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經皮內視鏡胃道造廔術

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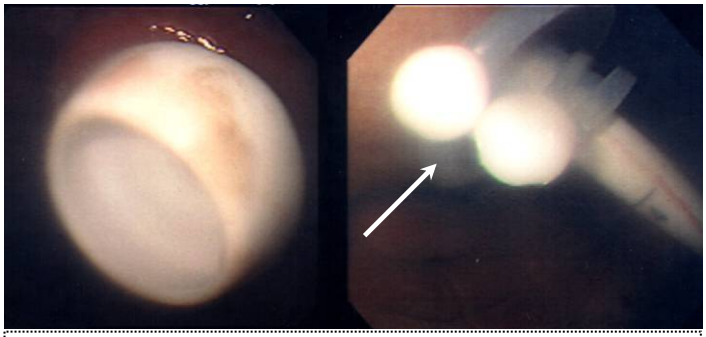
林先生今年 66 歲，在四個月前不幸發生腦溢血，雖然經過緊急治療，最後仍然無法行動，需長期臥床，在進食方面也有困難，必須借助鼻胃管來餵食。

最近一個多月來，林先生的鼻胃管經常斷斷續續引流出咖啡色狀物質，加上最近一星期有發燒、畏寒、咳嗽及大量黃痰情況，因此由家屬送到本院，希望做進一步的處理。

林先生住院後，體溫略高 37.5℃，呼吸速率偏快，每分鐘 20 次。血壓仍正常，鼻胃管有咖啡色狀物質引流，眼瞼偏白，右下胸部聽診有濕羅音，抽血檢查：白血球爲 16100/ μ l，血色素 9.8 g/dl，胸部 x 光片檢查顯示：右下葉肺部有白色浸潤，內視鏡檢查發現胃內仍有咖啡色狀物質殘餘，而在中段食道可見 4 條長形潰瘍。診斷吸入性肺炎及食道潰瘍出血，給予抗生素治療後肺炎情況改善，食道潰瘍則在給予潰瘍藥物後改善。



經由內視鏡施行經皮胃造廔術，放入 24 號胃造廔管。

爲了避免日後再發生吸入性肺炎，以及長期鼻胃管留置造成食道潰瘍出血的再出現，於是在病情穩定後，經由內視鏡施行經皮胃造廔術，放入 24 號胃造廔管。術後林先生餵食狀況良好，至今尚未再有消化道出血及肺炎情形出現。

討論：提供充分的營養是醫療照護中重要的課題，對於無法經口進食的患者，管餵飲食是首選方式，因爲其併發症及費用均較靜脈注射少，同時可以避免腸道黏膜萎縮。管餵飲食中目前以鼻胃管最普遍方便，但是也有較易造成病人不舒服，容易滑脫、阻塞，誤入氣管，或是造成鼻腔或食道的糜爛等情形，在需要長期餵食的情況下，不是很理想。

1980 年代開始有新的胃造廔方法，經過了不斷的改良，目前已有越來越普遍的趨勢，它是在局部麻醉下，藉由內視鏡的輔助來放置胃造廔管，稱爲經皮內視鏡胃造廔術，比起手術式胃造廔，它的併發症較低約 4–38%。嚴重併症約 3% ，包括穿孔、大量出血、腹膜炎及吸入性肺炎，死亡率小於 1%，在費用及術後恢復的時間也較少。

目前對於中風或硬皮症等神經肌肉疾病造成吞嚥困難的病人，頭頸部腫瘤造成無法進食。存活期超過三個月的病人，只要無法進食持續一個月以上者均可考慮實施，以提升長期餵食的品質。

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Percutaneous endoscopic gastrostomy: a review of indications, complications and outcome.

Nicholson FB, Korman MG, Richardson MA.

