

ISSN 1023-9855



胸腔醫學

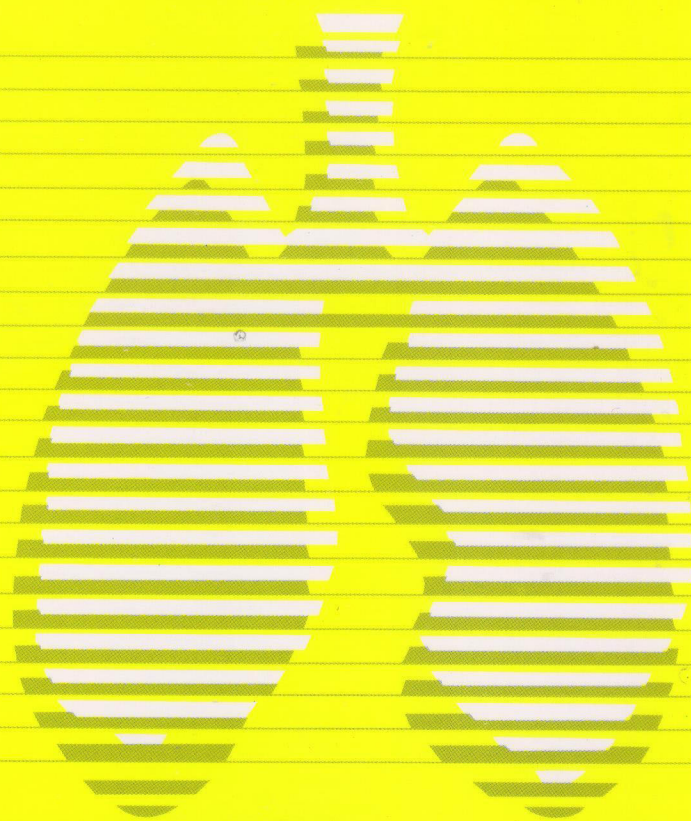
Thoracic Medicine

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

Vol.24 No.4 Aug. 2009

第二十四卷 第四期

中華民國九十八年八月



台灣胸腔暨重症加護醫學會

桃園縣龜山鄉復興街五號

5. Fu-Hsing Street, Kuei Shan Hsiang,

Taoyuan Hsien, Taiwan, R.O.C.



ISSN 1023-9855



Vol.24 No.4 August 2009

胸腔醫學

Thoracic Medicine

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

原著

以單一呼吸測量的淺快呼吸指數對加護病房的呼吸器離脫預測的正確性186~192
王玠仁, 林芳杰, 吳健樑

病例報告

滲出液乳糜胸：兩例病例報告及文獻回顧193~198
張祐綸, 黃照恩, 邱建通, 魏裕峰, 賴永發

支氣管鏡肺葉灌洗術在單側肺泡蛋白質沉著症的治療——病例報告199~205
蔡明吉, 張西川

原發性肺部黏膜相關類淋巴組織之淋巴瘤合併類澱粉沉積及淋巴球間質肺炎——病例報告206~211
翁銘偉, 王鴻昌, 張慶宏, 林秀玲, 賴瑞生

恙蟲病併發急性呼吸窘迫症候群212~217
翁銘偉, 張慶宏, 林旻希, 朱國安, 賴瑞生

使用呼吸器的食道癌病人接受食道切除所發生氣管撕裂後短期運用金屬支架使撕裂處成功癒合218~222
黃浩堯, 陳家弘, 劉奕亨, 夏德椿, 施純明, 徐武輝, 涂智彥

結核敗血性休克及其在脈搏波形分析心排出量監測 (PiCCO) 的血行動力學表現223~229
林倬漢, 鄭之勛, 王振源, 李麗娜

孤立性肋膜纖維瘤合併胸腺瘤：病例報告及文獻回顧230~236
陳右儒, 許文虎

Lambert-Eaton氏肌無力症候群合併小細胞肺癌——病例報告237~242
侯伯龍, 賴信良



Vol.24 No.4 August 2009

胸腔醫學

Thoracic Medicine

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

Original Articles

- Use of a Rapid Shallow Breathing Index from a Commercially Available Respiratory Monitor
in Predicting Weaning of Ventilated Patients..... 186~192
Chieh-Jen Wang, Fung-J Lin, Chien-Liang Wu

