ISSN 1023-9855

胸腔醫學

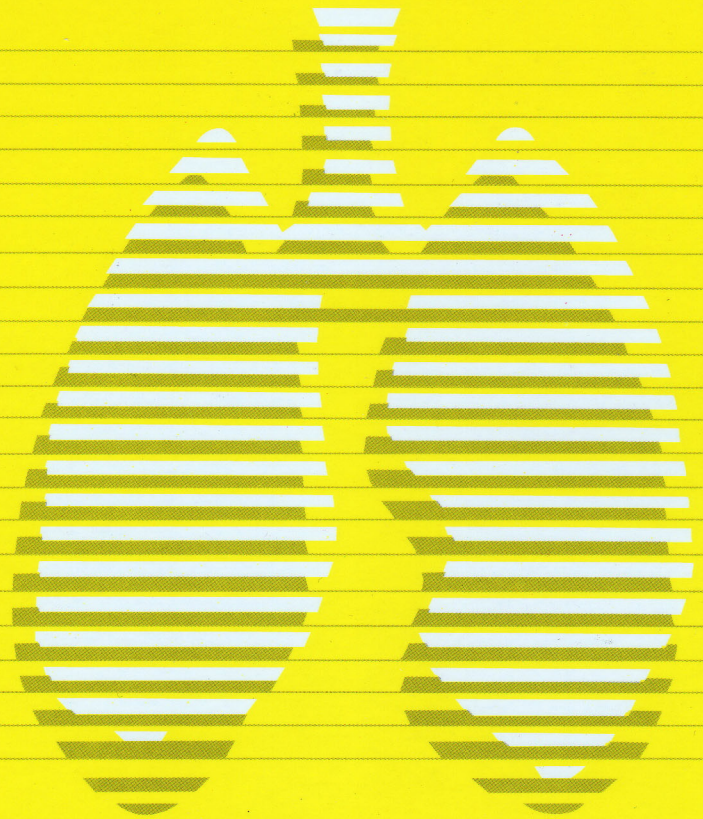
Thoracic Medicine

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

Vol.33 No.5 October 2018

第三十三卷 第五期

中華民國一〇七年十月



台灣胸腔暨重症加護醫學會

83301 高雄市鳥松區大埤路 123 號

No. 123, Dapi Rd., Niaosong Dist.,
Kaohsiung City 83301, Taiwan

ISSN 1023-9855

中華民國一〇七年十月　第三十三卷　第五期

ISSN 1023－9855

胸腔醫學

Thoracic Medicine

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

Vol.33 No.5 October 2018

原著

病例報告

中華民國一〇七年十月　第三十三卷　第五期

ISSN 1023－9855

Vol.33 No.5 October 2018

胸腔醫學

Thoracic Medicine

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

Orginial Articles

Case Reports

Learning Experience with an Improved Auto-CPAP Machine Algorithm

Yu-Chen Huang*, Li-Pang Chuang*,**, Ning-Hung Chen*,**

Background: Automatic continuous positive airway pressure (auto-CPAP) titration has decreased waiting time and the high costs of monitoring polysomnography (PSG) in sleep labs. However, compliance has not improved, compared with traditional CPAP machines.

Aims: To evaluate the objective and subjective response of obstructive sleep apnea/hypopnea patients after improving the algorithm in an auto-CPAP machine.

Materials and Methods: Fifty patients were enrolled in a prospective study and were placed into 1 of 2 phases with different auto-CPAP algorithms: a sham CPAP plus the original algorithm and an improved algorithm, respectively. Patients answered questionnaires after the exam. The PSG results, Apnea-Hypopnea Index (AHI) scores and questionnaires were collected and analyzed.

Results: Although the AHI scores decreased and the patients were satisfied with the delivered pressure, the overall satisfaction level did not improve.

