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類肉瘤 (Sarcoidosis)

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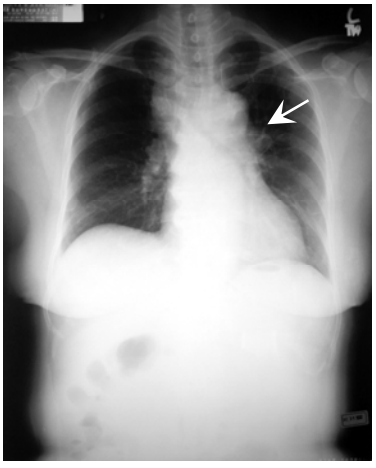
一名患有糖尿病及高血壓的 58 歲女性，因持續一週不定時地嘔吐而求診，病人合併有輕微流鼻水、吞嚥困難及胸悶，無發燒、咳嗽、頭痛或腹痛等症狀。病人曾至嘉義二林醫院求診症狀並未改善。但在胸部 X 光片上發現有肺腫瘤，故轉介至本院作進一步檢查。病人的血液學檢查、肝功能及腎功能檢查均爲正常，僅有輕微血糖偏高。胃鏡檢查有輕度食道炎及胃炎，腹部超音波僅顯示有輕微脂肪肝。但在胸部 X 光顯示有左肺門腫瘤(圖一)，胸部電腦斷層掃描更進一步顯示除了左肺門腫瘤外，還有多個縱隔腔淋巴結腫大的現象(圖二)。經內視鏡超音波引導作細針抽吸切片，發現有多紡綞狀的類上皮細胞，疑似類肉瘤。經照會胸腔外科以胸腔鏡取出腫瘤後，證實病人罹患類肉瘤。病人於開刀後症狀完全改善。

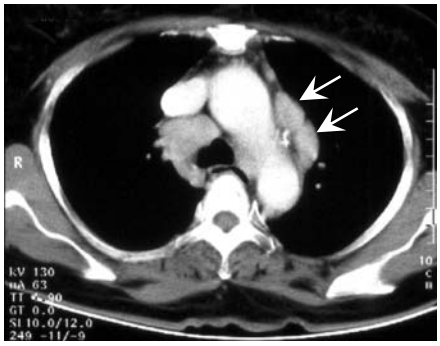
討論：

類肉瘤是一種慢性、全身性之疾病，平均每 10 萬人之中約有 40 人可能罹患。它可發生在所有年齡層，但以年輕成人最爲常見。全身所有器官皆可能受影響，但以肺臟最常受侵犯。臨床症狀包括可能有發燒、厭食、倦怠、體重減輕、咳嗽、呼吸困難、結節狀紅診、視力模糊、淋巴結腫大及多發性關節炎等，其中以咳嗽最爲常見。不過仍有近 20%的病人沒有任何症狀，因此若年輕人有咳嗽、結節性紅疹及視力模糊，且胸部 X 光片顯示有兩側肺門病變，則首應考慮類肉瘤。有將近一半的病人會自動痊癒，但另一半的病人則需使用類固醇治療。

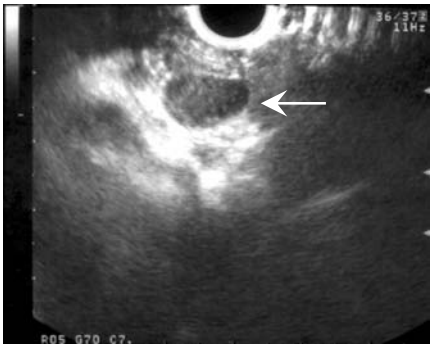
此病人並無呼吸道症狀，反倒是以吞嚥困難等胃腸症狀來表現，在臨床上相當罕見。以往胸腔內腫瘤必須以開胸手術來診斷及治療，病人所受創傷較大，本院以較不侵襲性的內視鏡超音波做細針抽吸，及以胸腔鏡取出檢體，可使病人大幅縮短住院及復原的時間。



圖一：胸部 X 光顯示有左肺門腫瘤。



圖二：胸部電腦斷層掃描顯示除了左肺門腫瘤，還有多個縱隔腔淋巴結腫大的現象。



圖三：內視鏡超音波顯示了左肺門腫瘤。

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Sarcoidosis: is therapy effective?

