Late-onset Central Alveolar Hypoventilation Syndrome in a Patient with Hemorrhagic Brainstem Lesion: Improvement after Medroxyprogesterone Treatment

Meng-Heng Hsieh, Yu-Lun Lo, Yueh-Fu Fang, Pei-Yao Huang, Han-Pin Kuo, Horng-Chyuan Lin

Central hypoventilation syndrome, a rare condition, is defined as the failure of the automatic control of breathing. Secondary central hypoventilation syndrome should be distinguished from congenital central hypoventilation syndrome by the abnormalities in the brainstem, the place of respiratory control. Patients with this syndrome manifest hypoventilation during sleep, sometimes accompanied by hypoventilation during periods of wakefulness. Patients also lack a ventilatory response to hypercapnia and progressive hypoxia.

We report the case of a 57-year-old woman who presented with chronic alveolar hypoventilation syndrome secondary to a brainstem lesion. The initial manifestation was a sense of dyspnea during sleep, and daytime sleepiness. The ventilatory response to CO_2 was markedly decreased. She was treated successfully with a central stimulator (oral medroxyprogesterone 30 mg per day). We concluded that central alveolar hypoventilation should be highly suspected in patients with hypercapnia and a brainstem lesion, which can-be treated with a central stimulant. ***(Thorac Med 2005; 20: 220-226)***

Key words: brain stem lesion; alveolar hypoventilation syndrome

Department of Thoracic Medicine II, Chang Gung Memorial Hospital, Taipei, Taiwan
Address reprint requests to: Dr. Horng-Chyuan Lin, Thoracic Medicine II, Chang Gung Memorial Hospital, 5 Fu-Shing Street, Kweishan, Taoyuan, Taiwan 333

遲發型中樞性肺泡換氣不足症候群發生在出血性腦幹病灶的患者身上—經由 Medroxyprogesterone 治療而改善

謝孟亨　羅友倫　枋岳甫　黃培堯　林鴻銓

中樞性換氣不足症候群，是一種罕見的症候群，其定義是自主性的呼吸調控發生問題。繼發型的中樞性換氣不足症候群，必須與遺傳型的換氣不足症候群加以區分。繼發型的中樞性換氣不足症候群的患者，其表現為，在睡眠時發生中樞性換氣不足，有時甚至連清醒時也會出現這種情況。病人通常對於高二氧化碳血症沒有通氣反應，且會進行到缺氧狀況。

我們報告一位由於先前腦幹病變，而導致慢性中樞性換氣不足症候群的 57 歲女性。她一開始的表現是在睡覺時會覺得喘及白天嗜睡。她對二氧化碳的通氣反應大大的下降。我們以每天口服 30 公克的 Medroxyprogesterone 加以治療，並獲得良好的反應。我們的結論是，在有腦幹病灶併高二氧化碳血症的病人，應該要高度重視是否有中樞性換氣不足症候群，且此症可以用中樞刺激劑加以治療。***(胸腔醫學 2005; 20: 220-226)***

關鍵詞：腦幹病灶、肺泡換氣不足症候群

林口長庚紀念醫院　胸腔二科
索取抽印本請聯絡：林鴻銓醫師，林口長庚紀念醫院　胸腔二科，桃園縣龜山鄉復興街 5 號

Pulmonary Dysfunction and Microangiopathic Hemolytic Anemia as The Primary Presentation of Gastric Cancer: A Case Report

Chien-Hao Lie, Shih-Feng Liu, Meng-Chih Lin

Microangiopathic hemolytic anemia (MAHA) is a rare complication of disseminated carcinoma. It usually occurs at the late or terminal stage of cancer. Only a few cases with MAHA as an initial presentation have been reported in the literature. We describe herein a case of gastric adenocarcinoma complicated with lymphangitic carcinomatosis on the chest roentgenogram, along with intractable anemia. This 33-year-old man had complained of prolonged cough and breathlessness for 1 month. Physical examination revealed anemia and jaundice. The peripheral blood smear disclosed many schistocytes and thrombocytopenia. After a careful work-up, adenocarcinoma of a gastric origin was diagnosed. It is suggested that in patients with bilateral pulmonary infiltrates and microangiopathic hemolytic anemia, the diagnosis of gastric cancer should be considered. ***(Thorac Med 2005; 20: 227-233)***

