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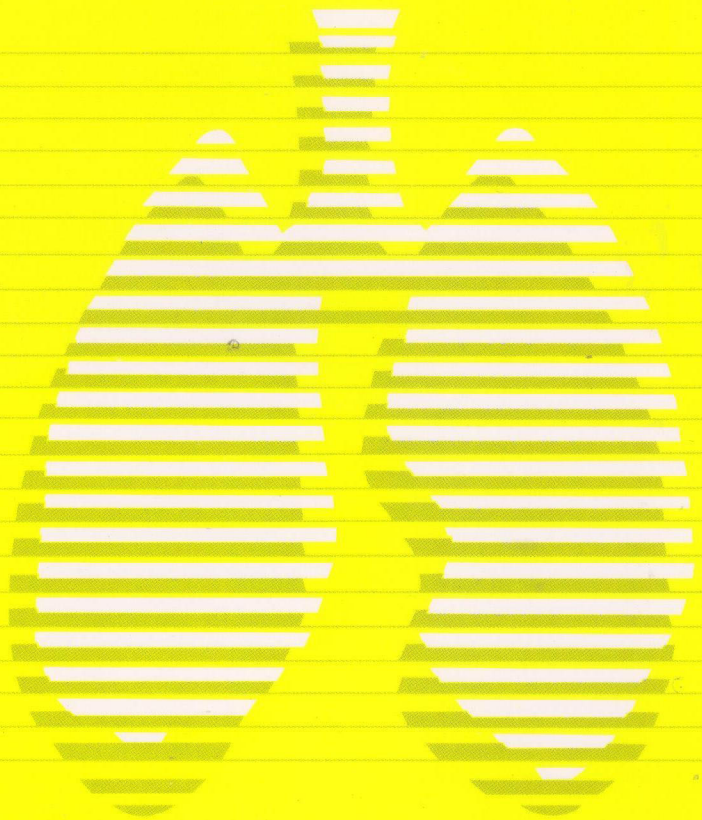

台灣胸腔暨重症加護醫學會

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病例報告

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Review

Case Reports

Management Strategies for Solitary Pulmonary Nodule (SPN)

Chien-Chih Ou, Chang-Yao Tsao*, Der-Ear Huang**, Shi-Ping Luh***,****

Solitary pulmonary nodule (SPN) is seen in about 1 per 500 chest radiographs. The most important goal of its diagnosis is to differentiate benign from malignant lesions. Computed tomography (CT) should be considered for all patients with SPNs, because it can provide more information for subsequent management strategies. Further imaging evaluation, such as positron emission tomography (PET), is generally not recommended because of its limited specificity for the diagnosis of SPN. Tissue diagnosis is usually required, except in cases in which the possibility of finding malignancy is very low. Needle biopsy through the guidance of CT or sonography is not recommended because of its lower specificity and significant complications, such as pneumothorax and hemothorax. Total excision of the SPN through video-assisted thoracic surgery or thoracotomy is usually indicated for specific diagnosis and definite therapy. Many localization techniques, such as hooks, coils, and radiotracer markers can be used to facilitate the subsequent resection procedures. ***(Thorac Med 2011; 26: 1-7)***

Key words: solitary pulmonary nodule, localization, video-assisted thoracic surgery

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孤立肺結節的處置策略

歐建志　曹昌堯*　黃德兒**　陸希平***,****

孤立肺結節的發生率約為1/500，在診斷上需要注意的就是惡性腫瘤的鑑別診斷，電腦斷層可用為檢查民眾有無肺部孤立結節並提供進一步鑑別診斷已決定處置策略的工具。進一步的影像評估，包括正子攝影，對於孤立結節診斷比起傳統工具並無明顯進一步的診斷價值。組織診斷除非是在臨床判斷惡性機會很低或病人健康狀況不許可的情況下，否則都應執行。使用電腦斷層及超音波針刺切片在診斷上的偽陰性仍高，且其風險也並非極低（其合併症包括氣胸、血胸等）。針對臨床上高度懷疑的病患，使用胸腔內視鏡或傳統外科手術全切除確診後再執行相關處置仍是較為精確即有效率的方法。針對小或深處的腫瘤，我們可以採取許多定位的技術以輔助後續的腫瘤切除，包括鉤針定位，放射同位素註記，螺旋標誌注入等技巧。*(胸腔醫學* ***2011; 26: 1-7)***

