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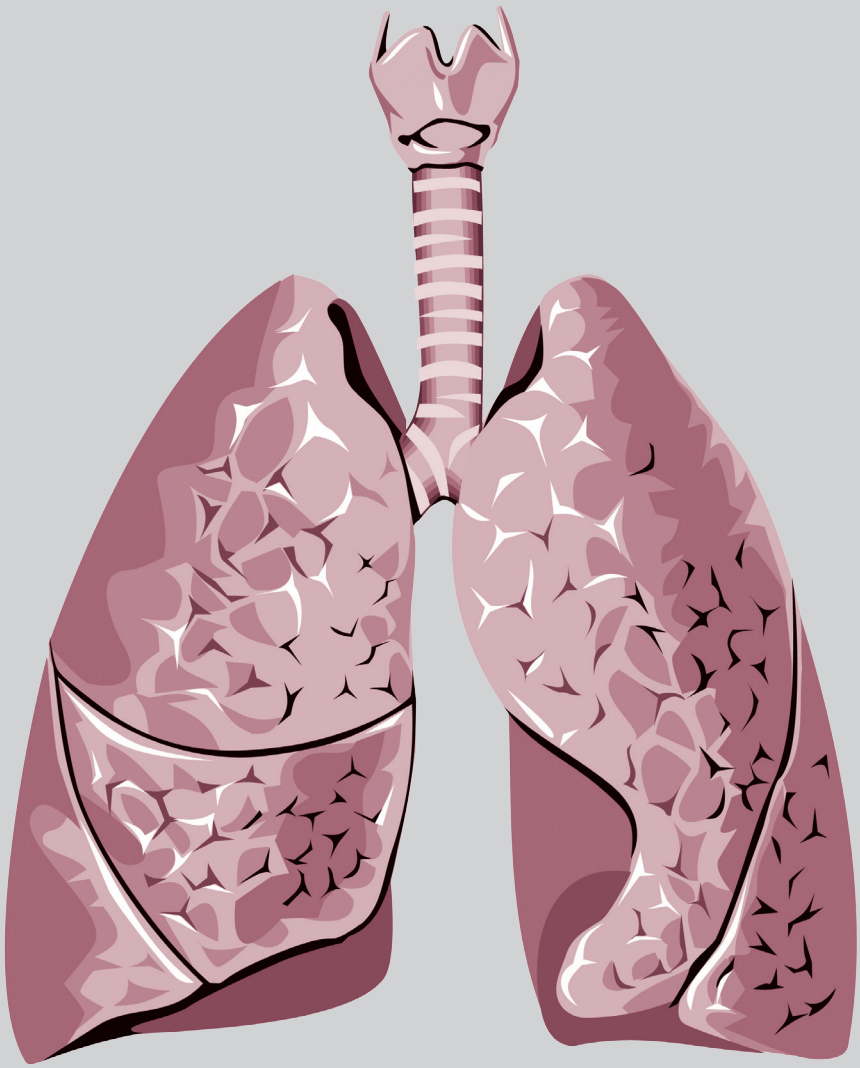

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Safety and Feasibility of Radial Endobronchial Ultrasound-guided Transbronchial Cryobiopsy without Fluoroscopy in the Diagnosis of Lung Diseases

Yu-Chu Kuo[1], Biing-Ru Wu[1,2], Meng-Fang Shen[1], Wei-Chih Liao[1,5,6], Chih-Yu Chen[1,2,5], Wei-Chun Chen[1,6], Chia-Hung Chen[1,2,4,5], Wen-Chien Cheng[1,2,6], Chih-Yen Tu[1,2,3]

Introduction: Transbronchial lung cryobiopsy (TBLC) has emerged as a new bronchoscopic procedure that can improve specimen quality to increase diagnostic yield in various diffuse parenchymal lung diseases (DPLDs). We evaluated the safety and feasibility of TBLC in combination with radial probe-endobronchial ultrasound (R-EBUS) to diagnose DPLDs without fluoroscopy.

