ISSN 1023-9855

胸腔醫學

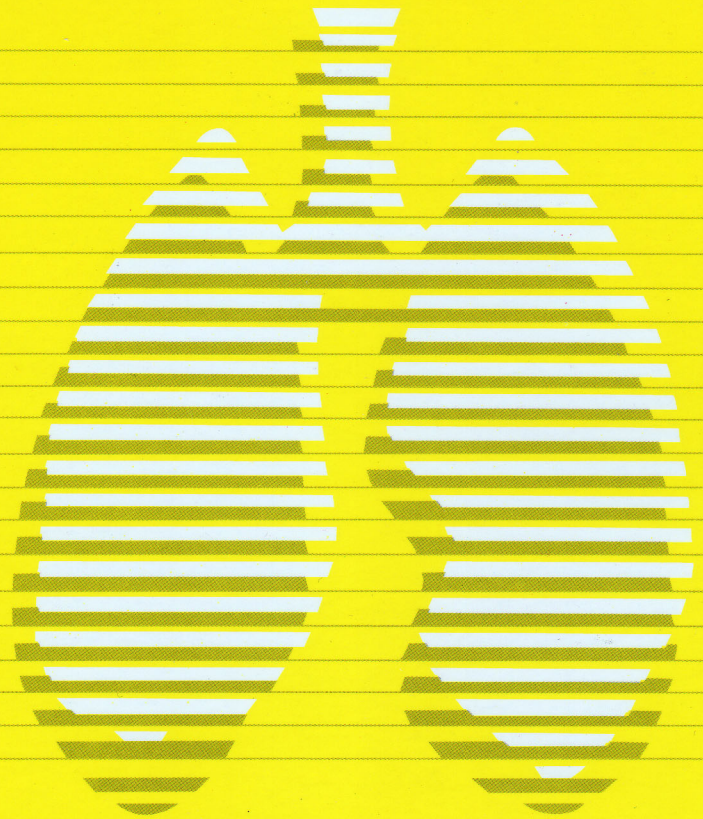
Thoracic Medicine

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

Vol.31 No.1 Feb. 2016

第三十一卷 第一期

中華民國一〇五年二月



台灣胸腔暨重症加護醫學會

10048 台北市常德街 1 號

No. 1, Changde St., Jhongjheng Dist.,

Taipei City 10048, Taiwan

ISSN 1023-9855

中華民國一〇五年二月　第三十一卷　第一期

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台灣胸腔暨重症加護醫學會 TSPCCM

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Association between Insomnia and Chronic Obstructive Pulmonary Disease: A Population-Based Cohort Study in Taiwan

Shu-Farn Tey*, Shih-Feng Weng**, Jiunn-Min Shieh*, Chih-Chiang Chien***, Kuo-Chen Cheng*

Introduction: Insomnia often occurs concomitantly with many diseases and may be a risk factor for or associated with various diseases. However, the relationship between insomnia and chronic obstructive pulmonary disease (COPD) remains unclear. The aim of this study was to investigate the association between insomnia and COPD.

Methods: This was a retrospective cohort study based on data from January 1, 2002 to December 31, 2007 released by the Taiwan National Health Research Institute. The inclusion criteria were age ≥ 50 years and at least 1 hospitalization with a diagnostic code of insomnia or at least 3 outpatient visits with a diagnostic code of insomnia within the same year. All patients were tracked for 4 years from the index date in order to identify those who developed COPD.

Results: During the 4-year study period, 13,390 patients with insomnia and 26759 without insomnia were enrolled for analysis. A total of 2056 patients with insomnia (47482.2 person-years, incidence rate (IR): 43.3) and 2230 patients without insomnia (100924.7 person-years, IR: 22.1) were diagnosed with COPD. Regression analysis adjusted for age, gender and comorbidity revealed that the patients with insomnia had a greater risk of developing COPD (adjusted hazard ratio (aHR)=1.83; confidence interval (CI): 1.71-1.95). Those aged ≥ 65 years (aHR=1.55, CI: 1.46-1.65) also had a greater risk of COPD. The presence of hypertension (aHR=1.25; CI: 1.16-1.33), diabetes (aHR=1.10; CI: 1.01-1.20), and atrial fibrillation (aHR=1.71; CI: 1.29-2.26) also increased the risk of developing COPD.