關鍵詞：孤立肺結節，定位，胸腔內視鏡手術

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Imipramine Overdose Leads to Acute Respiratory Distress Syndrome: A Case Report

Chun-Yen Cheng*, Chien-Liang Wu*,**, Chao-Hsien Lee*,**

The occurrence of acute respiratory distress syndrome (ARDS) as a result of a tricyclic antidepressant (TCA) overdose is rarely reported, but is of greater interest because of its association with TCA overdose and its reproducibility in animal models. We reported a 43-year-old female who ingested a large amount of imipramine in an attempted suicide. She developed deep coma and hypotension, but did not have cardiac dysrhythmia or seizure. ARDS developed 15 hours later and was treated with extracorporeal membrane oxygenation (ECMO). After a prolonged hospital stay, she was finally discharged uneventfully with moderate restrictive lung disease. We recommended a consideration of the use of ECMO in cases of severe ARDS caused by TCA. ***(Thorac Med 2011; 26: 8-12)***

Key words: tricyclic antidepressant, overdose, acute respiratory distress syndrome (ARDS), extracorporeal membrane oxygenation (ECMO)

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抗憂鬱三環劑過量合併急性成人呼吸窘迫症候群：一病例報告

鄭俊彥*　吳健樑*,**　李昭賢*,**

在過去的文獻報告中曾有三環抗抑鬱藥過量引致之成人呼吸窘迫綜合症。我們在此報告一名 43 歲的女性服用了大量的 Imipramine 自殺未遂後引起深度昏迷和低血壓，但無心臟心律不整和癲癇發作。她於 15 小時後發生急性呼吸窘迫綜合徵（ARDS），經使用體外膜氧合治療（ECMO），她終於順利出院但罹有中度限制性肺疾病。葉克膜可做為三環抗抑鬱藥過量引致之成人呼吸窘迫症候群拯救生命之暫時治療措施。*(胸腔醫學 **2011; 26: 8-12**)*

關鍵詞：抗憂鬱三環劑，藥物過量，急性成人呼吸窘迫症候群，葉克膜

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Rifampicin-Induced Vasculitis Combined with Thrombocytopenia – Unusual Side Effects in a Patient Receiving Anti-tuberculosis Chemotherapy

Ya-Hui Chiang, Horng-Shin Lin*, Han Chang**, Thomas Chang-Yao Tsao

We reported the case of a 66-year-old male patient with active pulmonary tuberculosis. He suffered from low-grad fever and palpable confluent purpura on the lower limbs and abdomen at 4 months after anti-tuberculous chemotherapy. Thrombocytopenia and eosinophilia were also noted. Leukocytoclastic vasculitis was diagnosed by skin biopsy, which revealed a granular deposition of IgM and C3 at the vascular wall in the superficial dermis, using direct immunofluorescence staining. His skin lesions and fever subsided quickly and the eosinophil and platelet counts returned to normal ranges after rifampicin and corticosteroid treatments were stopped. ***(Thorac Med 2011; 26: 13-18)***

Key words: rifampicin, vasculitis, thrombocytopenia

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Rifampicin 引起的血管炎合併血小板低下症—病例報告

江雅惠　林鴻欣*　張菡**　曹昌堯

Rifampicin引起血管炎合併血小板低下症、嗜伊紅性白血球過多症並不常見。這是一個66歲男性在服用抗肺結核藥物4個月後，病人開始出現發燒的症狀，並在四肢、腹部出現紫斑。之後，血液檢驗出現血小板低下症、嗜伊紅性白血球過多症等異常現象。皮膚切片在免疫螢光染色下顯現IgM和C3沉積於血管壁，因此，Leukocytolastic vasculitis（LCV）確診。在停用Rifampicin和使用類固醇之後，病人的症狀消失，並且血小板和嗜伊紅性白血球的數值均回復到正常值範圍。*(胸腔醫學* ***2011; 26: 13-18)***

關鍵詞：抗肺結核藥物，血管炎，血小板低下症

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Difficulty in Diagnosing Churg-Strauss Syndrome – A Case Report

Jui-Chung Wang, Chung-Huo Chen*, Shin-Hung Huang**, Chih-Yu Hsu

Churg-Strauss Syndrome (CSS) is a very rare form of small vessel vasculitis which could affect any organ system. Untreated, the disease is almost always fatal. Diagnosis is often delayed, which can result in permanent organ damage.