Conclusion: This study provided a learning experience regarding the development of an improved auto-CPAP algorithm in the real world, and is a reminder to physicians of the importance of evaluating other paramedical problems so as to achieve a better level of satisfaction and sleep quality in patients. ***(Thorac Med 2018; 33: 181-189)***

Key words: auto-CPAP titration, compliance, uncomfortable mask, air leak

*Thoracic Medicine, Chang Gung Memorial Hospital, Linkou, Taiwan; **Sleep Center, Chang Gung Memorial Hospital, Taoyuan, Taiwan

Address reprint requests to: Dr. Ning-Hung Chen, Thoracic Medicine, Chang Gung Memorial Hospital, Linkou, Taiwan, 5 Fu-Hsing Street, Kweishan, Taoyuan 333, Taiwan

發展中的自動調整型陽壓呼吸器所獲得的臨床經驗

黃于真 *　莊立邦 *,**　陳濘宏 *,**

背景：自動調整型陽壓呼吸器能減少睡眠實驗室等待的時間及經費，並且提供相較於傳統型陽壓呼吸器同等的診斷及治療效果。然而，病患對於自動調整型陽壓呼吸器的順應性及耐受性並未增加。

目標：評估睡眠呼吸中止症病患在接受改良後自動型陽壓呼吸器的主觀及客觀的反應。

方法：在這個前瞻性的研究中，我們收錄了五十位睡眠呼吸中止症病患並將其分成兩組，分別呼吸中止並為三十位病患接受原始型自動調整型呼吸器及二十位接受改良型自動調整型呼吸器。統計及分析檢查後所填寫的滿意度調查表，睡眠檢查紀錄及呼吸中止併缺氧指數。

結果：即使改良後的自動調整型陽壓呼吸器能提供更適和的壓力，並且降低呼吸中止及缺氧指數，整體滿意度並沒有改善。

結論：藉由探討及解決發展中的自動調整型陽壓呼吸器所遇到的問題，將提醒臨床醫師，除了機器設定外尚有其他因素會影響病患的睡眠品質及滿意度。*(胸腔醫學 **2018; 33: 181-189**)*

關鍵詞：自動調整型陽壓呼吸器，順應性，面罩不合，漏氣

* 林口長庚紀念醫院　胸腔內科系，** 桃園長庚紀念醫院　睡眠中心
索取抽印本請聯絡：陳濘宏醫師，林口長庚紀念醫院　胸腔內科，桃園市龜山區復興街 5 號

Pulmonary Capillary Hemangiomatosis in a Patient with Polymyositis: A Case Report and Literature Review

Chian-Wei Chen, Tang-Hsiu Huang, Han-Yu Chang, Chang-Wen Chen

Pulmonary capillary hemangiomatosis (PCH) is characterized by abnormally proliferating capillaries that invade the pulmonary interstitium and alveolar septae, and occlude the normal pulmonary vasculature. It is a rare cause of pulmonary hypertension, with an unknown pathogenesis and a very poor prognosis. The clinical presentation of PCH is nonspecific, and radiological images often show diffuse centrilobular ground-glass opacities. Pathology examination is required for diagnosis. It is important to differentiate whether the pulmonary hypertension is caused by PCH, because in these cases, prostacyclin therapy is generally contraindicated due to the risk of worsening pulmonary edema. In this report, we described a patient with PCH and subsequent echocardiographic evidence of pulmonary hypertension, who experienced a worsening of respiratory symptoms that was precipitated by lower airway infection. ***(Thorac Med 2018; 33: 190-196)***

Key words: polymyositis, lung infiltrate, pulmonary hypertension

Division of Pulmonary Medicine, Department of Internal Medicine, National Cheng Kung University Medical Center, Tainan, Taiwan, ROC

Address reprint requests to: Dr. Tang-Hsiu Huang, Division of Pulmonary Medicine, Department of Internal Medicine, National Cheng Kung University Medical Center, Tainan, Taiwan, No. 138, Sheng Li Road, Tainan, Taiwan 704, R.O.C

一個多發性肌炎患者的肺微血管瘤病變：病例報告及文獻回顧

陳建維　黃堂修　張漢煜　陳昌文

肺微血管瘤病變（Pulmonary capillary hemangiomatosis）為一種罕見血管瘤病變，主要由肺部間質組織和血管被異常的微血管增生佔據而導致。臨床表現多樣，多以喘和肺高壓表現之。肺部影像上可見浸潤。此病需倚賴病理組織切片診斷。且不宜使用前列腺素類藥物治療其肺高壓。本報告描述一位中年女性，一開始因下呼吸道感染求診，臨床表現非典型，經鑑別診斷，最終確診有肺微血管瘤病變以及心臟超音波下的肺動脈高壓變化。*(胸腔醫學 **2018; 33: 190-196**)*