Case Reports

- Transudative Chylothorax: Two Case Reports and Review of the Literature 193~198
You-Lung Chang, Chao-En Huang, Chien-Tung Chiu, Yu-Feng Wei, Yung-Fa Lai
- Therapeutic Bronchoscopic Segmental/Lobar Lavage for Unilateral Pulmonary Alveolar
Proteinosis – A Case Report..... 199~205
Ming-Ji Tsai, Shi-Chuan Chang
- Primary Pulmonary Mucosa-associated Lymphoid Tissue Lymphoma with Amyloidosis and
Lymphoid Interstitial Pneumonitis – A Case Report.....206~211
Ming-Wei Weng, Hong-Chung Wang, Chin-Hung Chang, Shong-Ling Lin, Ruay-Sheng Lai
- Acute Respiratory Distress Syndrome Following Scrub Typhus212~217
Ming-Wei Weng, Chin-Hung Chang, Min-His Lin, Kuo-An Chu, Ruay-Sheng Lai
- Short-term Deployment of Self-expanding Metallic Stent for Healing of Tracheal
Laceration after Esophagectomy in an Esophageal Cancer Patient Requiring Mechanical
Ventilation – Case Report.....218~222
Ho-Yiu Wong, Chia-Hung Chen, Yi-Heng Liu, Te-Chun Hsia, Chuen-Ming Shih, Wu-Huei Hsu, Chih-Yen Tu
- A Case of Septic Shock due to *Mycobacterium tuberculosis*: An Uncommon and Forgotten
Disease Entity?.....223~229
Chou-Han Lin, Jih-Shuin Jerng, Jann-Yuan Wang, Li-Na Lee
- Malignant Solitary Fibrous Tumor of the Pleura with Concurrent Thymoma: A Case Report..... 230~236
Yo-Ju Chen, Wen-Hu Hsu
- Lambert-Eaton Myasthenic Syndrome Associated with Small Cell Lung Cancer
– A Case Report237~242
Bo-Lung Ho, Shinn-Liang Lai

Use of a Rapid Shallow Breathing Index from a Commercially Available Respiratory Monitor in Predicting Weaning of Ventilated Patients

Chieh-Jen Wang*, Fung-J Lin**,***, Chien-Liang Wu*,**

Objective: Frequency-to-tidal volume ratio (f/Vt) has been widely used as a weaning predictor for years. A method using a hand-held monitor with an automatic f/Vt calculation was tested in this study to verify its clinical application.

Design: This was a prospective study of 102 respiratory failure patients ready for weaning in a 15-bed adult medical intensive care unit (ICU). Two f/Vt measurements were taken daily: 1 by the standard manual calculation (Yang's method) and the other by the VentCheck™ monitor. Weaning was considered successful if the patient tolerated 2-hour trials without distress and remained free from mechanical ventilation for at least 48 hours. The patients were divided into successfully and unsuccessfully weaned groups. The sensitivity, specificity, and likelihood ratio of these predictors were calculated and the data were analyzed with an ROC curve to examine accuracy.

Results: The overall weaning success rate was 67.6%. There were no significant differences in the APACHE II score, age, gender, and diagnosis between the 2 groups. Sensitivity and accuracy were higher for Yang's method (traditional) than the 1-minute f/Vt (91.3% vs. 81.2% and 82.4% vs. 79.4%, respectively), but the areas under the ROC curve were similar for both measurements (0.86).

