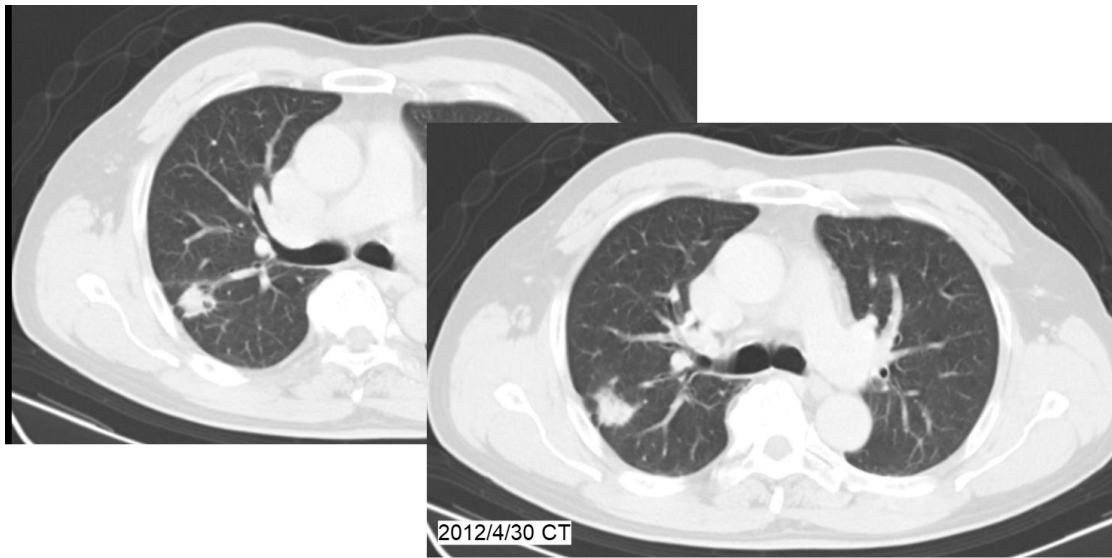
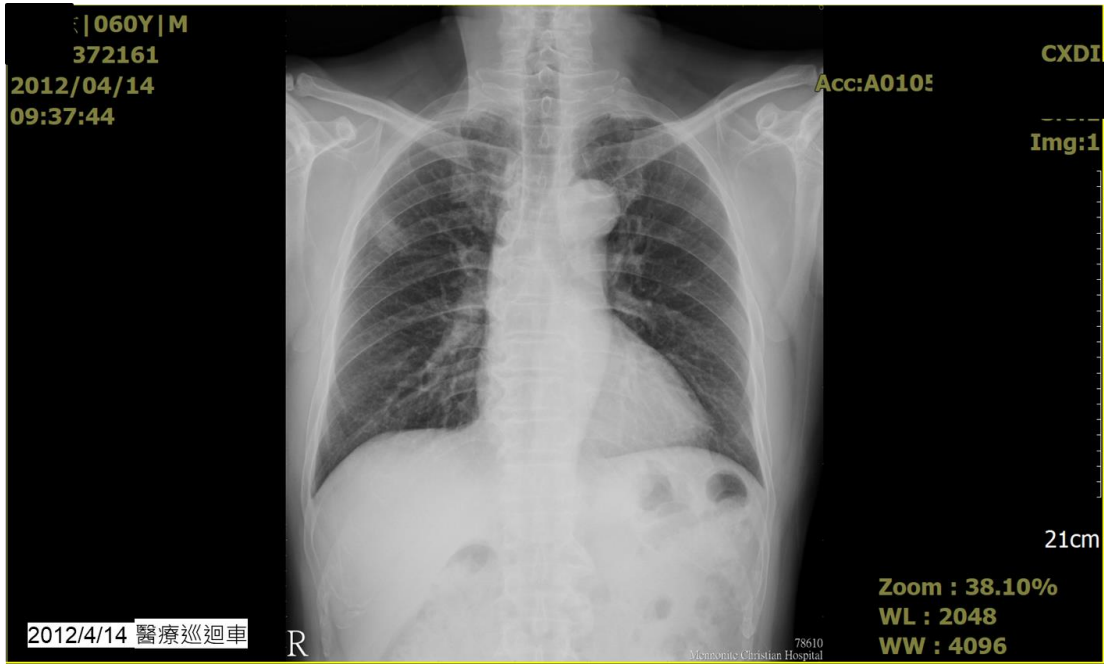
2023/3/27