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Percutaneous endoscopic gastrostomy (PEG) was first described in 1980 as an effective method of feeding via the stomach in situations where oral intake is not possible. Its simplicity has led to its potential use in areas of dubious clinical benefit. Our unit has faced a major increase in referrals for PEG insertion over the last 2 years. For this reason we decided to audit our PEG insertion procedures with regard to indications, complications, outcome and follow up. We studied 168 patients who had an initial PEG insertion during the period 1 February 1996-31 January 1998. The medical records of these patients were reviewed with regard to the procedure, antibiotic use and complications. All patients (or carers or next of kin) were contacted by telephone to provide details regarding late complications and follow up. There were 87 females and 81 males (aged 16-98 years, median age 70 years). At 2 years, 67% were alive. The most frequent indication for PEG insertion was a neurological condition, the commonest being stroke. Most patients received either ticarcillin/clavulanic acid or cephazolin antibiotic prophylaxis before and after the procedure. In six patients (3.6%) infection at the PEG site required intravenous antibiotics. Four of these six patients did not have antibiotic prophylaxis. Only two deaths could be directly related to the procedure. Three died within 7 days of the procedure due to unrelated medical complications. Sixteen patients died within 1 month, the majority of these patients did not leave hospital. One-fifth of the patients (35/168) had their PEG removed due to the re-establishment of oral feeding, with median time of use, 4.3 months. It is a safe, effective feeding method in the elderly, but experience with case selection, the procedure and careful follow up remain essential. The use of prophylactic antibiotics resulted in few significant infections of the PEG site. Up to one-fifth of patients will require their PEG only for a short term.

J Clin Gastroenterol 2001 Jan;32(1):49-53

Patient outcomes related to percutaneous endoscopic gastrostomy placement.

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Although many aspects of percutaneous endoscopic gastrostomy (PEG) have been addressed in the literature, attention to psychologic and social outcomes of PEG has been limited. Our goal was to assess a range of physical, psychologic, and social outcomes related to PEG feeding. This study is a follow-up survey of patients undergoing PEG and/or their surrogates. Data were collected by semistructured interviews in two tertiary hospitals in Alberta, Canada. Measurements consisted of PEG status at 1-year follow-up, quality of life, impact on caregivers, and opinions about long-term support via PEG. We included 71 patients in the study. Of all 39% of patients died, 32% had the PEG still in place, and for 28% the PEG was removed at the end of the 1-year follow-up. The prognosis of the attending physician at the initial visit and the underlying disease were significantly related to the outcome ($p < 0.05$). After 1 year, 85% of all patients whose PEGs were still in place, were not working or studying or managing their own household in any capacity, 67% were not managing personal care, and 19% were feeling very ill. Fifty-two percent of the caregivers spent 15 hours or more per week visiting and caring for the patient. At the 1-year follow-up, all ten surviving patients who could be interviewed agreed they would have a PEG again. Seventy percent of the caregivers said that they would want the same decision to be made. Although a majority of patients and caregivers did not regret the decision to place a PEG, this did not necessarily mean enhanced quality of life. Developing strategies to select patients who will benefit from long-term nutritional support could improve patient outcomes.