Methods: Patients with DPLDs who underwent R-EBUS without fluoroscopy to locate target lesions and confirm the absence of adjacent vessels, followed by sampling with conventional transbronchial lung forceps biopsy (TBLB) and TBLC, were enrolled from January 2015 to March 2019.

Results: A total 21 patients with diffuse lung infiltrates and 13 patients with bilateral pulmonary nodules/masses were analyzed. The overall diagnostic rate was 76.4% (26/34), and the diagnostic yield increased from 44.1% with the TBLB to 70.6% after TBLC (p=0.023). Compared to TBLB, TBLC provided a larger specimen and sample volume (38 mm^3 vs 6 mm^3; p<0.001). Eleven patients who initially had non-diagnostic results by TBLB received a definite diagnosis after TBLC; eight of these patients were given a definite diagnosis of interstitial lung disease (ILD) (p<0.001).

Conclusion: Compared to TBLB with R-EBUS guidance, TBLC with R-EBUS guidance without fluoroscopy increased the diagnostic yield in patients with DPLDs, particularly in those with ILD. ***(Thorac Med 2024; 39: 106-118)***

Key words: Radial probe-endobronchial ultrasound, transbronchial lung cryobiopsy, transbronchial lung forceps biopsy, interstitial lung diseases, peripheral lung lesion

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Does High-Dose Intravenous Vitamin C Improve the Outcomes of Patients with Septic Shock? A Case Series Report

Juo-Chen Ting[1], Chieh-Jen Wang[1,*], Chao-Hsien Chen[1], Jou-Chun Wu[1], Mei-ling Lin[2], Tai-Ting Su[2], Chang-Yi Lin[1]

Background and objective: Septic shock remains a major cause of morbidity and mortality in intensive care units, despite the availability of therapeutic interventions. Some preliminary studies have suggested that high doses of intravenous vitamin C (IVVC) combined with hydrocortisone and thiamine may improve clinical outcomes. However, subsequent randomized trials have reported conflicting results. The aim of this study was to present our experience in using high-dose IVVC for patients with septic shock.

Methods: In this retrospective observational study, we enrolled patients diagnosed with septic shock who received high-dose IVVC within 3 days of the diagnosis. The primary outcomes were hospital mortality and severity of organ dysfunction on Day 3.

Results: A total of 26 patients were enrolled. These patients had higher mortality than expected and limited improvement in organ function on Day 3 after enrollment. Moreover, patients who received IVVC ≥ 6 g/day had worse outcomes.

Conclusion: The routine use of high-dose vitamin C is not recommended in patients with septic shock. ***(Thorac Med 2024; 39: 119-128)***

Key words: Vitamin C; thiamine; hydrocortisone; critical illness; septic shock; mortality

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A Small Pleural Solitary Fibrous Tumor Masquerading as Thymoma

Chia Liu[1], Yi-Chen Yeh[2], Chia-Hung Wu[3,4], Han-Shui Hsu[1,5]

Solitary fibrous tumors (SFTs) are rare neoplasms that can originate from various sites in the body, including the pleura, pericardium, and mediastinum. Although most SFTs are benign and asymptomatic, local invasion, recurrence, or metastasis may occur in some cases. To classify SFTs, a scoring system has been developed, which categorizes tumors into 3 groups based on the patient's age, tumor size, and presence or absence of mitosis and necrosis. In this case report, we described a 41-year-old female patient who was incidentally found to have a 2.8-cm SFT in contact with the anterior chest wall, pericardium, and aorta. The location of the tumor initially raised suspicion of a thymoma. However, intraoperative findings revealed that the tumor originated from the lung, and subsequent pathological analysis following its excision confirmed it to be a SFT. This case highlights the importance of considering SFTs in the differential diagnosis of thoracic neoplasms. ***(Thorac Med 2024; 39: 129-133)***

Key words: Solitary fibrous tumor, thymoma.