Cough, dyspnea, arrange CXR

recurrent, start Afatinib

2023/10/11

Progressive disease



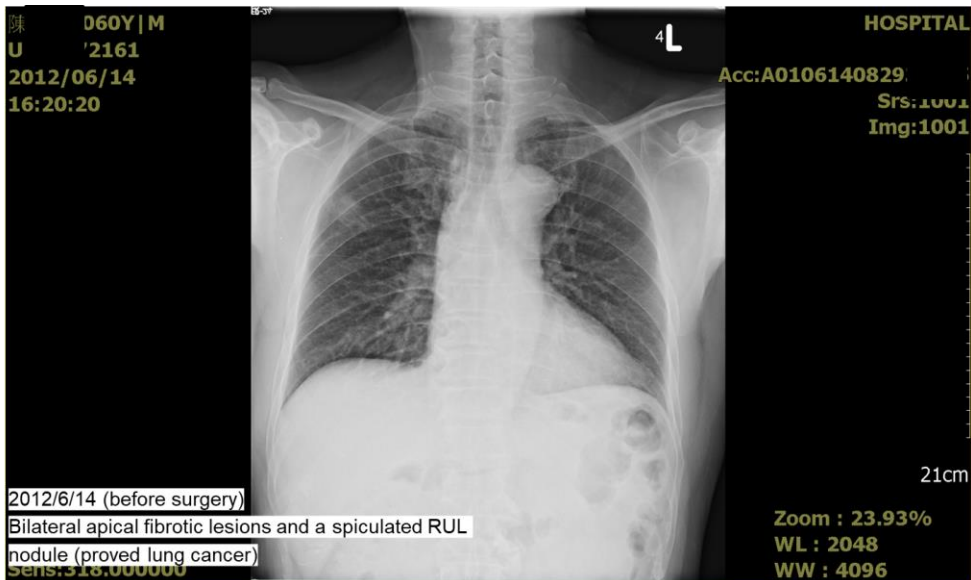
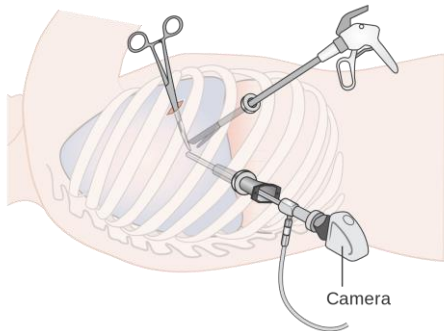


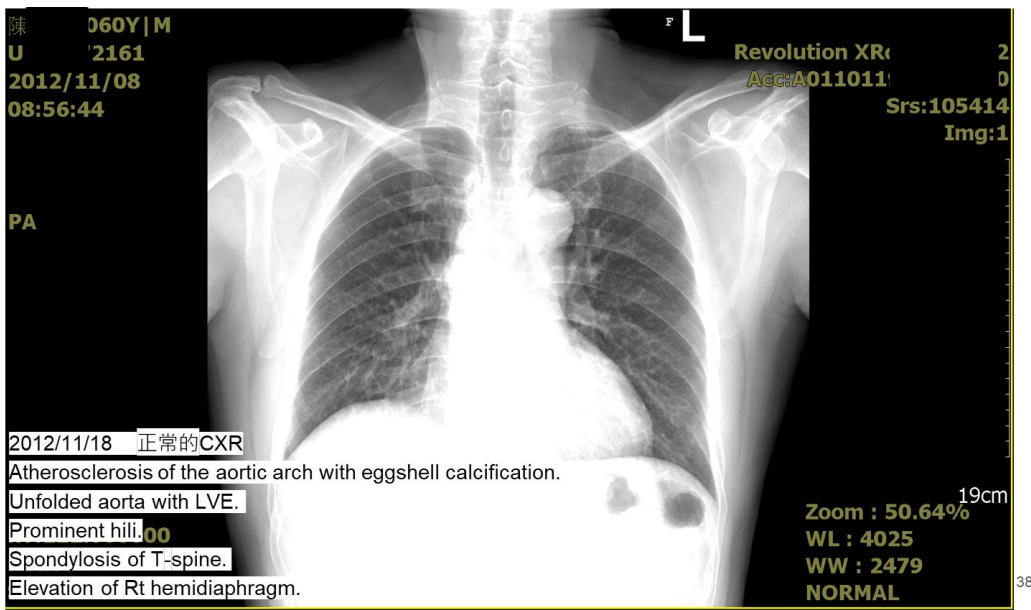
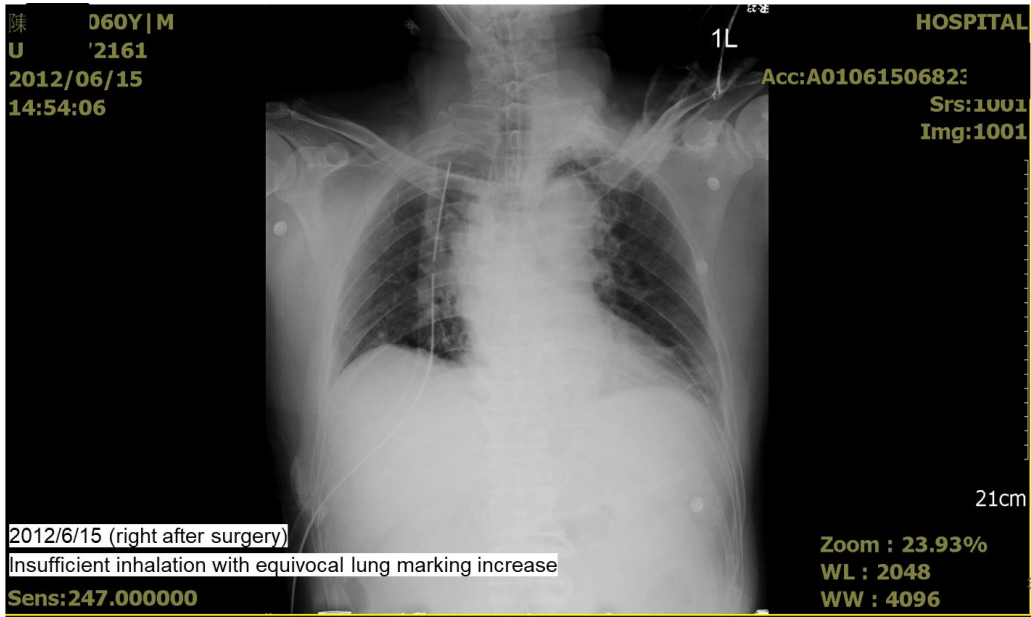
Past history