Conclusions: The 1 minute f/Vt using the VentCheck™ monitor is comparable to Yang's method in predicting successful weaning of ICU patients. (*Thorac Med 2009; 24: 186-192*)

Key words: rapid shallow breathing index, weaning predictors, mechanical ventilation, spontaneous breathing trial

*Division of Pulmonary and Critical Care Medicine, Mackay Memorial Hospital, Taipei, Taiwan; **Mackay Medicine, Nursing and Management College, Taipei, Taiwan; ***Division of Respiratory Medicine, Lo-Tung PohAi Hospital, I-Lan, Taiwan

Address reprint requests to: Dr. Chieh-Jen Wang, Respiratory Division, MacKay Memorial Hospital, #92 Chung-Shan North Road, Section 2, Taipei, Taiwan 10449, ROC

以單一呼吸測量的淺快呼吸指數對加護病房的呼吸器離脫預測的正確性

王玠仁* 林芳杰**,*** 吳健樑*,**

前言：淺快呼吸指數 (f/Vt) 被運用來預測呼吸器離脫已經有許多年的歷史。我們發現了一種掌上型監測裝置可快速且自動計算出此參數，然而其測量方式有異於傳統的方法。為了驗證其臨牀可用性，我們因此設計了這個研究。

方法：這是一個前瞻性研究，在一地區後送醫院15床的內科加護病房進行；共有102個準備離脫呼吸器的病人被納入。每個病人以隨機次序接受兩次淺快呼吸指數的量測，一種是傳統的手動測量，另一種 (one-minute f/Vt) 則以掌上呼吸參數監測器VentCheck™獲得。離脫成功的定義為病人成功的通過兩小時的自主呼吸測試且在後續48小時內不再接受呼吸器的輔助呼吸。病人自主呼吸測試的結果被分入成功及失敗組，各參數的敏感性，特異性及離脫可能性都分別計算出來並以ROC曲線來分析它們的正確性。

結果：整體病人的離脫成功率是67.6%。在離脫成功及失敗組間病人的疾病嚴重度 (APACHE II score)，年紀，性別，及疾病形態並無統計學上差異。這兩個參數都能正確的區分出成功和失敗組的病人 ($p < 0.001$)。敏感性與正確性仍以傳統方式較1-minute f/Vt為高。分別為 (91.3% vs. 81.2% and 82.4% vs. 79.4%)，但以ROC曲線來檢測時兩者並無差異 (0.86)。

結論：以掌上型呼吸監測器VentCheck™取得的one-minute f/Vt和傳統方式測得的f/Vt一樣有效。(胸腔醫學 2009; 24: 186-192)

關鍵詞：淺快呼吸指數，離脫參數，機械性通氣輔助，自主呼吸測試

*馬偕紀念醫院 胸腔內科，**馬偕護理管理學院，***羅東博愛醫院 胸腔內科
索取抽印本請聯絡：王玠仁醫師，馬偕紀念醫院 胸腔內科，10449台北市中山北路二段92號

Transudative Chylothorax: Two Case Reports and Review of the Literature

You-Lung Chang, Chao-En Huang, Chien-Tung Chiu, Yu-Feng Wei, Yung-Fa Lai

Chylothorax is uncommon and transudative chylothorax is even rarer. In contrast to exudative chylothorax, the most common etiologies of transudative chylothorax are liver cirrhosis, congestive heart failure, nephrotic syndrome and superior vena cava thrombosis. We present 2 case reports of transudative chylothorax: The first case describes a man who had shortness of breath and orthopnea for 3 days, mimicking congestive heart failure. After a series of workups, nephrotic syndrome-related chylothorax was diagnosed, and diuretics and a low-salt diet were prescribed. No recurrence of dyspnea was noted during 1 year of follow-up. The second case involved a woman that suffered from progressive dyspnea for 2 months. After a thoracentesis study, we ruled out congestive heart failure and nephrotic syndrome. Liver cirrhosis-related chylothorax was later confirmed. However, the patient's symptoms recurred, even after receiving diuretic treatment and with low-salt diet control. We also reviewed the medical literature to remind clinicians of the importance of avoiding unnecessary workups if chylothorax is transudative. (*Thorac Med* 2009; 24: 193-198)