We report a 37-year-old man with cough with sputum, fever, progressive dyspnea. He had a history of mild persistent bronchial asthma, eosinophilia and subacute infective endocarditis. Chest X-ray showed pulmonary opacities and left pleural effusion. He was initially diagnosed with and treated for pneumonia with parapneumonic effusion, but acute cardiogenic pulmonary edema developed 10 days after admission. However, eosinophilic pleural effusion was subsequently demonstrated by cytological examination. CSS with eosinophilic effusion and cardiac involvement was highly suspected. Fortunately, the cardiogenic pulmonary edema resolved after steroid pulse therapy. Endomyocardial biopsy revealed subendocardial infiltration of eosinophils even 17 days after pulse therapy with methylprednisolone. In this complicated patient, the hyper-eosinophilic pleural effusion was recognized as being composed predominantly of polymorphonuclear neutrophils (PMNs), which may have lead to a delayed diagnosis. The physician should be aware of the importance of cytological study, as compared with automated hemocytometric analysis. ***(Thorac Med 2011; 26: 19-26)***

Key words: Churg-Strauss Syndrome, hyper-eosinophilic pleural effusion, delayed diagnosis

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困難診斷的 Churg-Strauss 症候群—病例報告

王瑞鍾　陳中和*　黃世鴻**　徐志育

Churg-Strauss症候群是一種罕見的小血管性血管炎，它能侵犯身體的各個器官。如果沒有給予治療，這個疾病幾乎總是致命的。但是診斷常常被延遲，而這會導致某些器官的永久損傷。

我們報告一個37歲男性，因為咳嗽有痰、發燒，漸進性呼吸困難而住院治療。他曾經有輕度氣喘、嗜伊紅性血球增多症，亞急性心臟瓣膜炎。胸部X光顯示有肺內病灶及左側肋膜積液。起初，他被診斷為肺炎併有肺炎旁肋膜積液，經過10天的住院治療，卻發生急性心因性水腫。然而，嗜伊紅性球增多肋膜積液於細胞學抹片檢查時被證實。我們高度懷疑是Churg-Strauss症候群併有嗜伊紅性球增多肋膜積液，並且侵犯到心臟而致病。幸運地，在使用類固醇脈衝治療後，心因性肺水腫獲得緩解。使用類固醇脈衝治療的十七天之後，心臟內膜切片顯示在心肌組織內仍然有嗜伊紅性球浸潤其中。從這個複雜的病例中我們知道，嗜伊紅性球增多肋膜積液如果被判讀成嗜中性球增多，這會導致一個診斷上的延遲。臨床醫師應該要能警覺地去比較人工讀片和機器讀片的差異性。*(胸腔醫學* ***2011; 26: 19-26)***

關鍵詞：Churg-Strauss 症候群，嗜伊紅性球增多肋膜積液，延遲診斷

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Strongyloides Hyperinfection in a Corticosteroid-Treated Patient – A Case Report and Literature Review

Ko-Hui Hu, Chun-Chi Chang, Ching-Hsiung Lin

Strongyloides stercoralis is a widespread, soil-transmitted, intestinal nematode common in tropical and subtropical countries. The unique ability of this nematode to replicate in the human host permits cycles of autoinfection, leading to chronic disease that can last for several decades without prominent symptoms. However, hyperinfection syndrome caused by *S. stercoralis* in iatrogenically immunocompromised patients may occur. We reviewed the relevant literature and presented a recent case of Strongyloides hyperinfection in a patient treated with corticosteroids for chronic obstructive pulmonary disease (COPD). This patient was a farmer, had initial manifestations of shortness of breath and wheezing breathing sounds that mimicked acute exacerbation of COPD, and chronic gastrointestinal symptoms of anorexia. Subsequent complications of Strongyloides hyperinfection led to ileus, acute respiratory failure, *Trichosporon asahii* fungemia, and aseptic meningitis. Therefore, we should keep the diagnosis in mind when dealing with immunocompromised patients who present with gastrointestinal or pulmonary symptoms or unexplained sepsis caused by enteric pathogens. ***(Thorac Med 2011; 26: 27-32)***