OP: right single port VATS RUL lobectomy + mediastinal LNs dissection

pathology: adenocarcinoma, pT1bN0, stage IA

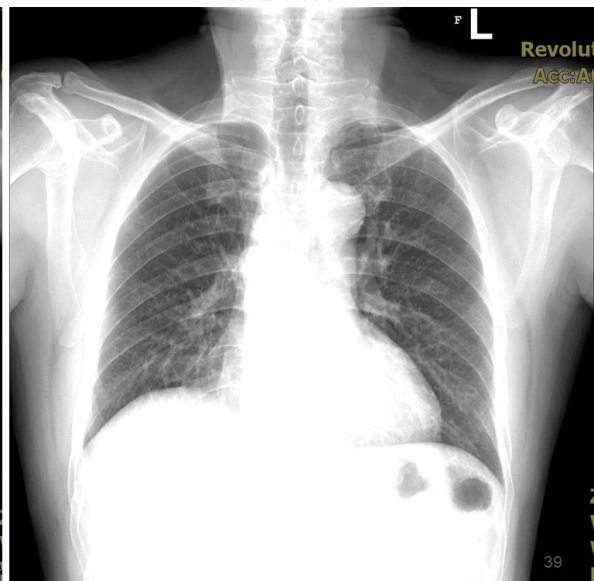
no adjuvant chemotherapy performed





2012/5/9

2012/11/08



Clinical Course

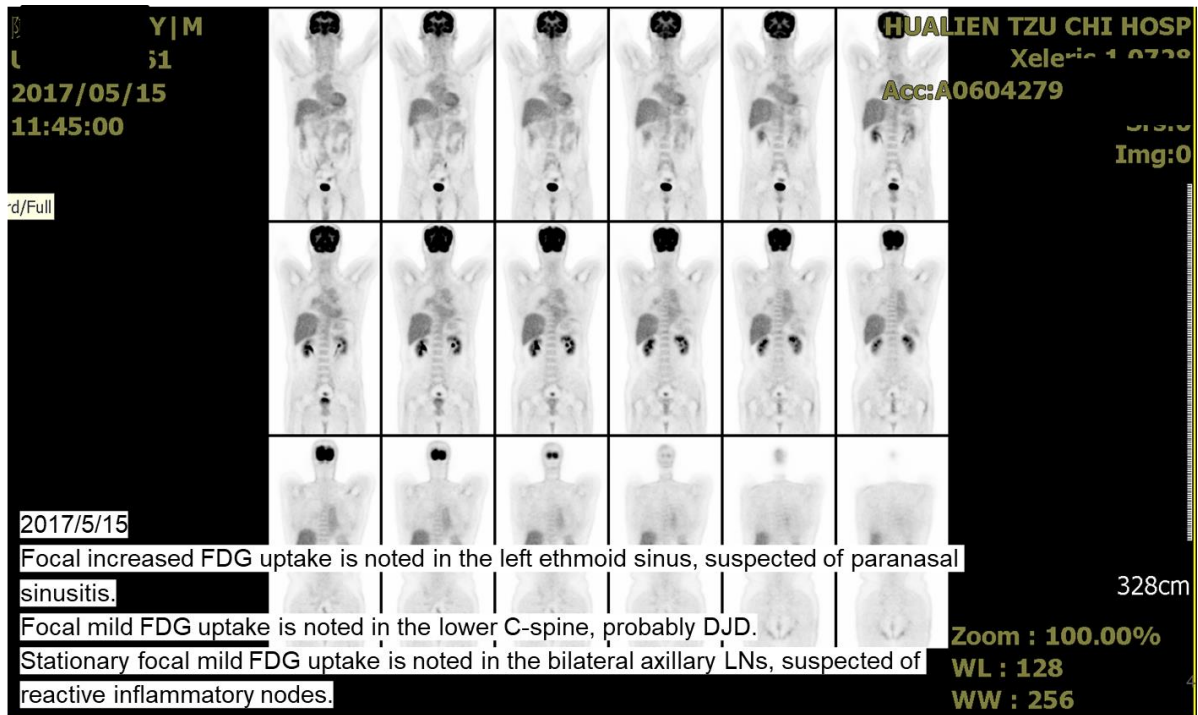
2012/06/19

RUL, adenocarcinoma s/p RUL VATS lobectomy, **pT1bN0, stage IA**

follow up once a year

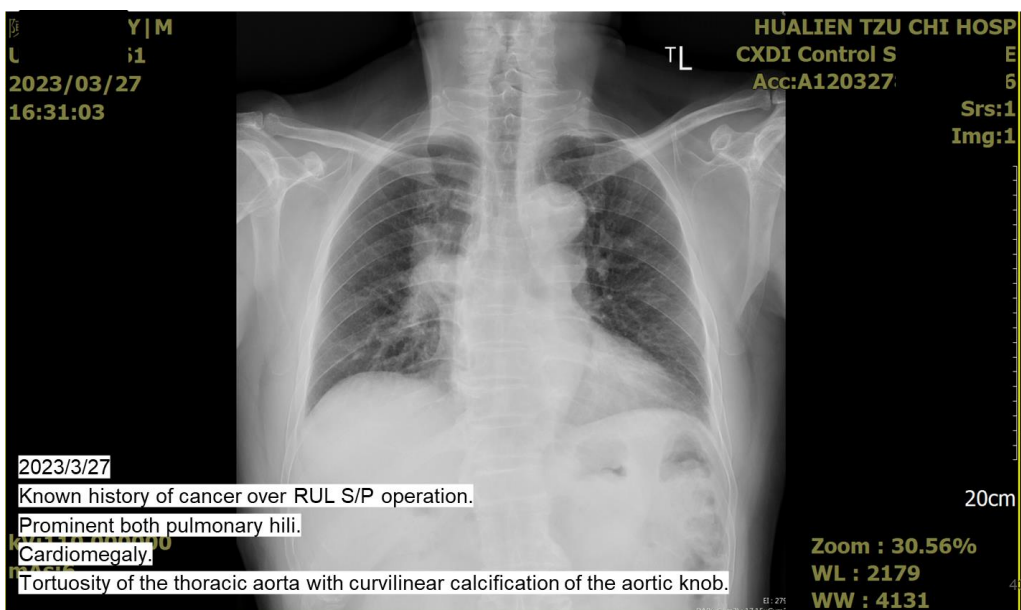