Key words: Gastric cancer**,** Lymphangitic carcinomatosis, Microangiopathic Hemolytic Anemia (MAHA)

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital, Kaohsiung, Taiwan
Address reprint requests to: Dr. Shih-Feng Liu, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Chang Gung Memorial Hospital, Kaohsiung, Taiwan

以肺部失能及微小血管性溶血性貧血爲胃癌的初始病徵：病例報告

賴建豪　劉世豐　林孟志

微小血管性溶血性貧血 (Microangiopathic hemolytic anemia) 是瀰漫性癌症的罕見併發症。它通常發生在晚期或末期的癌症患者。在文獻上，只有少數幾個例子報告以微小血管性溶血性貧血為癌症患者的初期表現。我們在此提出一個病例：一個胃癌病人在胸部 X 光檢查疑似癌性淋巴腺炎併有難治性貧血。這個 33 歲的男性患者有抱怨有長期咳嗽及呼吸短促大約有一個月之久。理學檢查發現有貧血及黃膽的現象。周邊血液抹片檢查可見許多成破裂狀之紅血球 (schistocytes) 及血小板減少。經過詳細的檢查，發現原發於胃部之腺癌。在台灣，若病患出按雙側肺部浸潤性病變及微小血管性溶血性貧血，應將胃癌列為重要之鑑別診斷。***(胸腔醫學 2005; 20: 227-233)***

關鍵詞：胃癌、癌性淋巴腺炎 (Lymphangitic carcinomatosis)、微小血管性溶血性貧血

高雄長庚紀念醫院　內科部　胸腔內科
索取抽印本請聯絡：劉世豐醫師，高雄長庚紀念醫院　內科部　胸腔內科，高雄縣鳥松鄉大埤路 123 號

Synchronous Lung Cancer and Nephrotic Syndrome: A Case Report

Hung-Tsung Lee, Hong-Chung Wang, Ia-Tang Huang, Jyh-Seng Wang*, Jau-Yeong Lu

Nephrotic syndrome is rarely associated with neoplastic disease. However, an association of lung cancer with immunoglobulin M (IgM) nephropathy has been proposed. IgM nephropathy is thought to result from a mesangial IgM deposition in the minimal-change nephrotic patient. This report concerns a 69-year-old man who presented with palpable lymph nodes in the lower neck and left inguinal areas, and with bilateral edema of the lower limbs. Lymph node biopsies revealed metastatic squamous cell carcinoma. Chest computed tomography showed an area of soft tissue approximately 7 cm in size in the left upper lobe, mediastinal lymphadenopathy, and pericardial effusion. The appearance of this area during bronchoscopic biopsy was indicative of squamous cell carcinoma. The presence of edema, marked proteinuria, hyperlipidemia, and hypoalbuminemia was indicative of nephrotic syndrome. Examination of the renal biopsy specimens by light microscopy, and immunofluorescent and electron microscopy, revealed IgM nephropathy. By excluding other secondary causes of minimal-change nephrotic syndrome, lung cancer appeared to be the most probable cause of the IgM nephropathy. Further evaluation of this likely relationship was not possible since the patient refused chemotherapy and expired 1 month after the diagnosis of lung cancer. ***(Thorac Med 2005; 20: 234-240)***

Key words: IgM nephropathy, lung cancer, minimal-change disease, nephrotic syndrome.

