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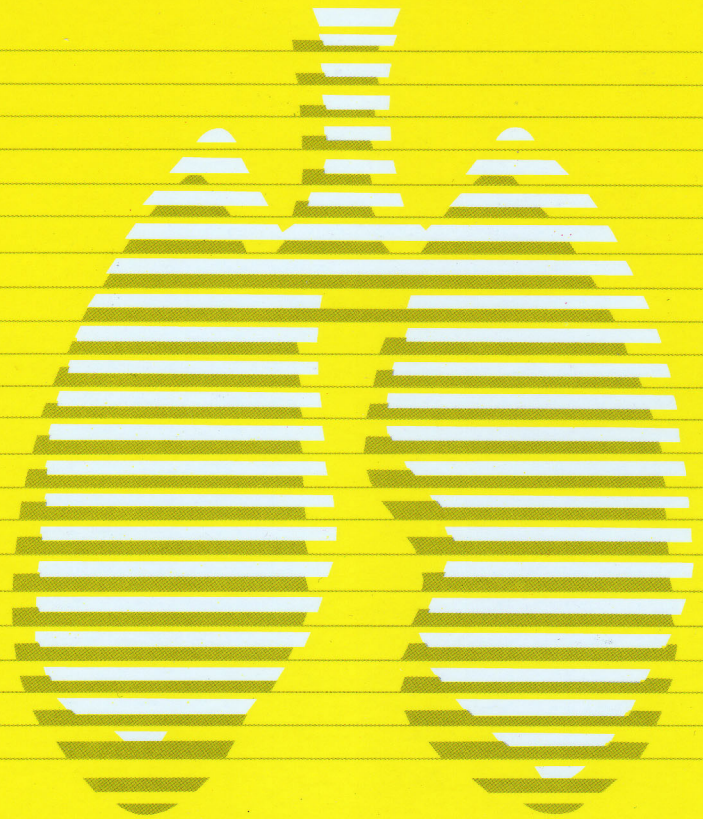

台灣胸腔暨重症加護醫學會

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原著

病例報告

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Orginial Articles

Case Reports

Pectus Excavatum is Associated with a Higher Incidence of Primary Spontaneous Pneumothorax in a Young Population in Taiwan: A Nationwide Population-based Study

Hsu-Kai Huang, Wu-Chien Chien*, Chi-Hsiang Chung**, Ying-Yi Chen, Shih-Chun Lee, Tsai-Wang Huang

Objectives: To investigate the risk of primary spontaneous pneumothorax among patients with pectus excavatum and to evaluate whether they have a higher risk of primary spontaneous pneumothorax than the general population.

Methods: Patient data from the Taiwan National Health Insurance Research Database from January 1, 2000 to December 31, 2013 were collected. A total of 1,652 patients with pectus excavatum and a retrospective matched comparison control cohort of 6,608 individuals were analyzed. Cox regression analyses were performed to determine the risk of primary spontaneous pneumothorax.

Results: The cumulative incidence rate of primary spontaneous pneumothorax was 0.36% in the study group and 0.15% in the control group. Cox regression analysis with adjustment for gender, age, income, urbanization level, and geographic region revealed that pectus excavatum patients were at significantly greater risk of developing primary spontaneous pneumothorax.

Conclusion: Patients with pectus excavatum have a higher risk of developing primary spontaneous pneumothorax. Surgeons should be aware of the risk of bilateral pneumothorax and carefully evaluate these patients before performing corrective surgery using the Nuss procedure. ***(Thorac Med 2019; 34: 47-57)***

Key words: pectus excavatum, spontaneous pneumothorax, funnel chest

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漏斗胸與原發性自發性氣胸具有相關性：台灣健保資料庫研究

黃敍愷　簡戊鑑 *　鍾其祥 **　陳穎毅　李世俊　黃才旺

漏斗胸（ICD-9-CM 754.81）是否較一般族群更容易增加自發性氣胸（ICD-9-CM 512.0 + ICD-9-CM 512.8）的風險。

臨床上偶而有男性瘦高病人因自發性氣胸來診發現有漏斗胸情形，或是因為漏斗胸來診於電腦斷層中發現異常肺泡組織（可能導致原發性自發性氣胸），以百萬歸人檔處理，希望可以看到其意義。