Key words: transudate, chylothorax, nephrotic syndrome, cirrhosis

滲出液乳糜胸：兩例病例報告及文獻回顧

張祐綸 黃照恩 邱建通 魏裕峰 賴永發

乳糜胸是少見的病例而滲出液乳糜胸更是少見。不同於漏出液，滲出液乳糜胸最常見的病因是肝硬化、充血性心衰竭、腎病症候群及上腔靜脈阻塞。在此我們報告兩例滲出液乳糜胸：第一位是男性主述氣喘及端坐性呼吸三日，經過一系列檢查後發現是腎病症候群引起的乳糜胸。經低鹽飲食及利尿劑治療後，病患的情況好轉。第二位是主述漸近性氣喘兩個月的女性，在經肋膜穿刺及排除掉充血性心衰竭後，確定是肝硬化引起的乳糜胸。然而在經低鹽飲食及利尿劑治療後，病患的症狀仍然反覆發作。在此我們回顧滲出液乳糜胸的文獻並提醒臨床醫師在發現乳糜胸是滲出液時，勿作無謂的檢查。*(胸腔醫學 2009; 24: 193-198)*

關鍵詞：滲出液，乳糜胸，腎病症候群，肝硬化

Therapeutic Bronchoscopic Segmental/Lobar Lavage for Unilateral Pulmonary Alveolar Proteinosis – A Case Report

Ming-Ji Tsai *, Shi-Chuan Chang*,**

Pulmonary alveolar proteinosis (PAP) is a rare disease characterized by an accumulation of periodic acid-Schiff-positive materials in the alveolar space. The typical image findings are bilateral diffuse interstitial and parenchymal infiltrates shown on chest radiographs and/or computed tomography (CT) of the chest. We report a case of unilateral PAP in a 51-year-old woman with unilateral emphysema. Chest radiographs and thoracic CT demonstrated findings that were highly suggestive of PAP in the right lung and emphysema in the left lung. Bronchoscopy with bronchoalveolar lavage (BAL) and transbronchial lung biopsy (TBLB) were performed and a diagnosis of idiopathic PAP (iPAP) was made based on the gross appearance of retrieved BAL fluid (BALF), cytological examination of the BALF, and the pathologic findings of TBLB specimens. Because the patient had significant hypoxemia, therapeutic bronchoscopic segmental-lobar lavage was performed under sedation and endotracheal tube intubation. After 4 cycles of lobar lavage, the clinical symptoms improved remarkably and the patient was discharged and followed up at the outpatient department. Therapeutic bronchoscopic segmental/lobar lavage may be effective in patients with iPAP, especially in those who are at high risk for therapeutic whole lung lavage. (*Thorac Med* 2009; 24: 199-205)

Key words: bronchoscopic segmental/lobar lavage, pulmonary alveolar proteinosis

*Chest Department, Taipei Veterans General Hospital, Taipei, Taiwan; **Institute of Emergency and Critical Care Medicine, National Yang-Ming University, Taipei, Taiwan

Address reprint requests to: Dr. Shi-Chuan Chang, Chest Department, Taipei Veterans General Hospital, No. 201, Section 2, Shih-Pai Road, Taipei 112, Taiwan

支氣管鏡肺葉灌洗術在單側肺泡蛋白質沉著症的治療—— 病例報告

蔡明吉* 張西川**,**

肺泡蛋白質沉著症是一罕見的疾病，其特徵是肺泡中堆積periodic acid-Schiff染色陽性物質，病因目前仍不明。我們報告一位51歲女性，於住院前五個月出現乾咳及漸進性呼吸困難。胸部X光片顯示，右肺中葉及下葉有實質化病灶，左肺有肺氣腫變化。胸部電腦斷層攝影呈現，毛玻璃樣的病灶以及不規則石板拼鋪型態（crazy-paving pattern）。經支氣管鏡檢查暨診斷性支氣管肺泡灌洗術和經支氣管肺切片檢查，確診為肺泡蛋白質沉著症。基於病人有嚴重低血氧症以及左肺部呈現肺氣腫變化，在給予鎮靜劑及置放氣管內管下，為病人施行經支氣管鏡肺葉灌洗術。治療後，病人症狀明顯改善而出院，五個月後的門診追蹤顯示病人的復原情形良好。經支氣管鏡肺葉灌洗術之施行難度不高，可在大多數醫院執行，特別是針對接受全肺灌洗術可能具有較高風險的肺泡蛋白質沉著症病人。*(胸腔醫學 2009; 24: 199-205)*