Conclusion: Insomnia may be associated with the development of COPD. Further studies are needed to investigate the mechanism linking insomnia and COPD and their association. ***(Thorac Med 2016; 31: 1-11)***

Key words: insomnia, chronic obstructive pulmonary disease

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失眠與罹患慢性阻塞性肺疾病之關聯性：台灣健保資料庫分析

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前言：失眠可能與許多疾病的發生有關。目前，失眠和慢性阻塞性肺病確切的關聯與病因尚未明瞭。本研究的目的在於探討失眠和慢性阻塞性肺病的關聯性。

方法：這是一篇利用台灣國家衛生研究院之健保資料庫進行的回溯式世代研究。從 2002 年 1 月 1 日至 2007 年 12 月 31 日內把符合收案條件的病患納入研究。收案條件包括病人必須符合年齡≥ 50 歲，且符合單次住院診斷中包含失眠之診斷碼或在門診追蹤之個案在一年中有三次或以上失眠的診斷碼。所有的病人從符合條件收案後往後追蹤 4 年以調查是否有慢性阻塞性肺病的發生。

結果：經過篩選之後共收案 13390 位失眠的病患以及 26759 位無失眠的病患。在為期四年的追蹤之後，在失眠的病患族群中共有 2056 位被診斷慢性阻塞性肺病（47482.2 人 - 年，發生率：43.30）；而非失眠族群的對照組中則有 2230 位病人被診斷慢性阻塞性肺病（100924.69 人 - 年，發生率：22.10），統計學上有顯著差異。校正病人的年齡，性別，共病，居住區域和社經條件等因素之後所做的迴歸分析中發現失眠的病人有更高的風險會得到慢性阻塞性肺病（校正風險比：1.83；信賴區間：1.71-1.95）。而年齡≥ 65 歲的失眠病人有更高的機會得到慢性阻塞性肺病（校正風險比：1.55；信賴區間：1.46-1.65）。此外，若同時合併有高血壓（校正風險比：1.25；信賴區間：1.16-1.33），糖尿病（校正風險比：1.10；信賴區間：1.01-1.20）以及心房顫動（校正風險比：1.71；信賴區間：1.29-2.26）的病人也有較高的風險得到慢性阻塞性肺病。

結論：失眠與慢性阻塞性肺病的發生可能有相關。惟失眠與慢性阻塞性肺疾病之相關性和機轉仍有待進一步研究。*(胸腔醫學 **2016; 31: 1-11**)*

關鍵詞：慢性阻塞性肺病，失眠

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Primary Pulmonary Sarcomatoid Carcinoma: A Case Series in a Single Medical Center During a 10-year Period

Hung-Ling Huang*, Shiou-Fu Lin**,*****, Ming-Shyan Huang*,***,*****, Inn-Wen Chong*,***,*****, Shah-Hwa Chou****,*****, Jen-Yu Hung*,***,*****, Meng-Hsuan Cheng*,*****

Background: Pulmonary sarcomatoid carcinoma is a rare histologic subtype of non-small cell lung cancer and is difficult to diagnose. In this study, we share our experience in exploring the clinico-pathologic features, clinical characteristics, outcome and prognostic factors of this rare tumor.

Method: This study examined 2214 lung cancer samples stored at Kaohsiung Medical University Hospital during a 10-year period (January 2004 to June 2013), including 2029 cases of non-small cell lung cancer (NSCLC) and 185 cases of small cell lung cancer. The medical records of patients with pulmonary sarcomatoid carcinoma were reviewed. The incidence, risk factors, clinical features, imaging characteristics, immuno-histochemical features, treatments, and prognoses were analyzed.