2017/5/15

PET scan showed no definite metastasis,

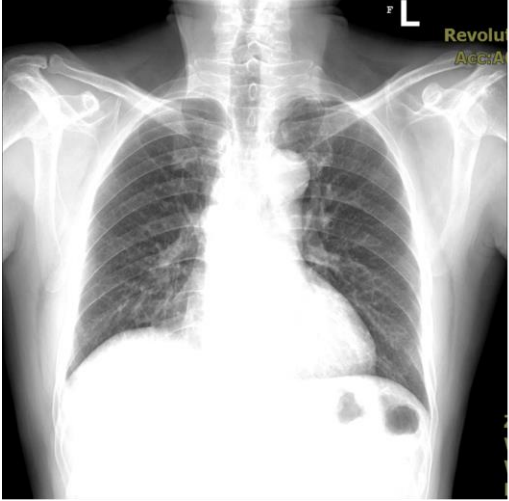


2023/3/27 CM OPD

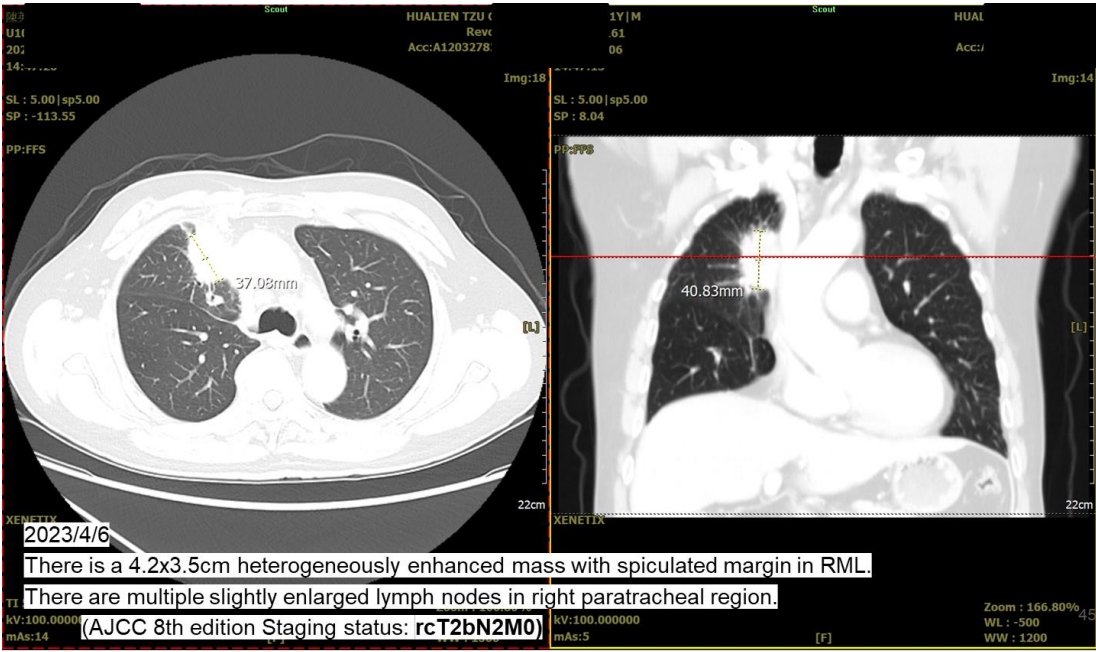
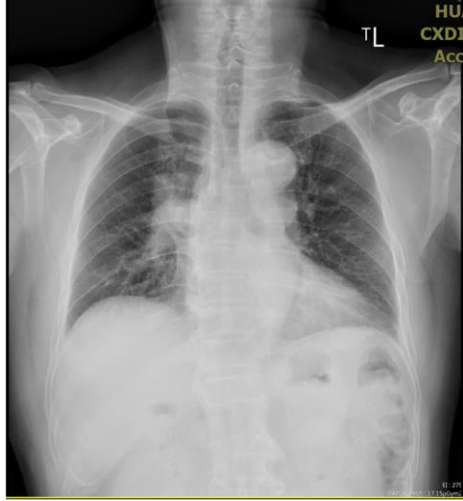
Mild exertional dyspnea for about 4-5 years and **progressive dyspnea**, cough with a little white sputum and bilateral chest pain when severe cough and body weight loss without appetite change.