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Solitary Fibrous Tumor of Pleura, Complicated with Hemothorax and Pulmonary Embolism: A Case Report

Yi-Chun Yang[1], Shu-Farn Tey[2], I-Chuang Liao[3]

Solitary fibrous tumors (SFTs) are rare neoplasms, with an estimated frequency of 2.8 per 100,000 individuals, and account for less than 5% of pleura tumors. Most SFTs are benign, but there is still a 10~20% malignancy rate.

Here, we reported the case of a 75-year-old female diagnosed with SFT of the pleura, complicated with hemothorax and pulmonary embolism.

SFTs grow slowly, so most patients are asymptomatic until the tumors become large enough to compress the adjacent lung. A few patients may present with paraneoplastic syndrome, such as Doege–Potter syndrome [DPS] and hypertrophic pulmonary osteoarthropathy.

Despite its low incidence, malignant SFTs have a high recurrence rate (63%), even after complete resection, and a poor prognosis. Adjuvant chemotherapy should be administered, although the efficacy is limited.

The complications of hemothorax and pulmonary embolism are less mentioned in other case reports. For hemothorax, hemostasis followed by staged tumor resection seems to be a better strategy. For pulmonary embolism, tumors with heart involvement should be ruled out. Also, SFTs may originate from the intima of the pulmonary artery, mimicking pulmonary embolism. ***(Thorac Med 2024; 39: 134-141)***

Key words: Solitary fibrous tumors (SFTs), hemothorax, pulmonary embolism

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Sequential Presentation of T790M Mutation and Small Cell Transformation as Acquired Resistance to Tyrosine Kinase Inhibitor in an EGFR-Mutant Non-Small-Cell Lung Adenocarcinoma Patient

Kuan-Hua Chen[1], Chiao-Hung Wang[2]

Patients with epithelial growth factor receptor (EGFR)-positive non-small-cell lung cancer (NSCLC) have shown a remarkable response to EGFR tyrosine kinase inhibitors (TKIs), compared to standard cytotoxic chemotherapy. EGFR-TKIs are the first-line therapy for metastatic NSCLC patients due to the higher response rate and better tolerability. However, these patients may eventually have disease progression. Repeated biopsy from patients who have disease progression can help the clinician confirm the mechanism of resistance, and are useful for further treatment planning. We described the case of an 81-year-old woman who had NSCLC and developed acquired resistance to TKI with 2 different mechanisms, which enabled the disease to continue progression despite a change to second-line TKI therapy. This case emphasized the importance of repeated biopsy when the disease progresses. We also conducted a literature review on the mechanisms and possible treatment options for these patients. ***(Thorac Med 2024; 39: 142-151)***

Key words: metastatic non-small cell lung cancer, acquired resistance to TKI therapy, T790M gatekeeper mutation, small cell transformation

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Colonic Tuberculosis in an Immunocompetent Patient: A Case Report

Tan-Ching Lan[1], Ya-Ju Wu[2], Shian-Chiw Ko[1]

Tuberculosis is a major public health problem worldwide. The pathogen is *Mycobacterium tuberculosis*, which can infect any part of the body. Lung parenchyma is the most commonly infected site, while infections in the abdomen are relatively uncommon. In general, abdominal tuberculosis lacks special clinical manifestations and is easily confused with other diseases. Tuberculosis should be incorporated into the differential diagnosis in areas of high prevalence, such as Taiwan. Mycobacterial culture remains the gold standard for diagnosis. Here, we reported the case of an asymptomatic and immunocompetent patient who was diagnosed with colonic tuberculosis. Microbiologic evidence gained from colonic tissue led to the final diagnosis. ***(Thorac Med 2024; 39: 152-157)***

Key words: Extrapulmonary tuberculosis (EPTB), tuberculosis (TB), *Mycobacterium tuberculosis*