Results: Eight cases of sarcomatoid carcinoma (5 males and 3 females) were identified in our study, accounting for 0.4% of NSCLC samples and 0.36% of all lung cancer samples reviewed. The mean age of the patients was 58.4 years (range, 43-76 years). None of the patients had a remarkable medical or family history. Five patients were smokers and the others were ex-smokers. The main initial presenting symptoms included productive cough, hemoptysis, and localized chest pain. All patients had high levels of serum tissue polypeptide antigen on initial diagnosis. On chest radiograph, the most common findings were peripheral nodular opacity or mass (size range, 1.5-16.9 cm in diameter). Using the World Health Organization 2004 criteria, 5 cases were diagnosed as pleomorphic carcinoma, and the other 3 were spindle cell carcinoma. All patients had an aggressive clinical course and distant metastases on initial diagnosis. One patient underwent surgical resection with postoperative chemotherapy, 3 had chemotherapy only, 2 had concurrent chemoradiotherapy, and 2 received supportive care only, due to a poor performance status. The average survival time was 21.08±8.47 months (median, 10 months) and the 1-year overall survival rate was 38%, although 2 patients were alive after 3 years of follow-up.

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Conclusions: Primary pulmonary sarcomatoid carcinoma is a rare but aggressive malignancy. Based on our review of 8 cases in a 10-year period, age and proper management may be the keys to a better outcome. ***(Thorac Med 2016; 31: 12-20)***

Key words: sarcomatoid carcinoma, lung

單一醫學中心 10 年期間內之一系列原發性肺肉瘤樣癌之回溯性個案分析研究

黃虹綾 *　林脩涪 **,*****　黃明賢 *,***,*****　鍾飲文 *,***,*****　周世華 ****,*****
洪仁宇 *,***,*****　鄭孟軒 *,*****

前言：原發性肺肉瘤樣癌於 WHO 肺癌分類中屬於非小細胞肺癌之一，是屬於非常罕見的肺部惡性腫瘤。其主要由類肉瘤的或肉瘤的成分之上皮癌類腫瘤成分所組成。我們藉由病例的回顧探討原發性肺肉瘤樣癌之臨床病理特徵，影像學表現，分析病人癒後及其相關因子。

方法：我們回溯性地從 2004 年 1 月 1 日到 2013 年 6 月期間，針對高雄醫學大學附設中和醫院病理部中 2214 例肺癌病患之檢體，做一次回溯性分析。其檢體中共包含 2029 例非小細胞肺癌和 185 例小細胞肺癌，非小細胞肺癌中則再進一步區別出 8 例原發性肺肉瘤樣癌。藉由個案病歷資料回顧，我們收集個案相關的流行病學資料，影像學表現，臨床病理特徵含免疫染色資料，治療情形，存活時間，及其預後相關之危險因子分析。

結果：經病理分析篩選過後，一共有 8 例原發性肺肉瘤樣癌個案，佔非小細胞肺癌之 0.4%。其中含有 5 位男性個案和 3 位女性個案，其中五個男性個案皆有抽菸，而女性個案則無。年齡分布 43 至 76 歲。全部個案皆無肺部疾病相關之家族病史。這些個案於診斷前之常見初始症狀包含咳嗽有痰，血痰，局部性胸痛。在腫瘤指數上來說，所有個案之血清組織多肽抗原（TPA）皆呈陽性反應。影像學之檢查，多呈現周邊型之實質性腫塊型態，直徑大小分布從 1.5 公分至 16.9 公分，左下肺葉有四例，右上肺葉有兩例，左上及右上肺葉各一例。有五例侵犯肋膜或胸壁組織，6 例可見肺門和 / 或縱膈腔淋巴結腫大。顯微病理分類，根據世界衛生組織（WHO）2004 年之肺癌分類，有五例個案被分類為多型性肉瘤 (其中四例包含上皮組織成分，其中一例由巨大細胞和梭狀細胞組成)。另外三例則被分類為單純性梭狀細胞瘤。於診斷之際，我們所有個案皆已有遠端轉移之情形，轉移之部位包含骨頭，腦部，及肝臟，因此這些個案在臨床分期上皆為第四期。在治療方面，只有一位病人接受手術切除併術後化學治療，五位病人只接受化學治療（其中有兩人同時接受肺部放射線治療），另外兩例則因臨床狀況不佳，採取支持性療法。這些個案的追蹤時間介於 4 天至 62 個月，平均生存時間約 21.08±8.47 個月，中位數約 10 個月，1 年的存活率約 38%，其中有兩例病人於存活超過 4 年。