Key words: *Strongyloides stercoralis*, hyperinfection, corticosteroids

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接受類固醇治療的病患引發糞小桿線蟲高度感染之病例報告及文獻回顧

胡克輝　張竣期　林慶雄

糞小桿線蟲是一種經由土壤傳播感染且流行於熱帶及亞熱帶許多國家的腸道寄生蟲。這種線蟲擁有獨特的能力可以在人類宿主體內複製而引發自體感染，並可導致持續數十年無明顯症狀的慢性疾病。然而，高度感染症候群可以發生在因接受免疫抑制治療而導致免疫力低下的病人。在此，我們回顧了相關文獻及提出新近因慢性阻塞性肺疾而接受類固醇治療的病患引發糞小桿線蟲高度感染的病例。此病患是一位農夫，他剛開始的表現是類似慢性阻塞性肺疾急性發作的呼吸急促及喘鳴聲，和食欲不振的腸胃道症狀。接下來因糞小桿線蟲高度感染的併發症導致腸阻塞、急性呼吸衰竭、Trichosporon asahii敗血症和無菌性腦膜炎。因此，對於免疫功能低下的病患，如果呈現腸胃道、呼吸道症狀或難以解釋的腸胃道病原菌所引起的敗血症時，吾人應對這個診斷抱持高度警覺。*(胸腔醫學* ***2011; 26: 27-32)***

關鍵詞：糞小桿線蟲，高度感染，類固醇

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Mycobacterium abscessus Empyema in an Immunocompromised Patient: A Case Report

Chieh-Hui Lin, Chun-Shih Chin, Jeng-Yuan Hsu

Thoracic empyema caused by rapidly growing mycobacteria in an immunocompetent patient is rarely reported. A 70-year-old man initially complained about intermittent chest tightness and dull pain at the right chest wall. The patient was diagnosed with and treated for bacterial pneumonia in a community hospital. Anti-tuberculosis agents were given in our ward because of a positive acid-fast stain finding in the sputum. During hospitalization, right thoracic empyema developed, and the pathogens from the sputum and pleural effusion were identified as *Mycobacterium abscessus*. Decortication with chest tube drainage was performed and intravenous cefoxitin, amikacin, plus klaricid therapy was administered for 3 weeks. The patient was continually monitored in our outpatient department, and was maintained in a stable condition with oral-form antibiotics (klaricid, ofloxacin and doxycycline). This case demonstrates that *Mycobacterium abscessus* is a pathogen that can cause thoracic empyema in Taiwan, especially in immunocompromised patients. ***(Thorac Med 2011; 26: 33-38)***

Key words: rapidly growing mycobacteria (RGM), non-tuberculous mycobacterial (NTM), *Mycobacterium abscessus*, thoracic empyema

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免疫功能低下病人身上由快速生長型分枝桿菌所造成的膿胸：病例報告

林介惠　覃俊士　許正園

在免疫功能低下病人身上由快速生長型分枝桿菌（rapidly growing mycobacteria, RGM）所造成的膿胸很少被報導。一名70歲男子最初抱怨右側胸壁間歇性胸悶和悶痛。病人在社區醫院以細菌性肺炎治療。轉至我們醫院，由於AFS陽性即給予抗結核菌藥物。住院期間，發生右側膿胸，從痰和胸腔積液結核菌培養，病原體被確定為膿腫分枝桿菌（Mycobacterium abscessus）。我們安排剝除術與胸管引流治療，及靜脈注射cefoxitin，amikacin，及klaricid治療達3週。之後，病人持續以口服抗生素（klaricid, ofloxacin and doxycycline）治療，並於門診追蹤，保持穩定狀態。此案例表明，在台灣，尤其是免疫功能低下患者，膿腫分枝桿菌亦可能是膿胸的病原體之一。*(胸腔醫學* ***2011; 26: 33-38)***