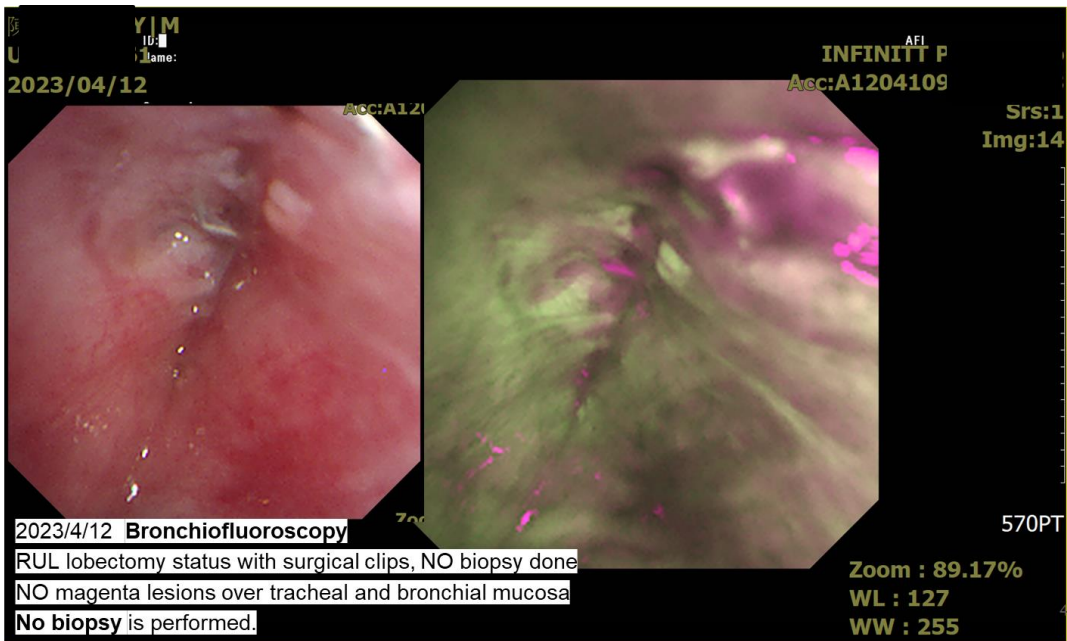
2012/11/08