關鍵詞：多發性肌炎，肺間質浸潤，肺動脈高壓

國立成功大學附設醫院　內科部　胸腔內科
索取抽印本請聯絡：黃堂修醫師，國立成功大學附設醫院　內科部　胸腔內科，台南市勝利路 138 號

Simultaneous Bilateral Spontaneous Pneumothorax in Patients Having Undergone a Previous Nuss Procedure

Yeung-Leung Cheng*,**, Chieh-Min Liu*, I-Shiang Tzeng***, Min-Shiau Hsieh*,**

Simultaneous bilateral primary spontaneous pneumothorax (SBPSP) is relatively rare and can be life-threatening. If the site of air leakage cannot be identified, urgent bilateral pleural drainage followed by staged or simultaneous bilateral video-assisted thoracoscopic surgery is safe and effective. We present the cases of 2 patients who developed sudden SBPSP, from among 178 who underwent a Nuss procedure for congenital pectus excavatum between August 2014 and August 2016. The clinical presentation and management are discussed. ***(Thorac Med 2018; 33: 197-201)***

Key words: simultaneous bilateral primary spontaneous pneumothorax, Nuss procedure, video-assisted thoracoscopic surgery

*Division of Thoracic Surgery, Department of Surgery, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, New Taipei City, Taiwan; **School of Medicine, Tzu Chi University, Hualian, Taiwan; ***Department of Research, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, New Taipei City, Taiwan
Address reprint requests to: Dr. Min-Shiau Hsieh, Division of Thoracic Surgery, Department of Surgery, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, New Taipei City, Taiwan, No. 289, Jian-Guo Rd, Xindian Dist., New Taipei City, Taiwan 231

Nuss 手術後緊急同時發生雙側原發性氣胸

程建博 *,**　劉介民 *　曾奕翔 ***　謝旻孝 *,**

同時發生雙側原發性自發性氣胸是一種相對罕見的疾病，可能會危及生命。如果發現雙側原發性自發性氣胸發生部位不能確定，緊急雙側胸腔引流，分期或同時雙側電視胸腔鏡手術為安全有效的處置。在 2014 年 8 月至 2016 年 8 月期間，我們在 178 例漏斗胸患者接受 Nuss 手術，出現兩例同時發生雙側原發性自發性氣胸的案例。報告此兩病例，並且討論了臨床表現和處理。*(胸腔醫學 **2018; 33: 197-201**)*

關鍵詞：同時發生雙側原發性自發性氣胸，Nuss 手術，電視胸腔鏡手術

* 佛教慈濟醫療財團法人台北慈濟醫院　胸腔外科，** 慈濟大學醫學系
*** 佛教慈濟醫療財團法人台北慈濟醫院　研究部
索取抽印本請聯絡：謝旻孝醫師，佛教慈濟醫療財團法人台北慈濟醫院　胸腔外科，新北市新店區建國路 289 號

Enucleation of Esophageal Angiolipoma by High-Resolution 3-Dimensional Video-Assisted Thoracoscopic Surgery: A Rare Case Treated with a State-of-the-Art Technique

Chun-Chieh Huang*,**, Chih-Hung Lin**, Cheng-Yen Chuang**, Yi-Fan Yang**, Chung-Ping Hsu**, Ming-Ching Lee**,***

Angiolipoma is a rare esophageal benign tumor, and only a few cases have been reported in the current literature. Compared with other benign esophageal tumors, their presence is typically asymptomatic, but occasionally there can be local symptoms, such as dysphagia, regurgitation, and ulceration with bleeding as the tumor size increases. Open thoracotomy and enucleation are traditional mainstays of diagnosis and treatment, but video-assisted thoracoscopic surgical enucleation is gaining recognition with its proven advantage of minimally invasive surgery. We report a 58-year-old male who was diagnosed as having esophageal angiolipoma with a 1-year symptom of progressive dysphagia. The submucosal esophageal tumor was completely enucleated with 3-dimensional video-assisted thoracoscopic surgery. Postoperative recovery was uneventful and no recurrence of related symptoms or tumor were found after a 2-year follow-up period. ***(Thorac Med 2018; 33: 202-207)***