Division of Chest Medicine, Department of Internal Medicine, * Department of Pathology, Veterans General Hospital of Kaohsiung, Taiwan
Address reprint requests to: Dr. Hong-Chung Wang, Division of Chest Medicine, Department of Internal Medicine, Veterans General Hospital-Kaohsiung, No. 386, Ta-Chung 1st Road, Kaohsiung, Taiwan

肺癌合併腎病症候群—病歷報告

李鴻宗　王鴻昌　黃雅堂　王志生*　盧朝勇

腎病症候群與腫瘤同時發生是少見的，肺癌合併 M 型免疫球蛋白腎病變更是罕見，M 型免疫球蛋白腎病變是一種特徵為 M 型免疫球蛋白沉積的微小病變腎病症候群。本篇報告描述一位 69 歲男性呈現下肢水腫和下頸部及左側腹股溝淋巴結腫大，淋巴結切片顯示轉移扁平細胞癌，電腦斷層發現左上肺葉 7 公分大腫瘤，縱膈腔淋巴結病變以及心包膜積液，支氣管鏡切片顯示扁平細胞癌。同時，藉由水腫、嚴重蛋白尿、高血酯及低血漿蛋白，我們發現他有腎病症候群，根據腎臟切片在光學顯微鏡、免疫螢光染色及電子顯微鏡的發現，診斷為 M 型免疫球蛋白腎病變。在排除其他引起微小病變腎病症候群的原因之後，我們認為此病患的肺癌和 M 型免疫球蛋白腎病變有強烈相關性。然而，此病患拒絕做化學治療，並於診斷肺癌 1 個月後過逝。***(胸腔醫學 2005; 20: 234-240)***

關鍵詞：M 型免疫球蛋白腎病變，肺癌，微小病變疾病，腎病症候群

高雄榮民總醫院　內科部　胸腔內科　病理部 *
索取抽印本請聯絡：王鴻昌醫師，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

Right-to-Left Shunt Detected by Gas Exchange in a Patient with Hepatopulmonary Syndrome — A Case Report

Tsung-Ming Yang[1], Ming-Lung Chuang[1, 4], Ming-Shyan Chern[2], Cheng-Tang Chiu[3], Cheng-Huei Lee[1]

Liver cirrhosis, as related to chronic hepatitis B, is a common liver disease in Taiwan. Hepatopulmonary syndrome (HPS) has a clinical triad, including chronic liver disease, gas exchange defects (hypoxemia, or an increased alveolar-arterial PO_2 difference), and widespread intrapulmonary vascular dilatations. This study reports a case of liver cirrhosis complicated with right-to-left shunt. This liver cirrhosis patient had suffered from progressive exertional dyspnea undiagnosed for 5 years. The resting arterial blood gas analysis revealed hypoxemia at FiO_2 of 21%. Cardiopulmonary exercise testing (CPET) showed central cardiovascular impairment with a sustained low end-tidal PCO_2, and oxyhemoglobin desaturation suggesting pulmonary vasculopathy with a right-to-left shunt. Contrast-enhanced echocardiography confirmed a large intrapulmonary shunt. This study supports the notion that CPET can serve as the initial diagnostic tool for dyspneic patients having right-to-left shunt. ***(Thorac Med 2005; 20: 241-246)***

Key words: liver cirrhosis, hypoxemia, contrast-enhanced echocardiography, cardiopulmonary exercise testing

[1] Division of Pulmonary and Critical Care Medicine, [2] Division of Cardiology, and [3] Department of Gastroenterology, Chang Gung Memorial Hospital, Taipei, Taiwan, [4] Division of Pulmonary and Critical Care Medicine, St. Paul's Hospital, Taoyuan, Taiwan

Address reprint requests to: Dr. Cheng-Huei Lee, Division of Pulmonary and Critical Care Medicine, Chang Gung Memorial Hospital, Taipei, Taiwan, 5 Fu-Hsin Street, Kwei-Hsan, Taoyuan 333, Taiwan