結論：我們藉由回朔性分析一系列本醫學中心 10 年內之罕見個案病歷研究，期待對原發性肺肉瘤樣癌可以獲得更多了解。但是，我們的研究個案數受限於疾病本身之稀少性，並無法做大規模之統計分析。但經由本研究可發現，年齡和適當治療是決定病人癒後之關鍵因素。*(胸腔醫學* ***2016; 31: 12-20)***

關鍵詞：原發性肺肉瘤樣癌

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Unusual Presentation of Pulmonary Alveolar Proteinosis with Multiple Pulmonary Nodules: A Case Report

I-Yen Chen, Cheng-Lin Wu*, Cheng-Hung Lee, Han-Yu Chang

Pulmonary alveolar proteinosis (PAP) is a rare disorder in which lipoproteinaceous material accumulates within alveoli. It has a variable clinical presentation and course. The typical chest radiograph reveals bilateral central and symmetric lung opacities (“bat-wing” distribution). HRCT findings reveal ground glass opacities with thickened alveolar septa (crazy-paving appearance). Other radiographic patterns such as interstitial, mixed alveolar, and interstitial, nodular, asymmetrical, and focal patterns have also been described. Few cases have been reported as pulmonary nodules in the literature. PAP may appear as a well-circumscribed nodular area on CT and microscopic examination. Nodules reported in the literature were smaller, like in a miliary pattern.

We report this unusual presentation of multiple pulmonary nodules (maximum 13 mm in diameter) caused by PAP in a patient, and review related articles. Although very rare, we should take PAP into consideration when treating patients with multiple lung nodules, especially immunocompromised patients. ***(Thorac Med 2016; 31: 21-28)***

Key words: pulmonary alveolar proteinosis, pulmonary nodule

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肺泡蛋白沉積症以多發性肺結節爲不尋常之臨床表現：罕見病例報告及文獻回顧

陳逸燕　巫政霖 *　李政宏　張漢煜

肺泡蛋白沉積症為肺泡累積脂蛋白物質導致罕見性肺疾病，臨床上表現相當多元，由輕微感冒症狀到呼吸衰竭皆有。典型影像學上表現為中央分散之肺泡型浸潤，而胸部電腦斷層攝影多呈現毛玻璃樣的病灶以及不規則石板拼鋪型態（crazy-paving pattern）。以多發性肺結節作為臨床表現之肺泡蛋白沉積症相當少見，文獻回顧大多為栗粒狀肺結節，且大多好發于幼兒。在此，我們報告一位肺泡蛋白沉積症以多發性肺結節為影像學表現之罕見病例。*(胸腔醫學 **2016; 31: 21-28**)*

關鍵詞：肺泡蛋白沉積症，肺結節

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Untreated Pulmonary Arteriovenous Malformation Causing Spontaneous Hemothorax – A Case Report

Wei-Cheng Chen*, Chih-Yen Tu*,**,****, Kuo-Yang Huang*, Hung-Jen Chen*,***, Wu-Huei Hsu*,****, Chuen-Ming Shih*,***

Arteriovenous malformations of the lung are relatively uncommon lesions with a varied clinical presentation. Nearly half of these are associated with Osler-Weber-Rendu disease. Computed tomography angiography is an accurate and non-invasive diagnostic modality. We report the case of a 23-year-old female who had massive hemothorax due to rupture of a simple pulmonary arteriovenous malformation arising from the left lingular lung. The malformation was resected successfully. ***(Thorac Med 2016; 31: 29-34)***