使用百萬歸人檔做回溯性分析，並以一比四做配對，可找出漏斗胸組 1,652 人及一般組 6,608 人，並使用迴歸分析來判斷發生自發性氣胸之風險。

結果：在累積自發性氣胸之發生率，可發現漏斗胸組為 0.36% 大於一般組的 0.15%，經過調整性別，年齡，投保級距及居住地都市化程度後，發現漏斗胸組別有較高風險發生自發性氣胸（Hazard ratio: 7.83, 95% CI 2.114-29.004, p=0.002）。

結論：漏斗胸族群與自發性氣胸之族群有高相關性，由於以納式微創矯正術治療可能導致雙側肋膜腔交通，若發生氣胸可能造成嚴重且致命的雙側氣胸，外科醫師在術前評估時，應考量有無原發性自發性氣胸的危險因素如斷層掃描發現異常肺泡等再行手術。*(胸腔醫學* ***2019; 34: 47-57)***

關鍵詞：漏斗胸，自發性氣胸

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Delayed Photosensitivity Dermatitis Caused by Crizotinib

Jeng-Shiuan Tsai*,**, Chao-Kai Hsu***, Hsin-San Yang***, Yu-Lin Ting**, Chien-Chung Lin*,**, Chang-Wen Chen*,**

Crizotinib is used as first-line treatment for anaplastic lymphoma kinase (ALK)-positive advanced lung adenocarcinoma. Commonly reported toxicities include visual disturbance, diarrhea, transaminitis, fatigue, and edema. In phase I and phase III trials of crizotinib, rashes were reported in patients at frequencies of 11% and 9%, respectively. Most of these patients developed a skin rash (photosensitivity dermatitis) just after taking crizotinib or within 1 to 2 months thereafter. The patient reported here developed delayed photosensitivity dermatitis after taking crizotinib for 6 months. The patient's rash was likely caused by crizotinib, since it persisted when other medications were discontinued, but resolved after crizotinib was held. The rash flared up again after re-challenging. The skin rash was characterized by itchy plaques on the 4 extremities, classified as grade II. Skin biopsy was performed and the pathological finding was compatible with drug-related photosensitivity dermatitis. After the dosage of crizotinib was adjusted, the patient's skin rash became less severe, and was tolerable. It is unusual for patients taking crizotinib to develop delayed photosensitivity. The associated etiologies remain uncertain and may be mediated by ALK inhibition itself, an off-target effect, or by host immunity to crizotinib. ***(Thorac Med 2019; 34: 58-63)***

Key words: crizotinib, photosensitivity dermatitis, ALK-positive lung cancer

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截剋瘤引發延遲光敏感性皮膚炎

蔡政軒 *,** 許釗凱 *** 楊省三 *** 丁育麟 ** 林建中 *,** 陳昌文 *,**

截剋瘤（Crizotinib）是目前末期肺癌中為治療間變性淋巴瘤激酶（ALK）陽性的第一線藥物，然而這種藥物最常被提出的副作用包含視覺障礙、腹瀉、轉胺酶增加、疲倦和水腫。在第一期和第三期臨床試驗中，約有 9% 至 11% 的病人會在藥物使用的一到兩個月內出現皮疹（光敏感性皮膚炎）的情況。我們所提供的這個案例是在使用藥物約六個月之後才開始出現皮疹，而皮疹在停用其他藥物之後仍持續存在並且在停用截剋瘤的之後才獲得改善，而當再度使用截剋瘤之後皮疹復發。這些皮疹主要以在四肢出現二級騷癢性丘疹為表現。這些病情變化表示皮疹極可能是截剋瘤所造成。在調低藥物劑量之後，病人皮疹的狀況亦有減輕並且可以忍受的情況。此延遲光敏感性皮膚炎的情況在這類病人之中並不常見，相關的病因機轉目前仍不清楚，或許和藥物本身有關，或許是非目標基因（off target effect）的效果或是宿主免疫系統對截剋瘤所產生的反應。*(胸腔醫學 **2019; 34: 58-63**)*

