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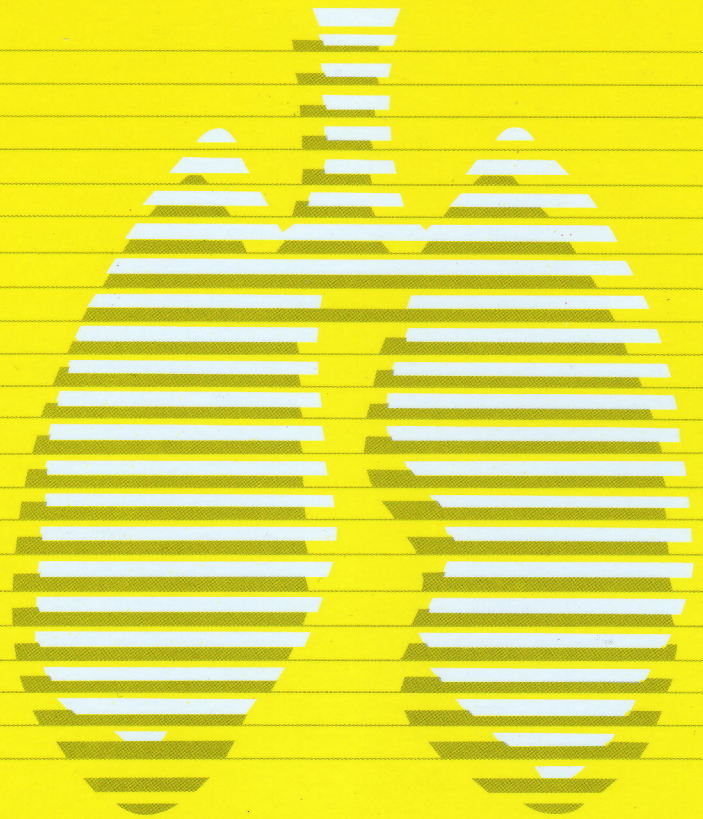

台灣胸腔暨重症加護醫學會

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原著

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Orginial Articles

Case Reports

Long-Term Outcome of Patients that Survived Sepsis after Intensive Care

Henry Hon-Lai Wong*, Chien-Min Chu*, Chung-Chieh Yu*, Yu-Chih Liu*,**,
Teng-Jen Yu*, Chung-Ching Hua*, Huang-Pin Wu*,**

Introduction: There have been few studies in Taiwan analyzing the long-term outcome of sepsis patients discharged from the intensive care unit (ICU). Thus, we designed a study to survey the 5-year mortality of ICU patients that survived sepsis.

Methods: Patients whose records were in the database used in our previous prospective study and who were admitted to the Keelung Chang Gung Memorial Hospital medical ICU were followed. Mortality rates of the survivors after ICU discharge and factors that affected long-term mortality were analyzed.

Results: Of the 494 patients admitted to the ICU, 204 survivors were found. Their 5-year mortality rate was 85.3%, and the 1st and 2nd year mortality rates were 60.3% and 71.1%, respectively. Age, past history of diabetes mellitus, malignancy and stroke were positively associated with long-term mortality.

Conclusion: Five years after ICU discharge, the survival rate was only 14.7%. Mortality was positively associated with old age, diabetes, malignancy and stroke history. ***(Thorac Med 2019; 34: 1-10)***

Key words: sepsis, intensive care unit, long-term outcome, critical care

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敗血症患者重症照護後的長期預後

黃翰禮 *　朱建民 *　于鍾傑 *　劉育志 *,**　游騰仁 *　花仲涇 *　吳黃平 *,**

前言：目前很少有研究分析台灣敗血症重症患者的長期預後。因此我們設計了一項研究來探討敗血症倖存者的 5 年死亡率。

方法：我們追蹤之前所使用的前瞻性研究數據庫中入住基隆長庚醫院內科加護病房的病患。分析 ICU 出院後病患的死亡率，並確定影響長期死亡率的因素。

結果：在連續三年內接受內科加護病房治療的 494 例患者中，共發現 204 例加護病房存活患者。他們的 5 年死亡率為 85.3%，而第一年和第二年的死亡率分別為 60.3% 和 71.1%。年齡，糖尿病、癌症和中風病史與長期死亡正相關。

結論：ICU 出院 5 年後存活率僅為 14.7%。我們發現五年死亡率和年齡，糖尿病、癌症和中風病史有正相關的現象。*(胸腔醫學* ***2019; 34: 1-10****)*

關鍵詞：敗血症，加護病房，長期預後，重症

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Disseminated Tuberculosis with Multiple Skeletal Involvement Mimicking Multiple Bone Metastases: A Case Report

Chia-Jung Liu, Jann-Yuan Wang

Musculoskeletal tuberculosis (TB) is the third most common type of extra-pulmonary TB, following pleural and lymphatic involvement, in the United States. Although not uncommon, early diagnosis of skeletal TB remains a challenge, probably due to its indolent course and nonspecific clinical manifestations. Here, we reported a patient with disseminated TB with multiple skeletal involvement who was initially diagnosed as having lung cancer with multiple bone metastasis. This case reminds us that TB must be considered in the differential diagnosis of multiple skeletal lesions, especially in areas of high TB prevalence. Maintaining a high index of clinical suspicion and collecting specimens for histology examination and mycobacterial culture are crucial to avoid a delayed diagnosis and treatment. ***(Thorac Med 2019; 34: 11-19)***