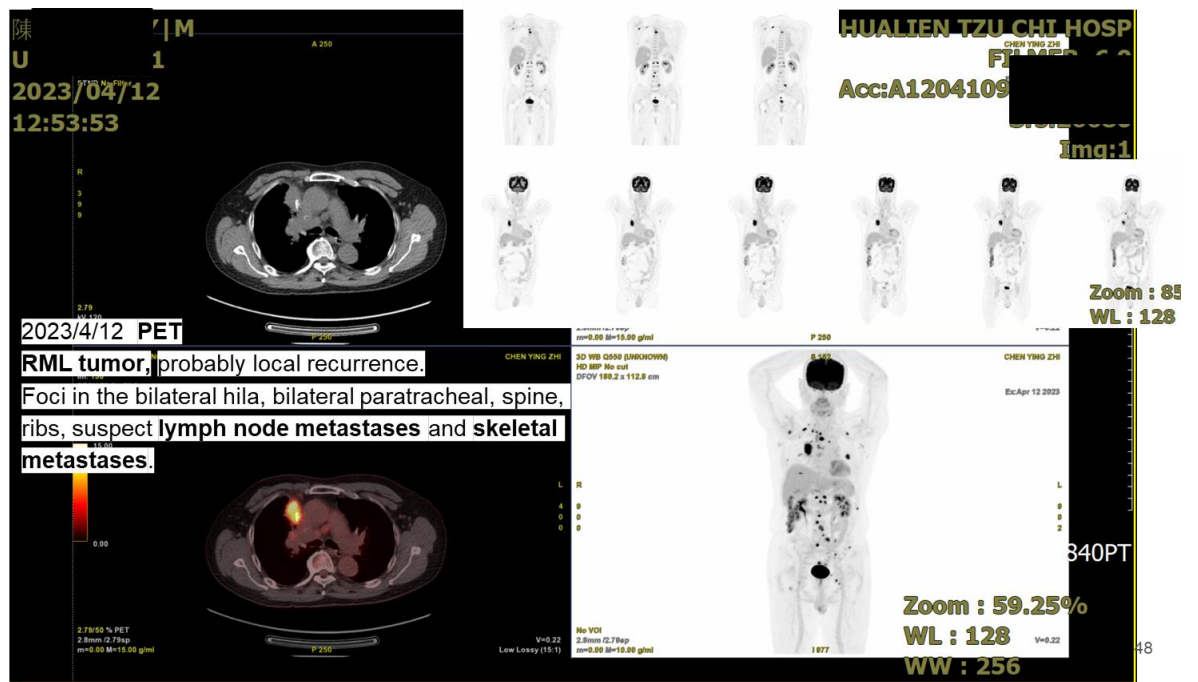
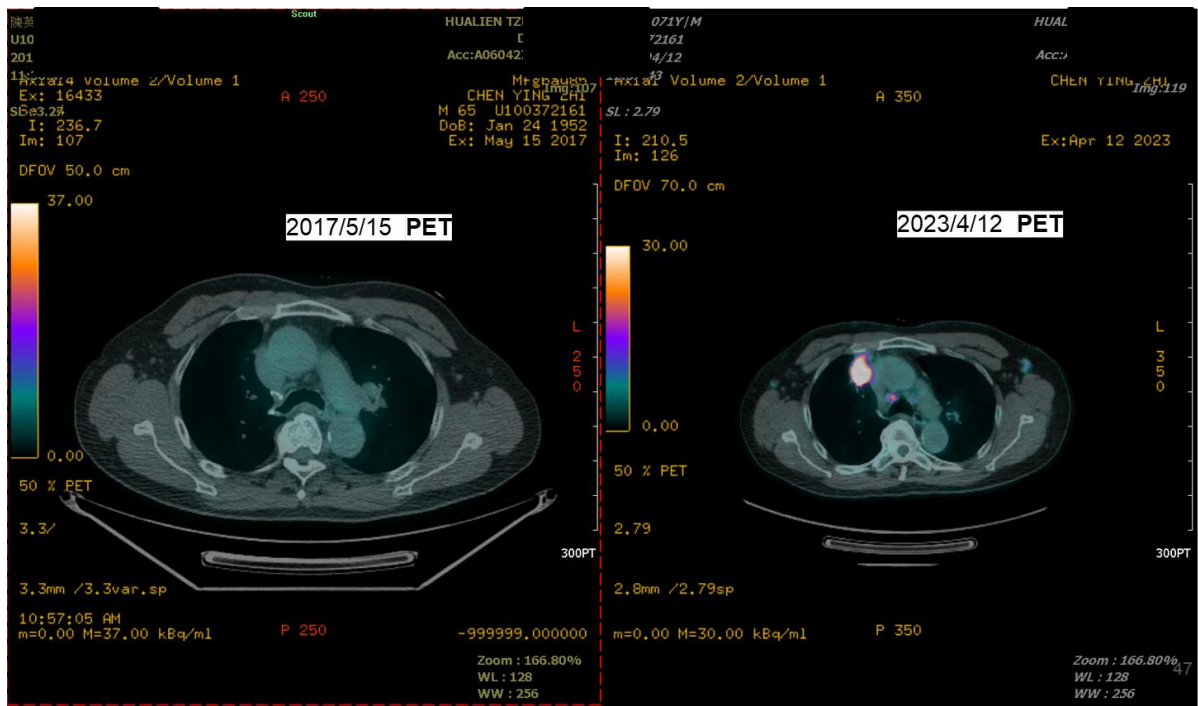
2023/3/27