關鍵詞：截剋瘤 Crizotinib，光敏感性皮膚炎，間變性淋巴瘤激酶陽性肺癌 ALK

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Pulmonary Melioidosis Associated with Organizing Pneumonia: A Case Report

Ching-Yi Chen*, Yu-Feng Wei*, Chien-Tung Chiu*,**

Melioidosis is a tropical infectious disease caused by *Burkholderia pseudomallei*, which affects the lungs most frequently. Organizing pneumonia (OP) can be cryptogenic or secondary to lung infections, and is rarely associated with melioidosis. We report the case of a 64-year-old male patient who presented with solitary pulmonary opacity that progressed to fulminant septicemia under treatment with empiric antibiotics and oral steroid. The pathology report showed organizing pneumonia, and *B. pseudomallei* was isolated from the blood. The patient recovered very well after treatment was shifted to imipenem/cilastatin plus sulfamethoxazole-trimethoprim. ***(Thorac Med 2019; 34: 64-70)***

Key words: *Burkholderia pseudomallei*, pulmonary melioidosis, organizing pneumonia

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類鼻疽桿菌肺炎併器質化肺炎：案例報告

陳靜宜 *　魏裕峰 *　邱建通 *,**

類鼻疽（Melioidosis）為感染類鼻疽桿菌 *Burkholderia pseudomallei* 所引起的熱帶地域感染疾病，肺部是最常被影響的器官。器質化肺炎（organizing pneumonia）是肺臟針對許多不同病因所造成急性損害的一種修護反應。本文分享一個病例，初始表現為單一肺斑塊，先以抗生素 Amoxicillin-clavulanate 作為肺炎治療。單一肺斑塊病理切片報告器質化肺炎，加上口服類固醇治療後，病情惡化為敗血性休克併急性呼吸衰竭。經過加護病房照顧及抗生素 Imipenem/cilastatin 加上 Sulfamethoxazole-trimethoprim 使用，感染獲得控制，病人最後穩定出院。*(胸腔醫學 **2019; 34: 64-70**)*

關鍵詞：類鼻疽桿菌，肺類鼻疽，器質化肺炎

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Severe Hypernatremia-Induced Rhabdomyolysis with Acute Kidney Injury in an Acute Respiratory Distress Syndrome Patient – A Case Report

Shih-Min Shen, Chen-Yiu Hung, Chung-Chi Huang

Severe hypernatremia-induced rhabdomyolysis with acute kidney injury is an uncommon and potentially life-threatening clinical event. We reported the case of a 67-year-old woman with acute respiratory distress syndrome. Rhabdomyolysis with acute kidney injury was noted, and the etiology of rhabdomyolysis was hypernatremia. Because of the patient's hypernatremia, fluid overload and unstable hemodynamic status, she was placed under continuous renal replacement therapy. This report highlights an unusual cause of rhabdomyolysis in an acute respiratory distress syndrome patient and the experience of managing such a difficult clinical situation. ***(Thorac Med 2019; 34: 71-76)***

Key words: hypernatremia, rhabdomyolysis, acute kidney injury

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嚴重高血鈉所引發的橫紋肌溶解症和併急性腎損傷在急性呼吸窘迫綜合徵病人：病例報告

沈世閔　洪禎佑　黃崇旂

嚴重高血鈉所引發的橫紋肌溶解症和併急性腎損傷為相對少見且可能存在危及生命的臨床問題。我們報告的案例為一位無特別病史的 67 歲女性，因為急性呼吸窘迫綜合徵住加護病房。住院期間，病人發生嚴重高血鈉並引起橫紋肌溶解症以及急性腎損傷的併發症。連續性腎臟替代治療用於病患體液過多、血行動力學不穩定及不正常的電解質等情況。此病例報告針對在急性呼吸窘迫綜合徵病人發現不常見原因的橫紋肌溶解症並提供處理此困難臨床狀況的經驗。*(胸腔醫學* ***2019; 34: 71-76)***

關鍵詞：高血鈉，橫紋肌溶解症，急性腎損傷

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A Neurofibromatosis Type 1 Patient with Intrathoracic Meningocele Presenting with a Huge Mass on Chest Radiography