關鍵詞：肺泡蛋白質沉著症，支氣管鏡肺葉灌洗術

*台北榮民總醫院 胸腔部，**國立陽明大學 急重症醫學研究所

索取抽印本請聯絡：張西川醫師，台北榮民總醫院 胸腔部，台北市北投區石牌路二段201號

Primary Pulmonary Mucosa-associated Lymphoid Tissue Lymphoma with Amyloidosis and Lymphoid Interstitial Pneumonitis – A Case Report

Ming-Wei Weng^{*,**}, Hong-Chung Wang^{** ,****}, Chin-Hung Chang^{** ,****},
Shong-Ling Lin^{*** ,****}, Ruay-Sheng Lai^{** ,****}

Pulmonary mucosa-associated lymphoid tissue lymphoma (MALToma) is rare, especially when combined with lymphoid interstitial pneumonitis (LIP). We report the case of a 66-year-old man who was admitted because of severe hemoptysis for 3 days. Computed tomography (CT) scan of the chest showed a mass-like lesion (8 x 8 x 6 cm³) in the left lower lobe and diffuse cystic lesions in both lungs. Pathologic study of the specimens after left lower lobectomy revealed diffuse infiltration of lymphoid cells and plasma cells positive for CD20. Congo red stain also showed amyloid deposition. Lymphoepithelial cells had infiltrated throughout the cystic area of the pulmonary parenchyma in the left lower lobe. These findings were compatible with the diagnosis of MALToma, with amyloidosis and LIP. Since LIP may be a presentation of MALToma, primary pulmonary MALToma should be considered for cases of nodular or mass lesion combined with diffuse cystic lung disease. (*Thorac Med* 2009; 24: 206-211)

Key words: MALToma, amyloidosis, lymphocytic interstitial pneumonia

*Department of Internal Medicine, Zuoying Armed Forces General Hospital, Kaohsiung, Taiwan; **Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan; ***Department of Pathology and Laboratory Medicine, Veterans General Hospital, Kaohsiung, Taiwan; ****National Yang-Ming University School of Medicine, Taipei, Taiwan, R.O.C.

Address reprint requests to: Dr. Hong-Chung Wang, Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, No. 386 Ta-Chung 1st Road, Kaohsiung 813, Taiwan, R.O.C.

原發性肺部黏膜相關類淋巴組織之淋巴瘤合併類澱粉沉積及淋巴球間質肺炎——病例報告

翁銘偉^{*,**} 王鴻昌^{**,****} 張慶宏^{**,****} 林秀玲^{***,****} 賴瑞生^{**,****}

原發性黏膜相關類淋巴組織之淋巴瘤 (MALToma) 在肺部是相當罕見的，尤其是合併有淋巴球間質肺炎。在此我們報告一位66歲男性病患因嚴重咳血三天而住院。胸部電腦斷層呈現左下肺部有一8 x 8 x 6公分腫瘤病灶及雙側肺野廣泛囊狀浸潤。左下肺葉切除術後病理報告顯示有廣泛淋巴細胞及漿細胞增生且CD20染色呈陽性反應。另外剛果紅染色也發現類澱粉沉積。淋巴上皮細胞已滲透至左下肺實質的囊狀部位。以上病理變化符合黏膜相關類淋巴組織之淋巴瘤合併類澱粉沉積及淋巴球間質肺炎的診斷。因淋巴球間質肺炎可能為黏膜相關類淋巴組織之淋巴瘤的一個表徵，所以廣泛性囊狀病灶的病人需考慮原發性肺部黏膜相關類淋巴組織之淋巴瘤的可能。(胸腔醫學 2009; 24: 206-211)

關鍵詞：類澱粉沉積，淋巴球間質肺炎，黏膜相關類淋巴組織之淋巴瘤

Acute Respiratory Distress Syndrome Following Scrub Typhus

Ming-Wei Weng^{*,**}, Chin-Hung Chang^{**,***}, Min-His Lin^{**,***}, Kuo-An Chu^{**,***},
Ruay-Sheng Lai^{**,***}