2023/4/6
 There is a 4.2x3.5cm heterogeneously enhanced mass with spiculated margin in RML.
 There are multiple slightly enlarged lymph nodes in right paratracheal region.
 (AJCC 8th edition Staging status: rcT2bN2M0)

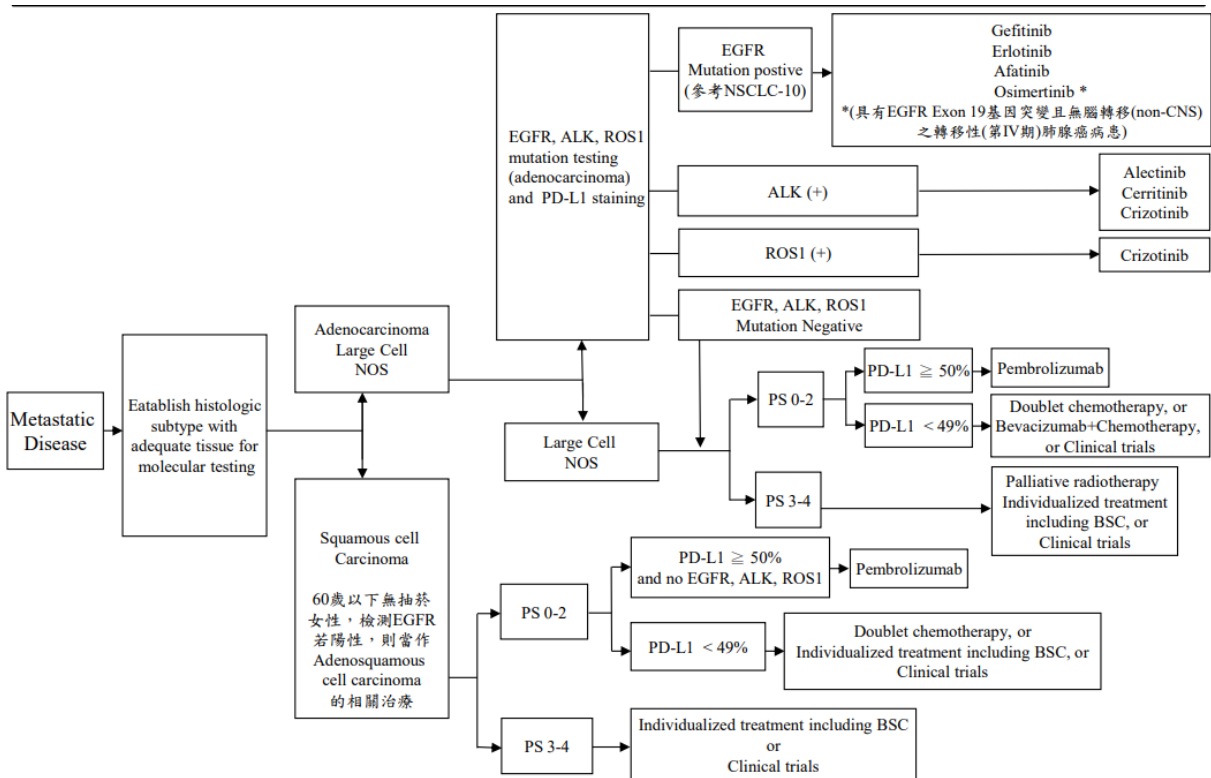
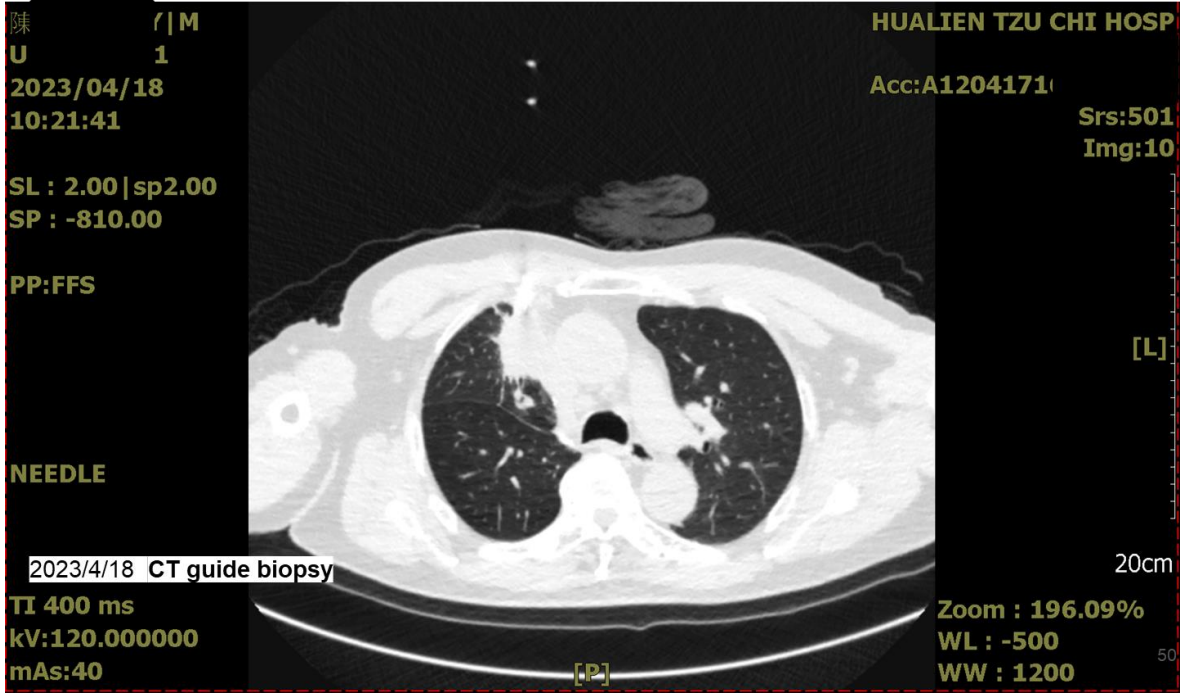


2023/4/12 **Bronchiofluoroscopy**
 RUL lobectomy status with surgical clips, NO biopsy done
 NO magenta lesions over tracheal and bronchial mucosa
 No biopsy is performed.



Lung cancer recurrence, **rcT4N3M1c**, Stage IVB

T4	>7cm or tumor of any size invading one or more of the following : diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina ; separate tumor nodule(s) in an ipsilateral lobe different from that of the primary
N3	Contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, supraclavicular lymph node(s)
M1c	Multiple extrathoracic metastasis in a single organ or in multiple organs



2023/4/24

A point mutation was detected at **exon 21 (L858R)** of EGFR gene in this specimen.

檢體名稱	報告日期	檢驗項目	檢驗報告	單位	標準(低)	標準(高)
1 Paraffin ti	1120426	EGFR	A point mutati			not detecte

Afatinib use since 2023/4/27.

Clinical Course

2023/4/27 Start Afatinib

2023/5/11

2023/5/24

2023/6/21

2023/7/19 **Decreased tumor size**

9/08 Fall down, L1 compression fracture

9/11 **painful skin rash** due to afatinib use

erosion and superficial ulcers at buttock

erythematous patches over trunk and limbs drug rash, afatinib-related adverse effect=> dermatologist

EXTRAcomb Cream 12g/tube	6.00	BID
Methylone 4mg/tab (Methylpr	1.00	TID
Ulstop 20mg/tab (Famotidine)	1.00	TID
Vimax Foaming solution (Clol	2.00	QD