Chin-Shui Yeh, Cheng-Hsiung Chen, Bin-Chuan Ji

An intrathoracic meningocele was diagnosed in a 37-year-old woman who had the clinical features of neurofibromatosis type 1 (NF-1), including café-au-lait spots, cutaneous neurofibromas and kyphoscoliosis. Chest radiography of this patient revealed a huge mass-like radiopaque density or consolidation in the left upper lung field. In these cases, meningocele should be differentiated from posterior mediastinal tumors such as neurofibroma, neuroblastoma, and ganglioneuroma, because NF-1 has a relatively high risk of tumor formation. Regular follow-up with periodic imaging and without surgical treatment was recommended. ***(Thorac Med 2019; 34: 77-81)***

Key words: intrathoracic meningocele, neurofibromatosis type 1

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神經纖維瘤第一型病患合併胸腔內脊膜膨出之胸部 X 光呈現如大腫瘤

葉金水　陳正雄　紀炳銓

一位 37 歲女性被診斷出患巨大胸腔內脊膜膨出，其臨床症狀呈現出神經纖維瘤第一型之特徵包括咖啡牛奶斑、神經纖維瘤以及脊柱後側凸。病人之胸部 X 光於左上肺野呈現如腫塊般不透線的實質化病變。神經醫學專家建議此患者定期追蹤檢查暫不需外科手術治療。*(胸腔醫學 **2019; 34: 77-81**)*

關鍵詞：脊膜膨出，神經纖維瘤第一型

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Primary Mediastinal Choriocarcinoma Complicated by Acute Respiratory Distress Syndrome and Treated with Chemotherapy Administered under Extracorporeal Membrane Oxygenation: A Case Report and Literature Review

Heng-Siang Chen, Yi-Hsin Lee*, Yao-Kuang Wu, Chih-Wei Wu

Extragonadal choriocarcinoma is a rare malignancy that occurs mostly in men, and is usually diagnosed between 20 and 30 years of age. The definite pathogenesis of extragonadal choriocarcinoma has not been clarified. Most patients have elevated serum α-fetoprotein and elevated serum β-human chorionic gonadotropin at presentation. Extragonadal choriocarcinoma is characterized by multiple metastatic lesions at the time of diagnosis; it is refractory to antineoplastic therapy, and progresses rapidly. Supportive care is a rather reasonable choice for patients with a poor performance status. Some case series have described successful chemotherapy for patients with cancer suffering from acute respiratory failure under extracorporeal membrane oxygenation (ECMO) support. Nevertheless, these reports are almost all restricted to hematologic malignancies. We present the first case of a 20-year-old man who was diagnosed with primary mediastinal choriocarcinoma and received chemotherapy under ECMO support. ***(Thorac Med 2019; 34: 82-91)***

Key words: primary mediastinal choriocarcinoma, acute respiratory distress syndrome, extracorporeal membrane oxygenation

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原發性縱隔腔絨毛膜癌併發急性呼吸道窘迫症候群，在葉克膜氧合器支持下接受化學治療：個案報告與文獻回顧

陳亨翔　李懌鑫 *　吳耀光　吳智偉

性腺外絨毛膜癌是一種罕見的惡性腫瘤，大部分個案為男性。它的確切致病機轉目前仍不清楚。它的好發年齡為 20 至 30 歲的年輕男性。大部分的病患在罹病初期，血清中的甲型胎兒蛋白及乙型絨毛膜促性腺激素會顯著升高。它的病程進展迅速，在初診斷時常合併多處轉移，且對化學治療反應不佳。支持性治療對於體力不佳的病患來說是一個合理的選擇。文獻上，在併發急性呼吸窘迫症候群且需葉克膜氧合器支持的癌症病患，此時注射化學治療，有少數成功的個案報告。然而，幾乎這類型的個案皆為血液惡性腫瘤的患者。我們報告一位原發性縱隔腔絨毛膜癌的 20 歲男性年輕病患，在併發急性呼吸窘迫症候群且接受葉克膜氧合器支持的狀況下，文獻上第一位接受化學治療的個案。*(胸腔醫學 **2019; 34: 82-91**)*

關鍵詞：原發性縱隔腔絨毛膜癌，急性呼吸窘迫症候群，葉克膜氧合器

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