Baughman RP, Sharma OP, Lynch JP 3rd.

Department of Internal Medicine, University of Cincinnati Medical Center, OH, USA.

Treatment of sarcoidosis is controversial. The clinical expression and natural history of sarcoidosis is variable, and spontaneous remissions occur in up to 60% of patients. The decision to treat (or withhold treatment) is often difficult. Corticosteroids, immunosuppressive/cytotoxic, and immunomodulatory agents are used to treat chronic or progressive sarcoidosis, but prospective, randomized trials assessing efficacy of these agents are lacking. Toxicities associated with therapy may be substantial, particularly when high dosages are used. We review the pharmacologic agents used to treat sarcoidosis, toxicities associated with treatment, and appropriate use and monitoring of these therapeutic modalities.

PMID: 9764955 [PubMed - indexed for MEDLINE]

Am Fam Physician 1998 Dec;58(9):2041-50, 2055-6

Comment in:

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Sarcoidosis: a primary care review.

Belfer MH, Stevens RW.

St. Elizabeth Health Center Family Practice Residency, Youngstown, Ohio, USA.

Sarcoidosis is a multisystemic disorder of unknown etiology that most commonly affects adults between 20 and 40 years of age. Patients with sarcoidosis frequently present with bilateral hilar lymphadenopathy and pulmonary infiltration, and often with ocular and skin lesions. The diagnosis is established when clinical and radiographic findings are supported by histologic evidence of non-caseating epithelioid cell granulomas found on tissue biopsy. Diagnosis of sarcoidosis requires exclusion of other causes of granuloma formation. Sarcoidosis is also characterized by distinctive laboratory abnormalities, including hyperglobulinemia, an elevated serum angiotensin converting enzyme level, evidence of depressed cellular immunity manifested by cutaneous anergy and, occasionally, hypercalcemia and hypercalciuria. Glucocorticoids remain the mainstay of therapy when treatment is required, although other anti-inflammatory agents are being used increasingly often.

PMID: 9861878 [PubMed - indexed for MEDLINE]

心因性休克引起缺血性腸炎併腸阻塞

外科　姚仲勉　莊永芳

Case report: 50 歲，男性，住院日期：92/1/11~92/1/30

患者主訴餐後兩小時腹部絞痛、腹脹達兩個月之久。根據該冠狀動脈阻塞併心肌梗塞患者描述，91/11/7 於某醫學中心接受心導管治療時，發生休克送入加護病房插管急救，約六小時左右發生急性劇烈腹痛，隨即做腹部血管攝影並急會一般外科，經評估爲心肌梗塞狀況，決定採保守療法。

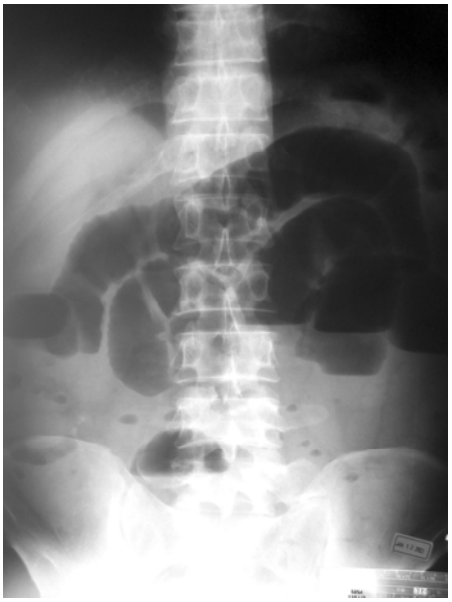
患者在住院的第一個月內及出院後一個月期間，時常有腹痛及腹脹的病史，致使體重減輕共十二公斤，該院外科及麻醉科醫師均考量心肌梗塞未達六個月，如施予手術治療危險性相當高，故一直採保守治療，患者不堪其苦至本院求診。