Scrub typhus is a zoonotic disease caused by *Orientia tsutsugamushi* and is an acute febrile illness. Clinically, the manifestations and complications of scrub typhus are protean. Severe complications of this disease have been very rare since the introduction of specific antibiotic therapy. The most serious clinical manifestations are pneumonitis with acute respiratory distress syndrome (ARDS), myocarditis, pericarditis, meningoencephalitis, and acute tubular necrosis with acute renal failure. We encountered a case of ARDS associated with scrub typhus. The case was proven by the finding of skin eschars, and the laboratory diagnosis at the Center for Disease Control, Department of Health, Taiwan, confirmed scrub typhus using a serum antibody. The patient recovered dramatically and was successfully weaned from ventilator support after an appropriate antibiotics course. (*Thorac Med* 2009; **24**: 212-217)

Key words: Scrub typhus, acute respiratory distress syndrome, *Orientia tsutsugamushi*

*Department of Internal Medicine, Zuoying Armed Forces General Hospital, Kaohsiung, Taiwan; **Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan; ***National Yang-Ming University School of Medicine, Taipei, Taiwan, R.O.C

Address reprint requests to: Dr. Chin-Hung Chang, Division of Chest Medicine, Department of Internal Medicine, Kaohsiung Veterans General Hospital, 386 Ta-Chung 1st Road, Kaohsiung 813, Taiwan

恙蟲病併發急性呼吸窘迫症候群

翁銘偉^{*,**} 張慶宏^{**,***} 林旻希^{**,***} 朱國安^{**,***} 賴瑞生^{**,***}

恙蟲病是一種會引起發燒的蟲媒病，是由名為*Orientia tsutsugamushi*的立克次體所導致的一種傳染性疾病。恙蟲病的臨床表現及併發症是變化多端的。自從特定抗生素使用後，此類疾病所引起之併發症就很少見。罕見的嚴重併發症包括肺炎合併急性呼吸窘迫症候群、心肌炎、心包膜炎、腦膜腦炎、及急性腎小管壞死合併急性腎衰竭。我們在此報告一位恙蟲病合併急性呼吸窘迫症候群個案。臨床檢查發現患者身上有焦痂且血清抗體經由衛生署疾病管制局證實為恙蟲病感染。經過適當的抗生素治療後，此病患症狀迅速改善並成功脫離呼吸器使用。(胸腔醫學 2009; 24: 212-217)

關鍵詞：恙蟲病，急性呼吸窘迫症候群，*Orientia tsutsugamushi*

*國軍左營總醫院 內科部，**高雄榮民總醫院 內科部胸腔科，***國立陽明大學醫學院

索取抽印本請聯絡：張慶宏醫師，高雄榮民總醫院內科部 胸腔內科，高雄市813左營區大中一路386號

Short-term Deployment of Self-expanding Metallic Stent for Healing of Tracheal Laceration after Esophagectomy in an Esophageal Cancer Patient Requiring Mechanical Ventilation – Case Report

Ho-Yiu Wong, Chia-Hung Chen, Yi-Heng Liu, Te-Chun Hsia, Chuen-Ming Shih,
Wu-Huei Hsu, Chih-Yen Tu

Laceration of the posterior tracheal wall is 1 of the risks of transhiatal esophagectomy (THE). Conservative treatment of tracheal injury in patients with positive pressure mechanical ventilation is, according to current opinions, ineffective. We describe a feasible method to treat an esophageal cancer patient requiring mechanical ventilation who suffered a posterior tracheal wall tear with a persistent air leak after a THE, and who was successfully weaned after a self-expanding metallic stent placement. Three months later, the stent was electively removed after adequate healing of the tracheal laceration. (*Thorac Med* 2009; 24: 218-222)

Key words: esophagectomy, complications, tracheal injury, metallic stents

Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan

Address reprint requests to: Dr. Chih-Yen Tu, Department of Internal Medicine, China Medical University Hospital, No. 2, Yude Road, Taichung, Taiwan

使用呼吸器的食道癌病人接受食道切除所發生氣管撕裂後 短期運用金屬支架使撕裂處成功癒合

黃浩堯 陳家弘 劉奕亨 夏德椿 施純明 徐武輝 涂智彥

穿洞式食道切除的危險率是氣管後壁的撕裂。保守治療對於病人有氣管受傷同時使用正壓呼吸器，以目前的看法是沒用的。我們討論一位使用呼吸器的食道癌病人接受橫膈裂孔食道切除導致氣管後壁撕裂所產生持續性的漏氣，放置金屬支架後病人就成功脫離呼吸器。三個月後，撕裂處癒合然後選擇性移除支架。(胸腔醫學 2009; 24: 218-222)

關鍵詞：食道切除，併發症，氣管受傷，金屬支架

A Case of Septic Shock due to *Mycobacterium tuberculosis*: An Uncommon and Forgotten Disease Entity?