Key words: angiolipoma, esophagus benign tumor, 3-dimensional video-assisted thoracoscopic surgery

*Division of Thoracic Surgery, Zuoying Branch of Kaohsiung Armed Forces General Hospital, Kaohsiung, Taiwan; **Division of Thoracic Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan; ***Institute of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan
Address reprint requests to: Dr. Ming-Ching Lee, Division of Thoracic Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan, No. 1650 Taiwan Boulevard, Sect 4, Taichung, Taiwan

以高解析度 3D 影像視頻輔助胸腔鏡手術切除食道血管脂肪瘤之罕見病例報告

黃俊杰 *,** 林志鴻 ** 莊政諺 ** 楊伊凡 ** 徐中平 ** 李明璟 **,***

血管脂肪瘤是一種罕見的食道良性腫瘤，至目前的文獻中只有少數的病例被零星地報導。與其他良性食道腫瘤相比，它們的存在通常是沒有症狀的，但是當腫瘤變大時，偶爾會引起如吞嚥困難，胃酸逆流和潰瘍出血等局部的症狀。

傳統上，開放式開胸摘除手術是診斷和治療的標準方式，然而，近年來胸腔內鏡輔助手術（VATS）摘除食道良性腫瘤證明了微創手術的優勢。在本文中，我們的案例報告是一位 53 歲的男性，因為伴隨有一年的進行性吞嚥困難之症狀而被診斷患有食道血管脂肪瘤，在接受三維視頻輔助胸腔鏡手術（3D-VATS）後，完整切除粘膜下食道腫瘤。兩年之術後追蹤發現恢復平穩，且無相關症狀和腫瘤復發。*(胸腔醫學 **2018; 33: 202-207**)*

關鍵詞：血管脂肪瘤，食道良性腫瘤，三維視頻輔助胸腔鏡手術

* 國軍高雄總醫院左營分院　外科部　胸腔外科，** 臺中榮民總醫院　外科部　胸腔外科
*** 國立陽明大學　臨床醫學研究所
索取抽印本請聯絡：李明璟，臺中榮民總醫院　外科部　胸腔外科，407 台中市西屯區台灣大道四段 1650 號

Community-Acquired Pneumonia due to *Pseudomonas aeruginosa* in an Immunocompetent Patient in Taiwan – A Case Report

Min-Sheng Tseng*, Chao-Huei Yang*,**, Min-Fang Lin*

We report a case of severe community-acquired pneumonia caused by *Pseudomonas aeruginosa* (*P. aeruginosa*) in a 46-year-old man. This patient was a healthy high school teacher with no significant past medical history, travel or disease contact history. He accepted antibiotic treatment with levofloxacin for 1 day and shifted to imipenem and cilastatin on the following 6 days. He was placed under extra-corporeal membrane oxygenation due to persistent hypoxemia after intubation (acute respiratory distress syndrome) beginning on day 1 after admission. Continuous venovenous hemofiltration was also used due to severe intake and output imbalance and metabolic acidosis beginning on day 2. He expired after 7 days of hospitalization due to multiple organ dysfunction syndrome. Although, cases of severe community-acquired pneumonia caused by *P. aeruginosa* in healthy adults are rare, the mortality rate is very high. ***(Thorac Med 2018; 33: 208-214)***

Key words: community-acquiredpneumonia, *Pseudomonas aeruginosa*, levofloxacin, imipenem, cilastatin, extra-corporeal membrane oxygenation and continuous venovenous hemofiltration

*Department of Internal Medicine, Kuang Tien General Hospital; **Thoracic Division of Department of Internal Medicine, Kuang Tien General Hospital
Address reprint requests to: Dr. Chao-Huei Yang, Thoracic Division of Department of Internal Medicine, Kuang Tien General Hospital, No. 117, Shatian Road, Shalu District, Taichung City 433, Taiwan (R.O.C.)