Key words: bone scan, magnetic resonance imaging, metastasis, multiple bone lesions, skeletal tuberculosis

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播散型結核合併多處骨頭侵犯：病例報告

劉家榮　王振源

肌肉骨頭結核是第三常見的肺外結核病，儘管其發生率不低，在臨床上卻常常有延誤診斷的情況發生，推測可能的原因是骨頭結核的臨床進程較緩慢，且患者的臨床症狀通常較不具特異性。一旦延誤診斷就可能會導致病人產生後續嚴重的併發症，因此如何避免延誤診斷是一個很重要的課題。本篇病例報告提出一位播散型結核合併多處骨頭侵犯的病人，一開始也被懷疑是肺癌合併骨轉移，但經過積極的組織取樣，最終確診是骨結核。在這個案例中，可學習到針對多部位的骨頭病灶，骨結核是必須要考慮的一個鑑別診斷；此外，當臨床上懷疑有骨結核時，必須積極的去取得檢體做培養及病理學化驗來得到最終診斷。
*(胸腔醫學 **2019; 34: 11-19**)*

關鍵詞：骨骼掃描，核磁共振，轉移，多部位的骨頭病灶，骨結核

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Pulmonary Kaposi's Sarcoma in a Myasthenia Gravis Patient Receiving Immunosuppressive Agents: A Case Report

Chun-Fu Chang, Hsu-Ching Huang, Yi-Chen Yeh*, Chao-Hua Chiu

Primary pulmonary Kaposi's sarcoma is an uncommon complication in patients receiving immunosuppressive agents and may be difficult to diagnose. We reported a 62-year-old female patient who had received azathioprine and prednisolone for myasthenia gravis for 10 years and was found to have pulmonary Kaposi's sarcoma without cutaneous involvement. The diagnosis based on the presence of typical flame-shaped lesions on chest computed tomography and a typical histopathological finding, with positive immunohistochemical staining for human herpesvirus 8 on lung biopsy specimens. The patient received 2 cycles of systemic chemotherapy with pegylated liposomal doxorubicin. However, bacteremia and cytomegalovirus viremia developed during chemotherapy. The patient ultimately died from respiratory failure 6 months after the diagnosis of Kaposi's sarcoma. ***(Thorac Med 2019; 34: 20-27)***

Key words: Kaposi's sarcoma, human herpesvirus 8, azathioprine

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接受免疫抑制劑之重症肌無力病人的肺部卡波西氏肉瘤：病例報告

張均輔　黃煦晴　葉奕成 *　邱昭華

對於接受免疫抑制劑的病人而言，原發於肺臟的卡波西氏肉瘤是一不常見且不易診斷的併發症。我們報告的這位六十二歲女性因為重症肌無力症在接受免疫抑制治療十年後發生了肺部卡波西氏肉瘤，並且沒有皮膚侵犯。此診斷是以典型的肺部影像學、組織病理學表現和人類疱疹病毒第八型的免疫染色呈現陽性而確立。病患在接受了兩次全身性化學治療之後發生了菌血症和巨細胞病毒感染，並在診斷卡波西氏肉瘤六個月後死於呼吸衰竭。*(胸腔醫學 **2019; 34: 20-27**)*

關鍵詞：卡波西氏肉瘤，人類疱疹病毒第八型，硫唑嘌呤

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Acute Respiratory Failure Caused by Coexistence of Lymphoma and Pulmonary Tuberculosis: A Case Report

Yu-Ting Lai, Jyh-Pyng Gau*, Chung-Wei Chou**

Mycobacterium tuberculosis (TB) is associated with a variety of clinical presentations, and lymphadenopathy (LAP) is a major manifestation of extrapulmonary TB. Here, we described the case of a 70-year-old woman who presented with pulmonary TB along with LAPs in 2 regions: the neck and the mediastinum. Tuberculous lymphadenitis was confirmed by neck lymph node biopsy. Although the neck LAP responded well to anti-TB therapy, the lung lesions and mediastinal LAPs progressed rapidly, leading to acute respiratory failure. Peripheral T cell lymphoma involving the lungs was later diagnosed. The patient was finally liberated from the mechanical ventilator after chemotherapy. Delayed diagnosis of either disease would account for the misleading manifestations and rare disease combination. In addition to clinical awareness, a distinct computed tomography enhancement pattern of LAP can also help in differentiating the 2 entities. An early diagnosis is critical to reducing or avoiding complications. ***(Thorac Med 2019; 34: 28-33)***