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Primary Pulmonary Adenoid Cystic Carcinoma with Tracheal Invasion and Total Obstruction of the Left Main Bronchus – A Case Report

Chao-Wen Lu[1,2,3], Min-Shu Hsieh[3,4], Hsao-Hsun Hsu[4,5]

Primary pulmonary adenoid cystic carcinoma (ACC) is a rare pulmonary malignancy. With its slow-growing nature, it is difficult to diagnose until the disease progresses to an advanced stage. We reported the case of a 68-year-old woman who presented with a 1-year history of chest discomfort. After serial examinations, an ACC with tracheal invasion and total obstruction of the left main bronchus was identified. Based on the preoperative assessment of the patient, left pneumonectomy with partial resection of the trachea and bronchoplasty were deemed feasible. A final pathological examination revealed an ACC with a mixed cribriform and tubular pattern. *MYB* breakage was confirmed via fluorescence in situ hybridization. Since the resection margins were tumor-free, no adjuvant therapy was necessary. No tumor recurrence was noted on the follow-up chest computed tomography. This case highlights the challenges in diagnosing and treating primary pulmonary ACCs. Surgery remains its mainstay treatment modality. ***(Thorac Med 2024; 39: 158-164)***

Key words: adenoid cystic carcinoma, anterolateral thoracotomy, pneumonectomy

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Rupture of a Right-side Intrapulmonary Sequestration: A Case Report

Osbert Qi Yao Leow[1], Yi-Cheng Wu[1], Chien-Hung Chiu[1]

Pulmonary sequestration is a rare congenital malformation uncommonly diagnosed in adults. It has variable presentations, either asymptomatic or with severe symptoms such as hemoptysis and recurrent pneumonia. Diagnosis can be confirmed by computed tomography or angiography. Treatment with either surgery or embolization has been reported. We reported the case of a 40-year-old male patient who presented with hemoptysis and hemothorax, and was eventually diagnosed with ruptured right-side intrapulmonary sequestration. ***(Thorac Med 2024; 39: 165-169)***

Key words: Pulmonary sequestration, intrapulmonary sequestration, congenital lung anomaly, pulmonary sequestration rupture

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Case report: Lung Transplant for Pulmonary Chronic Graft-Versus-host Disease After Fully Matched sibling Peripheral Blood Stem Cell Transplantation

Chih-Hsiang Chang[1], Ming-Shu Hsieh[2], Xu-Heng Chiang[1,3], Hsao-Hsun Hsu[1]

Pulmonary graft-versus-host disease (GvHD) with bronchiolitis obliterans is a lethal complication of allogeneic hematopoietic stem cell transplantation. Early detection and treatment initiation may slow disease progression; however, medical therapy does not always achieve the desired effect. Thus, lung transplantation is an effective treatment option. Here, we report the complicated case of a patient who underwent autologous peripheral blood stem cell transplantation and developed pulmonary GvHD. After approximately 6 months on a ventilator and developing extracorporeal membrane oxygenation dependence, the patient underwent right lung transplantation and was discharged approximately 8 months after the procedure. ***(Thorac Med 2024; 39: 170-173)***

Key words: Lung transplant, graft-versus-host disease (GvHD), stem cell transplantation

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Hereditary Multiple Exostosis Presenting as a Pulmonary Nodule: A Case Report

Ying-Che Ting[1], Yi-Chen Yeh[2], Han-Shui Hsu[1,3]

Hereditary multiple exostoses (HME) involving the ribs are relatively uncommon and very rarely appear like pulmonary nodules. Computed tomography or magnetic resonance imaging could help in the diagnosis. Other important imaging differential diagnoses include enchondroma, osteoblastoma, chondroblastoma, and chondrosarcoma. We reported the case of a 16-year-old female with a solitary pulmonary nodule on a chest radiograph on presentation. Video-assisted thoracoscopic surgery with exostoses excision was performed due to a suspicious malignant transformation after 10 months of follow-up. The hospital course went smoothly, and the patient was discharged on postoperative day 4. ***(Thorac Med 2024; 39: 174-178)***