Key words: arteriovenous malformations, complications, hemothorax, embolization, video-assisted thoracic surgery

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未經治療的肺內動靜脈增生異常及其併發症

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未接受治療的肺內動靜脈增生異常，可能會造成患者活動時呼吸困難，而且合併多種併發症，像是腦膿瘍、腦中風，和咳血等。臨床上，因動靜脈異常增生破裂而導致血胸的案例，雖然少見，但仍是危及生命且需盡快處理的急症。目前，經導管血管內栓塞是主流的治療，有高成功率和較少侵入性的優點。然而，在某些不適合栓塞治療的病人，內視鏡協助下的胸腔手術併以保存正常肺臟的治療，仍有其一席之地。本篇病例報告一位患有肺內動靜脈增生異常的 23 歲女性，因動靜脈異常增生破裂造成血胸而至急診，接受內視鏡協助胸腔手術併以肺楔狀切除而痊癒的案例。*(胸腔醫學 **2016; 31: 29-34**)*

關鍵詞：肺內動靜脈增生異常，併發症，血胸，栓塞治療，內視鏡協助胸腔手術

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Amiodarone-Induced Pulmonary Toxicity: A Case Report

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Amiodarone-induced pulmonary toxicity is an uncommon but potentially serious and fatal adverse effect. Although amiodarone is widely prescribed and is an effective agent for cardiac arrhythmias, it has a poor safety profile. Here, we present the case of a 47-year-old woman who complained of intermittent low-grade fever, dry cough, and progressive shortness of breath for 1 month. She was initially diagnosed with bilateral lower lung pneumonia, but an associated atypical entity was not excluded. The patient responded poorly to antibiotics, and further chest computed tomography and a lung biopsy revealed amiodarone-induced pulmonary toxicity. Amiodarone was eventually discontinued, and the patient was treated with prednisolone. This case can enhance our awareness of an uncommon, but potentially lethal adverse effect of amiodarone. ***(Thorac Med 2016; 31: 35-40)***

Key words: amiodarone, pulmonary toxicity

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胺碘酮相關之肺毒性—病例報導

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胺碘酮相關之肺毒性是一種少見但可能致命的胺碘酮藥物副作用。縱然胺碘酮是一個廣為使用的治療心律不整藥物，但它藥物治療的安全性一直是個廣受關注的議題。我們報導了一位四十七歲女性於月餘間以間斷性輕微發燒、乾咳、以及漸進性氣促求診。初步理學檢查及配合實驗室和影像學診斷疑非典型性病原菌相關之雙下肺葉肺炎；後因治療反應不佳進一步安排胸部電腦斷層檢查及切片後確立診斷為胺碘酮相關之肺毒性。病人臨床狀況後於停止使用胺碘酮及開始口服類固醇治療後逐漸獲得進步。藉由此病例報告希望能讓臨床醫師增加對此少見但可能致命的胺碘酮副作用的了解。*(胸腔醫學* ***2016; 31: 35-40)***

關鍵詞：胺碘酮，肺毒性

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Primary Resistance to Gefitinib in a Patient with Lung Adenocarcinoma Presenting as a Rare Form of Umbilical Metastasis

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Cutaneous metastases localized to the umbilicus, also known as Sister Mary Joseph's nodule, are very rare in lung cancer. We report the case of a 67-year-old female patient with advanced adenocarcinoma of the lung with brain metastasis harboring an exon 19 deletion of the epidermal growth factor receptor (EGFR) gene. She was treated with gefitinib for 3 months as first-line treatment, which resulted in disease progression due to a new umbilical metastasis with the same activating EGFR mutation. We discuss the rarity of this condition and the possible mechanism of early progression with umbilical metastasis. ***(Thorac Med 2016; 31: 41-46)***

Key words: non-small cell lung cancer, umbilical metastasis, primary resistance, epidermal growth factor receptor-tyrosine kinase inhibitor

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肺腺癌病患經 Gefitinib 治療之原發抗藥性以臍部轉移爲表現