Key words: Mycobacterium tuberculosis, lymphoma

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同時發生肺結核與淋巴癌所致急性呼吸衰竭－病例報告

賴俞廷　高志平 *　周中偉 **

結核病具有多樣的臨床表現，而淋巴結病變是其中一種。本文章探討一位七十歲婦人同時表現左頸淋巴結與縱膈淋巴結腫大。頸部淋巴結經切片證實為結核性淋巴腺炎後開始抗結核治療；雖左頸淋巴結經結核藥物治療後縮小，但肺部病灶與縱膈淋巴結仍持續惡化終至急性呼吸衰竭。經進一步檢查後證實肺部病灶為 T 細胞淋巴癌；病人也在化學治療後成功脫離呼吸器。這個病例說明淋巴結核與淋巴癌同時發生會讓臨床醫師在診斷過程中有誤解並致延遲診斷；除了臨床警覺外，文獻也提到二者的淋巴結病變在電腦斷層顯影形態上的不同可有助鑑別。雖然類似案例極少，但及時診斷才能減少併發症。*(胸腔醫學 **2019; 34: 28-33**)*

關鍵詞：結核病，淋巴癌

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Pulmonary Alveolar Proteinosis in a Patient with Hypocellular Myelodysplastic Syndrome – A Case Report and Literature Review

Yu-Chen Tsai*, Yi-Ting Chen**, Inn-Wen Chung*,***,****

Pulmonary alveolar proteinosis (PAP) is a rare lung disease with a variable clinical course characterized by abnormal surfactant-derived lipoprotein deposition. The cause of PAP might be congenital, secondary or acquired. Secondary PAP is often related to hematologic malignancy, the most common of which is myelodysplastic syndrome (MDS). Patients with hypocellular MDS have a survival rate superior to those with normo-/hyper-cellular MDS. However, the progression of PAP *per se* and PAP-associated infection may both contribute to a poor prognosis. We reported the case of a patient with hypocellular MDS with PAP presenting with recurrent pneumonia. ***(Thorac Med 2019; 34: 34-39)***

Key words: pulmonary alveolar proteinosis, myelodysplastic syndrome, hypocellular

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一名低細胞性骨髓化生不良病人的肺蛋白質沉積症－病例報告與文獻回顧

蔡毓真 *　陳怡庭 **　鍾飲文 *,***,****

肺蛋白沉積症是一少見但病程歧異的肺部疾病。肺蛋白沉積症有三種不同的形式：先天型、續發型、及後天型。而續發型肺蛋白沉積症常與血液惡性疾病有關，其中以骨髓化生不良症候群最為常見。於骨髓化生不良症候群的病患中，低細胞性的患者通常有較好的預後。但肺蛋白沉積症的進展本身或其相關的感染皆會導致較差的預後。在此，我們報告一位低細胞性的骨髓化生不良症候群患者反覆表現肺炎，最後藉胸腔鏡生檢診斷為肺蛋白沉積症的病例。*(胸腔醫學 **2019; 34: 34-39**)*

關鍵詞：肺蛋白質沉積症，骨髓化生不良症候群，低細胞性

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Crizotinib Treatment Failure in a Patient with Positive ALK-Rearranged Advanced-Stage Squamous Cell Lung Cancer – Case Report and Literature Review

Chin-Wei Kuo, Chi-Ho Wu*, Chang-Yao Chu**, Po-Lan Su, Chien-Chung Lin

In the era of target therapy, tyrosine kinase inhibitors are mainstream therapy for advanced-stage lung cancer with driver mutations present. Crizotinib has been documented to have a high overall response rate and good efficacy in the treatment of anaplastic lymphoma kinase (ALK)-rearranged advanced non-small cell lung cancer, as either first-line or rescue treatment. However, ALK rearrangement is rarely seen in lung squamous cell cancer. The overall response rate for crizotinib is uncertain, though some published case reports showed a positive response. Here, we present a case of positive ALK-rearranged advanced lung squamous cell cancer with a failed response to crizotinib treatment. ***(Thorac Med 2019; 34: 40-46)***

Key words: anaplastic lymphoma kinase (ALK), squamous cell carcinoma, crizotinib

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Crizotinib 對於一位間變性淋巴瘤激酶重組的晚期鱗狀上皮肺癌病人的治療失敗－案例報告及文獻回顧

郭鈞瑋　吳啟豪 *　朱彰堯 **　蘇柏嵐　林建中

在標靶治療的時代中，酪胺酸激酶抑制劑是有驅動突變的晚期肺癌的治療主流。而 Crizotinib 已被證實對於有間變性淋巴瘤激酶重組的非小細胞肺癌病人在第一線或是後線的治療中，有一定程度的反應率和效果。可是，在鱗狀上皮細胞癌有間變性淋巴瘤激酶重組的比率非常低，雖然有少數病例報告顯示 crizitinib 對於此族群的病人有治療反應，但整體的反應率還無法確定。在此，我們提出一個個案報告，一位有間變性淋巴瘤激酶重組的晚期鱗狀上皮細胞肺癌的病人，在使用 crizotinib 治療後沒有反應且疾病迅速惡化。*(胸腔醫學 **2019; 34: 40-46**)*

關鍵詞：間變性淋巴瘤激酶重組，鱗狀上皮細胞肺癌，crizotinib

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