關鍵詞：快速生長型分枝桿菌，非結核性分枝桿菌，膿腫分枝桿菌，膿胸

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An Uncommon Lobar Consolidation of Cryptococcal Pneumonia in an Immunocompetent Host: Case Report and Literature Review

Chung-Hua Kuo, Jia-Horng Wang

Lobar consolidation of cryptococcal pneumonia is rarely reported in immunocompetent hosts. We report a healthy 25-year-old woman who presented with pneumonia in her left lower lobe. A poor response to empiric antibiotics was noted, and a subsequent investigation disclosed high titers of serum cryptococcal antigen (CSA titer >1:1024). Gomori-methenamine silver staining of bronchoalveolar lavage fluid disclosed cryptococci with a cryptococcal antigen titer of 1:128. The patient's symptoms improved with resolution of the consolidation of the left lower lobe of the lung after treatment with fluconazole. We also reviewed the literature. ***(Thorac Med 2011; 26: 39-45)***

Key words: cryptococcal pneumonia, Gomori-methenamine stain (GMS), immunocompetent

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罕見大葉性隱球菌肺炎在免疫正常患者的臨床表現 病例報告及文獻回顧

郭仲華　王家弘

大葉性隱球菌肺炎在免疫正常病患文獻鮮少提及且相當罕見。我們提出一位25歲免疫功能正常的女性病患藉由高效價隱球菌血清抗原（SCA>1:1024）以及支氣管肺泡沖刷術（Bronchoalveolar lavage, BAL），Gomeri methenamide silver（GMS）細胞學銀染色確診為大葉性隱球菌肺炎。在免疫不全病人或臨床懷疑腦膜炎患者皆需要施行腰椎穿刺腦髓液分析以排除隱球菌腦膜炎的可能性。高效價隱球菌血清抗原很少表現在單獨隱球菌肺炎患者，在肺外散播或中樞神經感染或免疫不全、甚至嚴重大葉性肺炎等患者較為常見。在免疫功能正常的隱球菌肺炎患者，目前台灣感染症醫學會黴菌治療指引建議Fluconazole每日200-400 mg 持續治療6至12個月。*(胸腔醫學* ***2011; 26: 39-45)***

關鍵詞：隱球菌肺炎，GMS銀染色，免疫健全

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Pulmonary Malignant Melanoma with Occult Primary – Case Report

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Malignant melanoma is a fatal skin malignancy with uncontrolled growth of melanocytes. The incidence in Taiwan was 0.76-0.91 per 100,000 people in 2007 [1]. The lung is one of the visceral organs to which melanoma frequently metastasizes. Some patients show only a pulmonary tumor at diagnosis. If they fulfill certain criteria, these patients can be diagnosed as having primary pulmonary melanoma. If not, they are categorized as pulmonary melanoma with occult primary. We reported a 51-year-old man with a solitary pulmonary melanoma found incidentally at admission for thyroglossal ductal carcinoma. Bronchoscopy showed a dark-green endobronchial tumor obstructing the posterior segmental bronchus of the right upper lobe. Subsequent work-up showed no primary lesion in the skin, mucus membrane or eyes. Positron emission tomography showed negative results. The patient underwent right upper lobe and middle lobe bilobectomy and the diagnosis of melanoma with occult primary was established. We reviewed the literature and summarized the epidemiology, clinical and pathological features, treatment and prognosis of pulmonary melanoma. In diagnosing a solitary pulmonary melanoma, the primary site should be carefully sought, and surgical intervention should be performed if possible. ***(Thorac Med 2011; 26: 46-53)***

Key words: melanoma, pulmonary melanoma with occult primary, endobronchial metastasis