Key words: osteochondroma, rib, pulmonary nodule

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Case Report: A 78-Year-Old man Dies After Choking on a Piece of Meat

Che-Hao Yang[1], Chia-Hen Lin[1]

Foreign body aspiration is a cause of sudden collapse, and is a basic training subject of basic life support (BLS) instruction. In this article, we presented a case of foreign body aspiration, in which several BLS attempts failed to remove the foreign body. It was finally removed by bronchoscopy. ***(Thorac Med 2024; 39: 179-182)***

Key words: Foreign body aspiration, bronchoscopy

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Colchicine Overdose Causing Respiratory and Multi-organ Failure

Tim Yu-Ting Lee[1], Jen-Wei Wu[2], Chao-Yu Chen[3], Ching-Tzu Huang[4,5], Han-Chung Hu[1,5], Kuo-Chin Kao[1,5]

Colchicine is usually a safe drug if taken according to therapeutic recommendations (maximum dose of 1.8 mg/hour for acute gout). However, ingesting colchicine in quantities that exceed the recommended maximum can cause serious systemic side effects and may even be life-threatening. Here, we report a rare case of colchicine overdose caused by inappropriate self-medication. Gastrointestinal symptoms and acute kidney injury developed, and hemodialysis was initiated. Acute respiratory failure, profound shock with acute heart failure, hepatitis, and pancytopenia were observed. Various treatments were implemented, and the patient gradually recovered from multi-organ dysfunction and was eventually discharged. The pharmacology of colchicine, the clinical features associated with overdose, and treatment options are discussed. ***(Thorac Med 2024; 39: 183-188)***

Key words: colchicine overdose, respiratory failure, multi-organ failure

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Diagnosis of Pulmonary Synovial Sarcoma in an Asymptomatic Patient

Yung-Chia Huang[1*], Shuoh-Yau Lee[1*], Yei-San Hseh[3], Kuo-Sheng Liao[2], Yu-Cheng Chen[1]

Synovial sarcoma is an aggressive tumor caused by the fusion of SYT and SSX genes that seldom affect the lung. We reported a 49-year-old man who presented to our outpatient department seeking consultation for an incidental finding of a left lower lung mass on the chest X-ray during a routine health exam. He complained about occasional dry cough and denied other discomforts. Initial chest radiography revealed a round mass at the left lower lung field. Under the tentative pathological diagnosis of left lung blastoma, the patient underwent video-assisted left lower lung lobectomy and mediastinal lymph node dissection. The revised pathological study after resection revealed SYT-SSX gene fusion, which is diagnostic of primary lung synovial sarcoma. The patient refused to undergo subsequent chemotherapy. No recurrence was found in the computed tomography follow-up 6 months later. ***(Thorac Med 2024; 39: 189-192)***

Key words: Synovial sarcoma, Asian, positron emission tomography, SYT-SSX mutation, video-assisted thoracic surgery

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Lung Adenocarcinoma Coexisting with Human Pulmonary Dirofilariasis-A Case Report

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Dirofilariasis, a common parasitic infection found in stray dogs and cats, can become an accidental infection in humans under rare circumstances. Human pulmonary dirofilariasis (HPD) typically presents as a well-circumscribed, peripheral, solitary nodule on radiography, mimicking lung neoplasm. In this report, we present the rare case of a 71-year-old Taiwanese female with lung cancer that was incidentally diagnosed with HPD. HPD is a rare differential diagnosis for pulmonary nodules, and surgical intervention can achieve a definitive diagnosis. ***(Thorac Med 2024; 39: 193-197)***

Key words: adenocarcinoma; dirofilaria; heartworm disease; human pulmonary dirofilariasis; lung cancer

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