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侷限於臍部之皮膚轉移，又稱瑪麗喬瑟夫修女結節，在原發性肺癌中相當罕見。我們報導了一位 67 歲女性病患，初始診斷為晚期肺腺癌併腦部轉移，經直接序列分析檢測確認為表皮生長因子受體之外顯子 19 缺失。根據治療準則，病患接受表皮生長因子接受體酪胺酸激酶抑制劑 gefitinib 作為第一線治療，腦轉移症狀及肺部病灶開始獲得顯著改善及控制。然而在治療的第 3 個月時，理學檢查偶然發現臍部皮膚異常隆起，經切片診斷為肺腺癌臍部轉移，臨床確定屬疾病惡化。為求了解原發抗藥性之可能機轉，我們將臍部轉移檢體送直接序列分析檢測，證實仍為表皮生長因子受體之外顯子 19 缺失。*(胸腔醫學 **2016; 31: 41-46**)*

關鍵詞：非小細胞肺癌，臍部轉移，原發抗藥性，表皮生長因子接受體酪胺酸激酶抑制劑

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Successful Management of Microscopic Polyangiitis and Diffuse Alveolar Hemorrhage Associated with Influenza A Infection: A Case Report

Fan-Chun Meng, Chih-Feng Chian

Diffuse alveolar hemorrhage is a rare but life-threatening complication of anti-neutrophil cytoplasmic antibody-associated vasculitis, which includes microscopic polyangiitis, Wegener's granulomatosis and allergic granulomatous angiitis. We herein present a case of influenza A-induced microscopic polyangiitis-associated diffuse alveolar hemorrhage, acute hypoxemic respiratory failure and acute kidney injury. Successful remission was achieved after aggressive treatment with methylprednisolone pulse therapy, anti-CD20 chimeric monoclonal antibody, rituximab and plasma exchange. ***(Thorac Med 2016; 31: 47-54)***

Key words: diffuse alveolar hemorrhage, microscopic polyangiitis, influenza A infection

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A 型流感相關之顯微性多血管炎合併瀰漫性肺泡出血：病例報告

孟繁俊　簡志峯

瀰漫性肺泡出血（diffuse alveolar hemorrhage, DAH）是抗嗜中性球細胞質抗體 Antineutrophil cytoplasmic antibody（ANCA）相關性血管炎少見並危急的併發症之一。病患常以咳血和呼吸急促的症狀來表現，並常引發急性低氧性呼吸衰竭，因此，即時的診斷與處置相當重要的。我們的案例報告是一位 30 歲的女性，因咳血和呼吸急促至本院急診室求治。病人因呼吸衰竭接受氣管插管和呼吸器治療。胸部 X 光和電腦斷層攝影檢查顯示兩側瀰漫性肺泡浸潤病灶，並且實驗數據顯示病人有嚴重貧血及急性腎衰竭之情形。經一系列的檢查後，診斷為 A 型流感相關之顯微性多血管炎（microscopic polyangiitis, MPA）合併瀰漫性肺泡出血（DAH）。經類固醇脈衝（steroid pulse therapy）、血漿置換術（plasma exchange）、克流感抗病毒藥物（oseltamivir）和莫須瘤注射劑（Rituximab）治療後，病人順利脫離呼吸器並出院。*(胸腔醫學 2016; 31: 47-54)*

關鍵詞：瀰漫性肺泡出血，顯微性多血管炎，A 型流感

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Pulmonary Cement Embolism: A Case Report and Review of the Literature

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Pulmonary cement embolism is an uncommon complication of percutaneous vertebroplasty, and most patients are asymptomatic. We present a case of post-surgical pulmonary cement embolism and review the symptoms, diagnosis, risk factors, management, and ways to prevent this condition. Treatment options include observation, anticoagulation and surgical removal of the cement; their use depends on the severity of symptoms and the location of the embolization. In the present case, our patient developed acute shortness of breath during percutaneous vertebroplasty. Underlying multiple myeloma was diagnosed by bone marrow biopsy. Pulmonary cement embolism was confirmed by computed tomography angiography. Despite the prompt diagnosis and aggressive treatment, the patient passed away. Factors contributing to mortality may have been the patient's age (61 years), underlying hematological malignancy and massive pulmonary cement embolism. For patients undergoing percutaneous vertebroplasty, careful post-surgical observation, prompt recognition and treatment of possible complications are mandatory to avoid a poor outcome. ***(Thorac Med 2016; 31: 55-59)***