Chou-Han Lin, Jih-Shuin Jerng, Jann-Yuan Wang, Li-Na Lee

Septic shock caused by *Mycobacterium tuberculosis* has rarely been reported following the advent of effective anti-tuberculous drugs. Since the emergence of human immunodeficiency virus (HIV) infection, there have been several reports regarding septic shock due to *M. tuberculosis* in these immunocompromised patients. Recently, this presentation has also been found in non-HIV patients. We described a non-HIV patient presenting with a rapidly fatal course; *M. tuberculosis* was the only causative micro-organism identified. Pulse contour cardiac output (PiCCO) was used for the first time to document the hemodynamic change in septic shock due to *M. tuberculosis*. (***Thorac Med* 2009; 24: 223-229**)

Key words: *Mycobacterium tuberculosis* septic shock

Department of Internal Medicine and Laboratory Medicine, National Taiwan, University Hospital and College of Medicine, Taipei, Taiwan

Address reprint requests to: Dr. Li-Na Lee, Department of Laboratory Medicine, National Taiwan University Hospital, No. 7 Chung-Shan South Road, Taipei, Taiwan, 10043

結核敗血性休克及其在脈搏波形分析心排出量監測 (PiCCO) 的血行動力學表現

林倬漢 鄭之勛 王振源 李麗娜

結核敗血性休克在有效的抗結核藥物問世後就不再被注意，而1990年代開始，有人類免疫不全病毒感染病患併結核敗血性休克的病例被報導，然而，1990年代末期，開始也有無人類免疫不全病毒感染病患併結核敗血性休克的病例被注意，我們相信結核敗血性休克因之前有效結核藥物的發明，及診斷的進步，而在結核盛行的地區被忽視。

我們報告一位43歲女性患者，發生結核敗血性休克，其人類免疫不全病毒血清學檢查為陰性，在加護病房中，運用脈搏波形分析心排出量監測 (PiCCO)，並和文獻的資料作印證。(胸腔醫學 2009; 24: 223-229)

關鍵詞：結核敗血性休克

Malignant Solitary Fibrous Tumor of the Pleura with Concurrent Thymoma: A Case Report

Yo-Ju Chen, Wen-Hu Hsu

Solitary fibrous tumors of the pleura (SFTP) are extremely rare. In the past, the origin of these tumors was thought to be mesothelial cells. With the development of immunohistochemical stain, we have found that SFTPs are subpleural mesenchymal tumors. Clinical preoperative diagnosis of the disease is difficult due to the absence of specific symptoms. Usually, SFTPs cannot be distinguished from other pleural tumors or lung tumors with pleural involvement, based on the image studies. Although the majority of these tumors have a benign course, the malignant form still remains enigmatic. The behavior of these tumors is often unpredictable and not correlated with the histologic findings. Surgical resection is a better treatment modality. The risk of recurrence is high after resection of a malignant sessile SFTP. Herein, we present the case of a mass in the left lower thorax with a concurrent anterior mediastinal tumor, which were simultaneously treated by excision of the mass in the pleura with wedge resection of the left lower lobe of the lung, and removal of the mediastinal tumor via an ipsilateral thoracotomy approach. The final pathologic diagnosis of the tumor was malignant SFTP and minimally invasive thymoma, WHO type B1. There was no evidence of recurrence of either disease in the 7-month follow-up after surgery. The related literature is also reviewed. (*Thorac Med* 2009; 24: 230-236)

Key words: solitary fibrous tumors of the pleura (SFTP), thymoma, surgical resection

Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, and National Yang-Ming University, School of Medicine, Taipei, Taiwan, ROC

Address reprint requests to: Dr. Wen-Hu Hsu, Associate Professor, Division of Thoracic Surgery, Department of Surgery, Taipei Veterans General Hospital, 201, Sec. 2, Shih-Pai Road, Taipei 112, Taiwan