入院時，患者表現明顯之腹脹，連續三天之 X-ray 顯示小腸阻塞(圖一)，綜合病患之病史、症狀、理學檢查及 X-ray 佐證，在會診心臟科及麻醉科醫師的評估後，於 92/1/14 行手術治療。術中發現約 10 公分之迴腸管腔阻塞與乙狀結腸嚴重黏連；近端小腸直徑擴大至 8 公分，逐施行剝離及迴腸切除與吻合手術。術後一週患者即可恢復正常飲食及排便，脫離腹痛腹脹之苦。

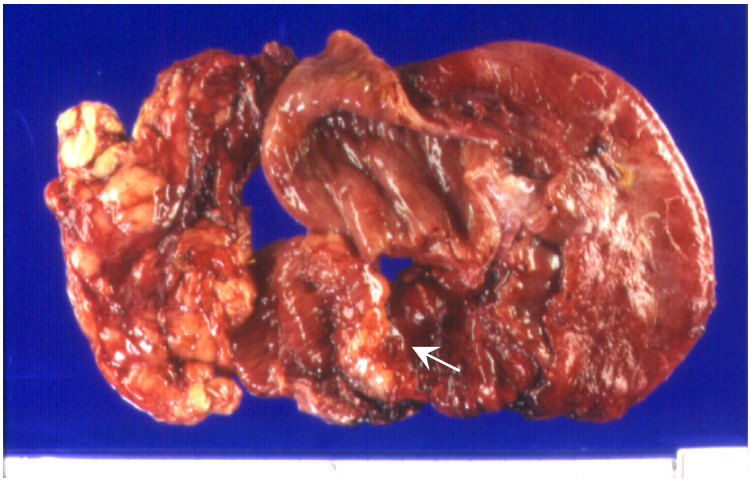
病理報告證實該段迴腸嚴重狹窄及腸繫膜纖維化，小動脈內膜增生及管腔狹窄，符合缺血性迴腸炎併腸阻塞。

討論：

對照教科書及文獻記載，本個案屬於 Nonocclusive Mesenteric Ischemia (NOMI)，直接因果關係並未確認，但與心肺功能不全，心臟血管動力狀況及血管收縮劑使用脫離不了關係。根據統計最常見於住院中的心因性或敗血性休克之族群。其治療除了血管擴張劑，上腸繫膜動脈導管術之外、剖腹探查乃腹膜炎及腸阻塞出現時之不二選擇，並且不限於任何時間點。



圖一：腹部 X-ray 顯示小腸阻塞。



圖二：病理報告證實該段迴腸嚴重狹窄及腸繫膜纖維化，小動脈內膜增生及管腔狹窄。

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Radiographic features in ischemic jejunoileitis: serial changes and comparison with pathologic findings.

Iida M, Matsui T, Yao T, Iwashita A, Sakamoto K, Fuchigami T, Yao T, Fujishima M.

Second Department of Internal Medicine, Faculty of Medicine, Kyushu University, Fukuoka, Japan.

Serial radiographic examinations of the small intestine, including double-contrast studies, were performed in 13 patients with ischemic jejunoileitis, nine with the stricturing form and four with the transient form. Thumbprinting was observed in five (38%) patients and thickening of the folds in four (31%) at the acute stage of the disease. Tubular narrowing with irregular contours and dilated proximal bowel was observed in six (46%) patients and appeared on day 27 or later. Pathologic findings of the resected specimen in eight patients with the stricturing form revealed annular stricture with relatively shallow ulcers; the irregular contours of the tubular narrowing on radiographs were consistent with a granular or nodular appearance and/or multiple fissures on pathologic study. Eccentric deformity and sacculation were demonstrated in only one patient with the stricturing form. In addition, double-contrast study revealed small ulcers in three (23%) patients. Our results indicate that radiographic findings accurately reflect the clinical course and pathologic findings in this disease.

PMID: 1426849 [PubMed - indexed for MEDLINE]

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