台灣健康成年人因綠膿桿菌（*Pseudomonas aeruginosa*）導致的嚴重社區型肺炎（Community-Acquired Pneumonia；CAP）：病例報告

曾敏昇 *　楊朝輝 *,**　林敏芳 *

一名台灣 46 歲男子因綠膿桿菌（*Pseudomonas aeruginosa*）引起的嚴重社區型肺炎（community-acquired pneumonia；CAP）病例。患者是一名健康的高中老師，沒有重大的過去的病史，無旅行和疾病的接觸史。入院後他接受 levofloxacin 治療 1 天，並在接下來的 6 天改為 imipenem and cilastatin。自入院後第 1 天起氣管內管插管後，因急性呼吸窘迫症候群併持續低氧血症，故使用體外膜氧合器（extra-corporeal membrane oxygenation；ECMO）。自第 2 天開始，由於嚴重的輸入輸出不平衡和代謝性酸中毒，還使用了連續性靜脈 - 靜脈血液透析（continuous venous venous hemofiltration；CVVH）。他在住院 7 天後由於多器官衰竭（multiple organ dysfunction syndromes；MODS）死亡。雖然因綠膿桿菌（*Pseudomonas aeruginosa*）在健康成年人身上引起的嚴重社區型肺炎（community-acquired pneumonia；CAP）病例非常少見，但卻有極高的死亡率。*(胸腔醫學 **2018; 33: 208-214**)*

關鍵詞：社區型肺炎，綠膿桿菌，可樂必妥靜脈輸液（levofloxacin），泰寧注射劑（imipenem, cilastatin），體外膜氧合器，連續性靜脈 - 靜脈血液透析

* 光田綜合醫院　內科部，** 光田綜合醫院　內科部　胸腔科
索取抽印本請聯絡：楊朝輝醫師，光田綜合醫院　內科部　胸腔科，台中市沙鹿區沙田路 117 號

An Unusual Giant Thymic Cyst

Yi-Pan Li*, Jung-Chia Lin**, Yi-Pin Chou***, Chang-Ke Chu*

Thymic cysts are uncommon, accounting for 1-3% of all anterior mediastinal tumors [1]. We encountered a 57-year-old woman with symptoms of chest tightness, palpitation, and dizziness for several days. Chest radiograph revealed mediastinal widening, and thoracic aortic aneurysm was suspected initially. The chest computed tomography scan with contrast showed a well-defined, unilocular, fluid-filled cystic lesion in the anterior mediastinum, 10x9.5x6.2 cm in size. The patient underwent sternotomy with maximal thymectomy. The postoperative course was uneventful. The histopathologic examination reported a benign thymic cyst. We also reviewed the literature and discussed the characteristics, diagnosis, and management of thymic cyst. ***(Thorac Med 2018; 33: 215-220)***

Key words: thymic cyst, chest tightness

*Department of Chest Medicine and Critical Care Medicine, Cishan Hospital, Ministry of Health and Welfare, Kaohsiung, Taiwan, R.O.C.; **Department of Pathology and Laboratory Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, R.O.C.; ***Department of Emergency Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, R.O.C.

Address reprint requests to: Dr. Chang-Ke Chu, Department of Chest Medicine and Critical Care Medicine, Cishan Hospital, Ministry of Health and Welfare, Kaohsiung, Taiwan, No. 60, Jhongsyue Rd., Cishan District, Kaohsiung City, 84247, Taiwan, R.O.C.

不尋常的巨型胸腺囊腫－病例報告

李羿磐 *　林榮嘉 **　周宜平 ***　曲長科 *

胸腺囊腫並不常見，它佔了所有前縱膈腔腫瘤中的百分之一至三。我們報告了一位 57 歲女性因胸悶、心悸和頭暈數天前來就診。胸部 X 光片顯示縱膈腔擴大，最初懷疑是胸部動脈瘤。胸腔電腦斷層掃描顯示，前縱膈腔有一 10x9.5x6.2 公分大的、界線明確的、單腔室，且充滿液體的囊性腫塊。病人爾後接受胸骨切開胸腺腫瘤切除手術。術後住院病程順利。組織病理學檢查顯示為良性胸腺囊腫。在此，我們回顧相關文獻，討論胸腺囊腫的特性、診斷，以及處置。*(胸腔醫學* ***2018; 33: 215-220)***

關鍵詞：胸腺囊腫，胸悶

* 衛生福利部旗山醫院　胸腔暨重症醫學科，** 高雄榮民總醫院　病理檢驗部
*** 高雄榮民總醫院　急診部
索取抽印本請聯絡：曲長科醫師，衛生福利部旗山醫院　胸腔暨重症醫學科，高雄市旗山區中學路 60 號