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無原發腫瘤的肺部惡性黑色素細胞瘤——病歷報告

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惡性黑色素細胞瘤是一種黑色素細胞不正常增生造成的致命皮膚腫瘤，2007年在台灣每十萬人發生率是0.91人。肺臟是惡性黑色素細胞瘤常轉移的臟器，有些人在診斷時只有肺部腫瘤被發現，如果進一步符合特定的臨床條件，則可以診斷為原發性肺部惡性黑色素細胞瘤，如果沒有符合該臨床條件則被歸類成為無原發腫瘤的肺部惡性黑色素細胞瘤。我們提出一位51歲男性在入院治療甲狀舌管囊腫乳突癌時意外發現肺部單一腫瘤，支氣管鏡檢查顯示一個深綠色光滑球狀的腫瘤阻塞右上葉後段的支氣管；後續檢查顯示全身的皮膚、黏膜以及眼睛並無病灶，正子掃描亦未發現其他病灶，病人接受右上及右中肺葉切除手術治療，診斷為無原發腫瘤的肺部惡性黑色素細胞瘤。我們回溯文獻並對肺部惡性黑色素的流行病學、臨床、病理、治療、預後做一整理；針對單一肺部黑色素瘤，診斷上必須仔細尋找原發病灶，而治療上則應盡可能讓病患接受手術治療。*(胸腔醫學* ***2011; 26: 46-53)***

關鍵詞：惡性黑色素細胞瘤，無原發腫瘤的肺部惡性黑色素細胞瘤，支氣管內轉移

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Tuberous Sclerosis Complex Suspected in Young Female Presenting with Spontaneous Pneumothorax

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Spontaneous pneumothorax is a commonly encountered medical condition that may often require emergency treatment. It has a predilection to occur in tall, thin, young males. A high degree of suspicion for other etiologies should be had when spontaneous pneumothorax occurs in young females, especially in non-smokers. This case report presents a non-smoking young female patient who was neither tall nor thin, and who experienced repeated attacks of spontaneous pneumothorax. Her other presentations included dyspnea, hematuria, urinary tract infection, mild mental retardation, seizure disorder, and acidosis. Thoracoscopy revealed multiple diffuse lung cysts. Lung biopsy was performed, and lymphangioleiomyomatosis (LAM) was diagnosed based on the pathologic results. The concurrent presence of renal angiolipomas, facial angiofibromas, ungual fibromas, hypomelanotic macules, shagreen patches, cortical tuber, subependymal nodules, and an ovarian cyst in this patient led to the diagnosis of tuberous sclerosis complex (TSC). With detailed history taking and physical examinations, we discovered that her mother and daughter also fulfilled some of the criteria of TSC. We therefore made the diagnosis of familial TSC. LAM should be suspected in female patients of childbearing age presenting with pneumothorax. TSC, though rare, ought to be considered in LAM patients. ***(Thorac Med 2011; 26: 54-61)***

Key words: female nonsmoker, lymphangioleiomyomatosis, pneumothorax, tuberous sclerosis

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結節性硬化症應列入年輕女性自發性氣胸患者之鑑別診斷

林巧峯*,** 童詠偉*** 蔡青劭****

自發性氣胸為一常見且常需緊急處理之疾病，好發於瘦高之年輕男性。若發生於年輕、未抽煙之女性，則要懷疑是否有其它原因造成。本例為一年輕不高不瘦不抽煙之女性反覆氣胸發作。其症狀包括喘、血尿、尿路感染、輕度智能障礙、癲癇、酸中毒。胸腔鏡下看見瀰漫性多發肺囊泡。肺臟切片之病理報告為淋巴管平滑肌增生症。病人亦有腎臟血管脂肪瘤，臉部血管纖維瘤，指甲纖維瘤，皮膚鯊魚皮斑，灰葉狀白斑，腦部皮質結節，腦室下結節及卵巢囊腫，故診斷為結節性硬化症。病人之母親及女兒亦有結節性硬化症之徵兆。自發性氣胸之育齡女性應懷疑是否有淋巴管平滑肌增生症，結節性硬化症雖稀少，但亦應列入鑑別診斷。*(胸腔醫學 **2011; 26: 54-61**)*

關鍵詞：女性，非吸煙，氣胸，結節性硬化症，肺淋巴管平滑肌增生症

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