Key words: pulmonary cement embolism, percutaneous vertebroplasty

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人工骨泥肺栓塞：病例報告及文獻回顧

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人工骨水泥肺栓塞是經皮脊椎成形術少見的併發症，且大多數的病人都沒有症狀。我們報告一位術後發生人工骨泥肺栓塞的個案，並回顧其症狀、診斷、危險因子、以及治療與預防。根據病人的症狀與栓塞發生的位置，治療的選擇包括有觀察、抗凝血劑治療以及手術移除。在報告中，我們的病人在接受經皮椎體成形術中發生急性呼吸急促的症狀，之後的骨髓穿刺切片診斷為多發性骨髓瘤，而電腦斷層血管攝影證實為人工骨水泥肺栓塞。雖然快速診斷與積極治療，病人仍然死亡，探討可能原因跟病人年紀（61 歲）、本身的血液惡性腫瘤和大量的肺栓塞有關。對於接受經皮脊椎成形術的病人，應於術後小心觀察追蹤，及時的診斷與治療可能的併發症，以避免不良預後。*(胸腔醫學 **2016; 31: 55-59**)*

關鍵詞：人工骨泥肺栓塞，經皮脊椎成形術

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Pulmonary Tuberculosis-Related Acute Respiratory Distress Syndrome in a Healthy Adult Rescued by Extracorporeal Membrane Oxygenation – A Case Report and Literature Review

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Pulmonary tuberculosis (TB) has rarely been recognized as an etiologic agent of acute respiratory distress syndrome (ARDS). In this case report, we describe a previously healthy 36-year-old female who developed severe ARDS caused by pulmonary TB. Pulmonary TB was confirmed by positive acid-fast stain and TB sputum culture results; other microbiological etiologies showed negative findings. In addition to treatment with anti-TB agents, veno-venous mode extracorporeal membrane oxygenation was performed owing to progressive severe oxygenation failure under conventional mechanical ventilation. Despite aggressive treatment in the intensive care unit, the patient's condition deteriorated and she died as a result ofseptic shock and multiple organ failure. This case report demonstrated that pulmonary TB should not be ignored as a possible cause of ARDS, in order to avoid the adverse consequences of delayed diagnosis or missed treatment, especially in an endemic area. ***(Thorac Med 2016; 31: 60-66)***

Key words: pulmonary tuberculosis, acute respiratory distress syndrome, extracorporeal membrane

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健康成人罹患肺結核所導致之急性呼吸窘迫症候群以葉克膜治療－病例報告及文獻回顧

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結核病是台灣最重要的感染性疾病之一，其病程通常為慢性而漸進式的，由肺結核所導致的急性呼吸窘迫症候群相當罕見。本個案報告為一位 36 歲原先健康情況良好的女性病患，罹患急性呼吸窘迫症候群，痰液抗酸性染色及培養證實為肺結核所致，且並無其他致病菌病因被發現。雖然已給予抗結核藥物治療，但在傳統呼吸器支持下動脈血中氧氣分壓仍持續嚴重低下，因此給予靜脈－靜脈模式機械性體外循環維生系統支持。在積極治療之下，病情仍逐漸惡化，最終病患因敗血性休克及多重器官衰竭而死亡。這篇個案報告顯示，在急性呼吸窘迫症候群的鑑別診斷中，肺結核也是不可忽略的病因之一，尤其是在流行地區的台灣。*(胸腔醫學 **2016; 31: 60-66**)*

關鍵詞：肺結核，急性呼吸窘迫症候群，機械性體外循環維生系統

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