孤立性肋膜纖維瘤合併胸腺瘤：病例報告及文獻回顧

陳右儒 許文虎

孤立性肋膜纖維瘤是一種相當罕見的疾病。在過去認為這種腫瘤是由肋膜生長出，但藉由免疫組織化學染色技術的進步，我們瞭解事實上孤立性肋膜纖維瘤是由肋膜下肺間葉所生長出之腫瘤。臨床上並沒有特定的症狀增加術前診斷的困難度。常常單靠影像學並不能區分孤立性肋膜纖維瘤及其他肋膜腫瘤或肺癌合併肋膜侵犯。大多數此類腫瘤的病程緩和，但若為惡性形式則其病程難以預估。另外此類腫瘤的行為與組織學形態常不一致。手術切除應該是較好的治療方式。若是為非梗狀之惡性孤立性肋膜纖維瘤，手術切除後之復發率較高。今天我們提出一個病例，腫瘤位於左下胸腔內，同時合併有一前縱膈腔腫瘤。這位病人接受了經由開胸手術同時切除胸腺瘤及肋膜纖維瘤。最後的病理診斷為惡性孤立性肋膜纖維瘤及胸腺瘤，WHO type B1。目前術後七個月追蹤中且兩種疾病皆無復發現象。同時我們也進行一些文獻回顧。(胸腔醫學 2009; 24: 230-236)

關鍵詞：孤立性肋膜纖維瘤 (SFTP)，胸腺瘤，手術切除

Lambert-Eaton Myasthenic Syndrome Associated with Small Cell Lung Cancer – A Case Report

Bo-Lung Ho, Shinn-Liang Lai

Lambert-Eaton myasthenic syndrome (LEMS) is a rare neuromuscular disorder characterized by the defective release of neurotransmitters from pre-synaptic nerve terminals. It is an autoimmune condition associated with autoantibody immunoglobulin G (IgG) targeted at voltage-gated calcium channels (VGCCs). It is also associated with small cell lung cancer (SCLC) in about 60% of cases. We report a patient with SCLC initially presenting with LEMS. This 63-year-old-male first experienced progressive weakness of the 4 limbs within about a 1-year period; LEMS was diagnosed with electrophysiologic studies. Chest computed tomography (CT) then revealed a mass shadow at the subcarinal area. Cytology study of the bronchoscopic transbronchial fine needle aspiration revealed SCLC, limited in stage.

The carcinoma responded to a chemotherapy regimen of cisplatin and etoposide. The weakness of the 4 limbs improved significantly within 1 month after the first cycle of chemotherapy. The subcarinal mass also regressed significantly with chemotherapy. (*Thorac Med* 2009; 24: 237-242)

Key words: Lambert-Eaton syndrome, small cell lung cancer, voltage-gated calcium channels

Lambert-Eaton氏肌無力症候群合併小細胞肺癌 ——病例報告

侯伯龍 賴信良

Lambert-Eaton氏肌無力症候群為一少見的神經肌肉疾病，其在病理生理上的特性為一自體免疫機制，自體分泌的G型免疫球蛋白（IgG）與節前神經末梢上的電位制動鈣離子通道（voltage-gated calcium channels, VGCCs）結合，其引發的一序列生化反應致使節前神經元末梢無法順利釋放乙醯膽鹼（Acetylcholine），導致肌肉無力以及肌腱反射下降。約有60%的Lambert-Eaton氏肌無力症候群病人合併有小細胞肺癌。我們在此報告一位63歲男性病患在Lambert-Eaton氏肌無力症候群發生後約一年由胸部斷層掃瞄發現主氣管分枝（Carina）下腫塊，經支氣管鏡細針穿壁抽吸，細胞學檢查確診為小細胞肺癌，局限期。經以Cisplatin和etoposide（PVP）化學治療，一個月後肌無力已顯著改進，癌腫塊也明顯縮小。（*胸腔醫學* 2009; 24: 237-242）

關鍵詞：Lambert-Eaton氏肌無力症候群，小細胞肺癌，電位制動鈣離子通道（voltage-gated calcium channels, VGCCs）