以疝氣表現的腹腔惡性平滑肌肉瘤

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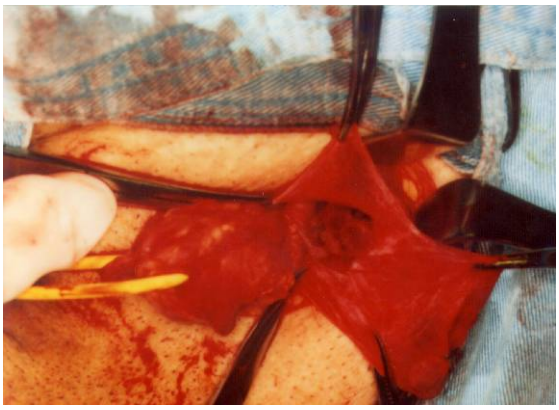
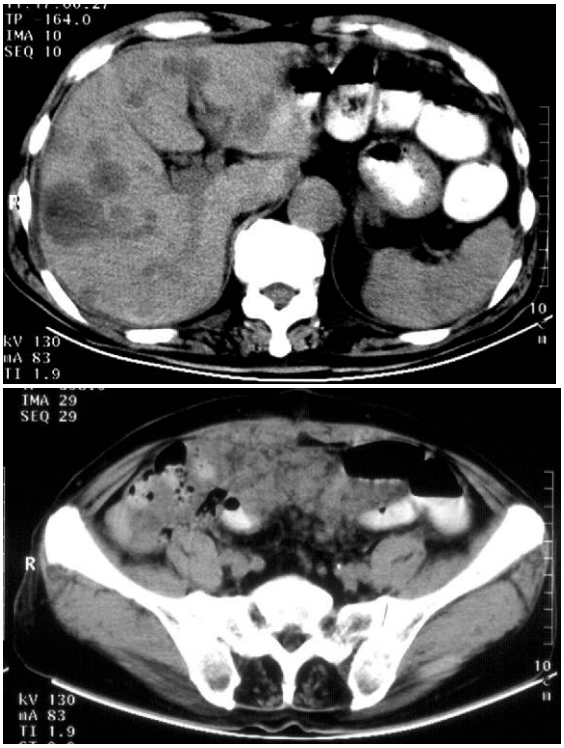
此位外表消瘦的七十四歲先生患有糖尿病藥物治療中，主訴右腹股溝有一腫塊，平躺時就不見。身體探查時腫塊可回推入腹腔，指端亦可摸到疝氣洞口，腹部平坦無腹水，除 GPT 66 albumin2.6g/dl 外，其餘血液檢查均在正常範圍內。經住院施行疝氣修補術，術中發現疝氣囊內有極易流血小腫瘤〈如圖一〉，故施行剖腹探查，發現小腸腸系膜上有多數紅色小肉瘤，腹腔內幾乎布滿小腫瘤但並未發現消化道有原發性腫塊。術後電腦斷層顯示腹腔壁 carcinomatosis 及雙側肝多處轉移性腫瘤〈如圖二、三〉，病理報告指出疝氣囊含轉移癌病變以及有類上皮細胞分化的平滑肌肉瘤。CA199,CEA, AFP 都在正常範圍內。



圖一：施行疝氣修補術，術中發現疝氣囊內有極易流血小腫瘤。



圖二、三：術後電腦斷層顯示腹腔壁 carcinomatosis 及雙側肝多處轉移性腫瘤。

患者在接受全身性化學治療後，病情穩定，但終究因惡性體質逐漸加重，在一次突發性血糖過高住院後併發肺炎引發敗血性休克，因而不治。治療期間約九個多月。

討論：

平滑肌肉瘤可在身體任何部位發生，但一半以上是在後腹腔或腹腔內。而且大部分內臟肉瘤是平滑肌肉瘤。像這類腹腔腸繫膜平滑肌肉瘤並不常見，而以疝氣來表現的更是罕見。此類腫瘤常長到相當大才有症狀但又沒有特異性，因此大都是在無意中發現的。典型平滑肌肉瘤細胞狹長並有豐富的細胞質常見多核巨大細胞。細胞類上皮化時，會變的較圓，若過度類上皮化則稱爲 leiomyoblastoma。爲確定診斷 Desmin 和 smooth muscle actin 是最常用的免疫組織染色，雖然細胞分化的活動性是最好的預後指標，可是要依此來對平滑肌肉瘤做分期卻是相當困難。

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ISSN 0039-6060

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Source: Indian Journal of Pathology & Microbiology. 43(4):467-9, 2000 Oct.
Abstract: Retroperitoneal leiomyosarcomas including those arising from the mesentery are rare. These account for 5.8% of all soft tissue sarcomas. Most of these tumors present in late life with female preponderance. Diagnosing these tumors at an early stage is difficult due to their location. Hence, most of them attain large sizes with metastases to distant sites at the time of diagnosis. We report a case of leiomyosarcoma arising from the sigmoid mesocolon due to it's rarity and unusual clinical presentation.
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