於肝肺症候群之病人偵測右至左分流之氣體交換—病例報告

楊聰明[1]　莊銘隆[1,4]　陳銘賢[2]　邱正堂[3]　李政輝[1]

B 型肝炎造成之肝硬化在台灣相當常見，肝肺症候群之臨床三徵包括：慢性肝臟疾病、氣體交換障礙以及廣泛之肺內血管擴張。本篇報告一位有肝硬化之 45 歲男性合併右至左分流的病人。病人在五年前開始逐漸發生活動性呼吸困難及輕微低血氧的適應症下，接受運動肺功能檢查，發現中樞心血管功能異常併有低血氧及吐氣末端二氧化碳分壓在整個運動過程中持續下降之情形，臆斷併有肺血管病變合併右至左分流，吻合肝肺症候群的診斷。事後，顯影劑心臟超音波確認肺內分流。本報告應為國內首例使用生理性的功能測試診斷右－左分流及肝肺症候群；本報告支持生理性的功能測試亦可用來診斷不明因喘之病人含併有右－左分流。***(胸腔醫學 2005; 20: 241-246)***

關鍵詞：肝硬化，低血氧，顯影劑心臟超音波，運動肺功能

長庚紀念醫院林口分院　胸腔一科[1]　心內二科[2]　肝膽胃腸科[3]，桃園天主教聖保祿修女會醫院　胸腔暨重症加護醫學科[4]
索取抽印本請聯絡：李政輝醫師，長庚紀念醫院林口分院　胸腔一科，桃園縣龜山鄉復興街 5 號

Milky Fluid Withdrawal from an Implanted Port: Chyle Instead of Port Infection — Report of A Case

Yu-Ning Shih, Yuh-Min Chen, Reury-Perng Perng

Venous access ports (VAPs) are widely used for administering chemotherapy and parenteral nutrition to patients with malignancies. There have been many device-associated complications reported in the literature. Herein, we report a case of milky fluid withdrawal from an implanted port that occurred in a patient receiving chemotherapy for lung cancer. No evidence of local or systemic infection, extravasation, or local skin necrosis was noted. After a series of examinations, partial obstruction of the venous return by chylous fluid was finally diagnosed. When treating patients with VAPs, it is important to remember that turbid aspiration from the port is not always caused by infection and to carefully evaluate the possibility of chylous aspiration. ***(Thorac Med 2005; 20: 247-251)***

Key words: chylous fluid, partial obstruction, venous access ports

Chest Department, Taipei Veterans General Hospital, and Department of Medicine, School of Medicine, National Yang-Ming University, Taipei, Taiwan, ROC
Address reprint requests to: Dr. Yuh-Min Chen, Chest Department, Taipei Veterans General Hospital, 201 Section 2, Shih-Pai Road, Taipei 112, Taiwan, ROC

由人工血管抽出乳狀液體：乳糜液而非感染—一病例報告

施俞寧　陳育民　彭瑞鵬

靜脈內植式人工血管被廣泛應用於癌症病人接受化學治療及補充營養劑。目前已經有許多合併症在文獻中被報告。我們在此報告一位肺癌患者接受靜脈內植式人工血管植入以接受化學治療，乳狀液自人工血管中被抽出，臨床上沒有局部或全身性感染、滲液、或局部皮膚壞死的證據。經過系列檢查後，診斷為靜脈回流部分阻塞合併乳糜抽取。當我們治療植入靜脈內植式人工血管的病患，於人工血管中抽出渾濁液體時，並不一定是感染造成的，必須評估乳糜抽取液的可能性。***(胸腔醫學 2005; 20: 247-251)***

關鍵詞：乳糜液，部分阻塞，靜脈內植式人工血管

台北榮民總醫院　胸腔部，國立陽明大學　醫學院
索取抽印本請聯絡：施俞寧醫師，台北榮民總醫院　胸腔部，112 台北市石牌路二段 201 號