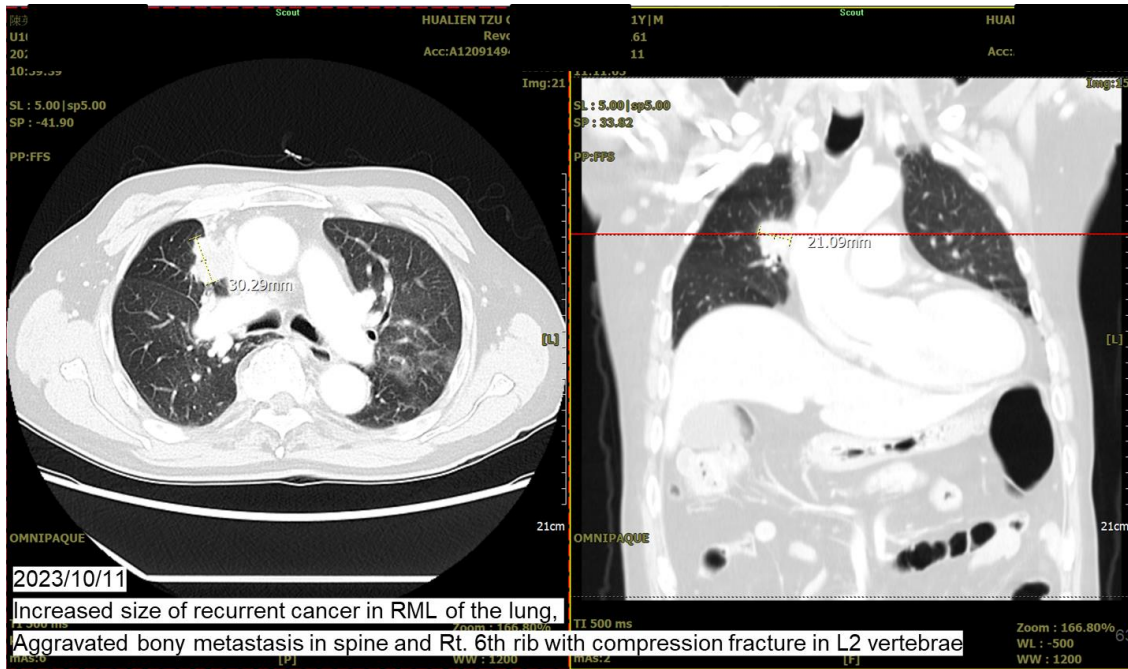
9/22 Severe tenderness over T-L spine, bilateral hip

local knocking pain (**shincort 4ml +lidocaine4ml**)

10/11 Progressive interval change of

increased size of recurrent cancer in RML of the lung,

aggravated bony metastasis in spine and Rt. 6th rib with compression fracture in L2 vertebrae



10/12 Admitted

	檢體名稱	報告日期	檢驗項目	檢驗報告	單位	標準(低)	標準(高)	報告者
1	Blood	1121011	AST (GOT)	14	U/L	13	39	胡凱婷
2			ALT (GPT)	15	U/L	7	52	胡凱婷
3			LDH	262	U/L	140	271	胡凱婷
4			BUN	18	mg/dL	7	25	胡凱婷
5			CRE					胡凱婷
6		1121011	CRE	0.90	mg/dL	0.70	1.30	胡凱婷
7			eGFR	88.41	mL/min	90		胡凱婷
8			Na	136	mmol/L	136	145	胡凱婷
9			K	4.3	mmol/L	3.5	5.1	胡凱婷
10			Ca	2.53	mmol/L	2.20	2.65	胡凱婷
11			Mg	2.0	mg/dL	1.9	2.7	胡凱婷

	檢體名稱	報告日期	檢驗項目	檢驗報告	單位	標準(低)	標準(高)	報告者
1	Blood		CBC & PLT					林健平
2		1121011	WBC	10.38	*10 ³ /uL	3.90	10.60	林健平
3			RBC	4.12	*10 ⁶ /uL	4.50	5.90	林健平
4			Hb	11.8	g/dL	13.5	17.5	林健平
5			Ht	37.3	%	41.0	53.0	林健平
6			MCV	90.5	fL	80.0	100.0	林健平
7			MCH	28.6	pg	26.0	34.0	林健平
8			MCHC	31.6	%	31.0	37.0	林健平
9			PLT	394	*10 ³ /uL	150	400	林健平
10			RDW-CV	12.7	%	11.5	14.5	林健平
11			WBC DC		%			林健平

	檢體名稱	報告日期	檢驗項目	檢驗報告	單位	標準(低)	標準(高)	報告者
1	Blood	1121014	CEA	0.4	ng/mL	0	3.0	吳孟儒
2			CA 15-3	18.5	U/mL		23.5	吳孟儒
3		1121013	SCC	1.8	ng/mL		1.5	吳孟儒
4		1121014	CA 125	160.2	U/mL		35.0	吳孟儒
5			CA 19-9	89.9	U/mL		35.0	吳孟儒

Pathology of re-biopsy

檢驗前診斷名稱	Malignant bronchus and lung neoplasm, NOS;
檢驗後診斷名稱	Soft tissue, chest wall, lateral, right, biopsy, adenocarcinoma
Report :	
The specimen consists of 6 tissue fragments measuring up to 0.8 x 0.1 x 0.1 cm in size fixed in formalin.	
Grossly, they are grayish and elastic.	
All for section. Jar 0	
Microscopically, it shows poorly differentiated carcinoma in single cell, small solid, and cord patterns. Immunohistochemical stain shows CK7 (+), TTF-1 (-), p63 (-) in tumor cells. The picture could be c/w metastatic pulmonary adenocarcinoma. Please correlate with clinical manifestation and other information. (Tumor 30%)	
Reference: S2023-7821 Lung, RML, biopsy, favoring adenosquamous carcinoma, Concurrence of Malignancy with Dr. 李明勳	

Final diagnosis

Recurrent RML adenosquamous carcinoma with multiple bone metastasis, rcT4N3M1c, stage IVB

ROS1 (SP384): (2+, 80%)/PD-L1 (SP263) (+, TC/TPS ~5%) ~4/21

CK7 (+), TTF-1 (-), p63 (-) in tumor cells ~10/18