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偽膜性腸炎(Pseudomembramous colitis)--腹部超音波在腸胃道的應用

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65 歲的王太太，是一位長期洗腎的病患。兩個星期前不慎跌倒，造成右側膝蓋血腫，併發蜂窩組織炎而住院。經給予 Cephazolin 治療後痊癒出院。在這次住院前一日，因為下腹部疼痛，伴隨輕微發燒，同時感覺非常疲倦無力，因此到本院就診。

安排住院後，理學檢查發現體溫 38℃，下腹部略為膨脹，有壓痛感。叩診發現有水聲。並未摸到任何腫塊或淋巴結，四肢皮膚完好，洗腎的瘻管也無異狀，血液檢查發現白血球偏高 WBC：23500，BUN：15 mg/dl，Cre：3.5 mg/dl，CRP：163.73。腹部超音波檢查發現有少量腹水，同時發現乙狀結腸部份腸壁變厚〈圖一〉。患者於住院當日出現腹瀉，解出黏液及血便。於是安排大腸鏡檢查。

大腸鏡檢發現在乙狀結腸部份，肛門以上 15 至 40 公分間，結腸黏膜發紅腫脹流血，伴隨許多大大小小的潰瘍及黃色的偽膜，符合偽膜性腸炎的表現〈圖二〉，病理報告診斷確定為偽膜性腸炎。

討論：

1. 目前已知幾乎所有的偽膜性腸炎，以及至少 20%的抗生素相關性腹瀉(Antibiotic associated diarrhea)均和 Clostridium difficile 的感染有關。而幾乎任何一種抗生素都可能造成 C. difficile 的感染。尤其是廣效性的抗生素。目前以廣效性的盤尼西林類抗生素(如安比西林 Ampicillin)及頭孢黴素(如 cefazolin)較常見，可能和其廣泛使用有關。
2. 曾經接受抗生素治療的成年人中，將近 25% 腸道內會帶有 C. difficile，但是不一定會有症狀。C. difficile 的感染依據嚴重程度，可以由無症狀感染，到無偽膜生成的抗生素相關性腸炎(Antibiotic-associated colitis without pseudomenbrane formation)，到偽膜性腸炎，到最嚴重的猛爆性腸炎(Fulminant colitis)。總稱為 Clostridium difficile associated diarrhea(CDAD)。
3. 大部份的病患，只要停用目前使用的抗生素，症狀即可改善。少數嚴重病患，可給予口服 Metronidazole 或 Vancomycin。無法進食的病患，給予靜脈輸注 Metronidazole，在腸道內也可以達到有效殺菌濃度。Vancomycin 不會由腸道排
4. 以往認為腹部超音波只能觀察實質器官，但隨著儀器的進步，這樣的觀念已經落伍。目前超音波在中空的消化道病變的診斷，已扮演重要的角色。從腸氣分布情況、腸壁厚薄狀況，可以提供許多診斷依據，以便迅速進行下一階段的診察步驟或治療。目前在急性闌尾炎、腸阻塞、腸炎、腸套疊、腸腫瘤、憩室炎等方面的診斷，腹部超音波均為不可或缺的診斷工具。

參考資料

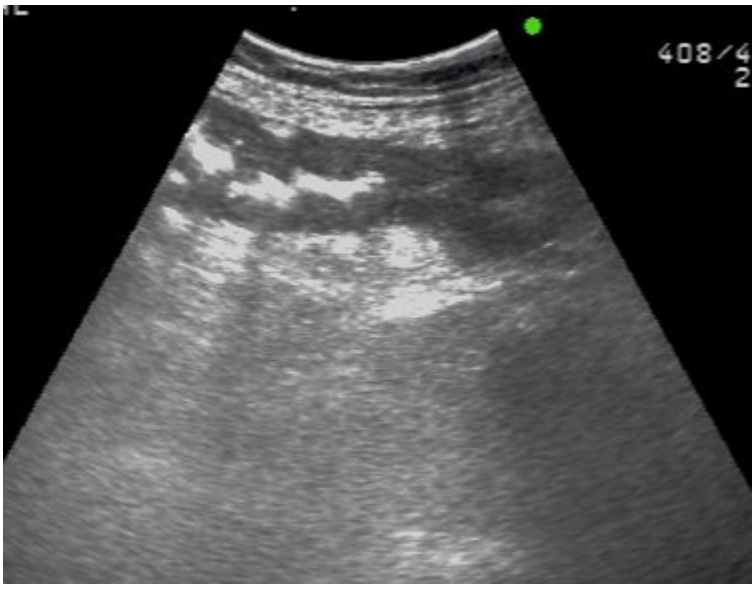
1)Johal SS. Hammond J. Solomon K. James PD. Mahida YR: “Clostridium difficile associated diarrhea in hospitalised patients: onset in the community and hospital and role of flexible sigmoidoscopy.” *Gut. 53(5):673-7, 2004 May*

Abstract: OBJECTIVES: Clostridium difficile associated diarrhea (CDAD) is a hospital acquired infection in which optimal methods for diagnosis and the scale of the problem in the community remain to be determined. In hospitalised patients with CDAD, we aimed to (i) study patients in whom the onset of diarrhea was in the community and (ii) investigate the role of bedside flexible sigmoidoscopy in diagnosis. **METHODS:** Patients with CDAD (onset in hospital or community) were studied prospectively. In those with diarrhea of unknown etiology, flexible sigmoidoscopy was compared with stool assay for C difficile cytotoxin. **RESULTS:** Of 136 patients with CDAD (which was associated with antibiotic exposure in 96%), diarrhea started in the community in 38 (28%; majority in own home) and while an inpatient in 98 (72%). The majority with CDAD onset in the community had been hospitalised over the preceding 12 months (86.8% v 57.1% in the hospital onset group; $p<0.001$). In 56 patients with pseudomembranous colitis at sigmoidoscopy, the stool C difficile cytotoxin test was negative in 29 (52%) but toxigenic C difficile was isolated from all of nine stool samples cultured. Of patients with pseudomembranous colitis, 30.4% relapsed over the subsequent 57.7(4.2) days. **CONCLUSIONS:** In a significant proportion of hospitalised patients with CDAD, diarrhea started in the community. However, the majority of these had been hospital inpatients previously when they may have acquired C difficile, with the subsequent onset of diarrhea in the community following exposure to antibiotics. Flexible sigmoidoscopy is superior to the stool C difficile cytotoxin test in a subgroup of patients with pseudomembranous colitis. Sigmoidoscopy should therefore be considered in all hospitalised patients with diarrhea in whom the stool test for C difficile cytotoxin and enteric pathogens is negative.

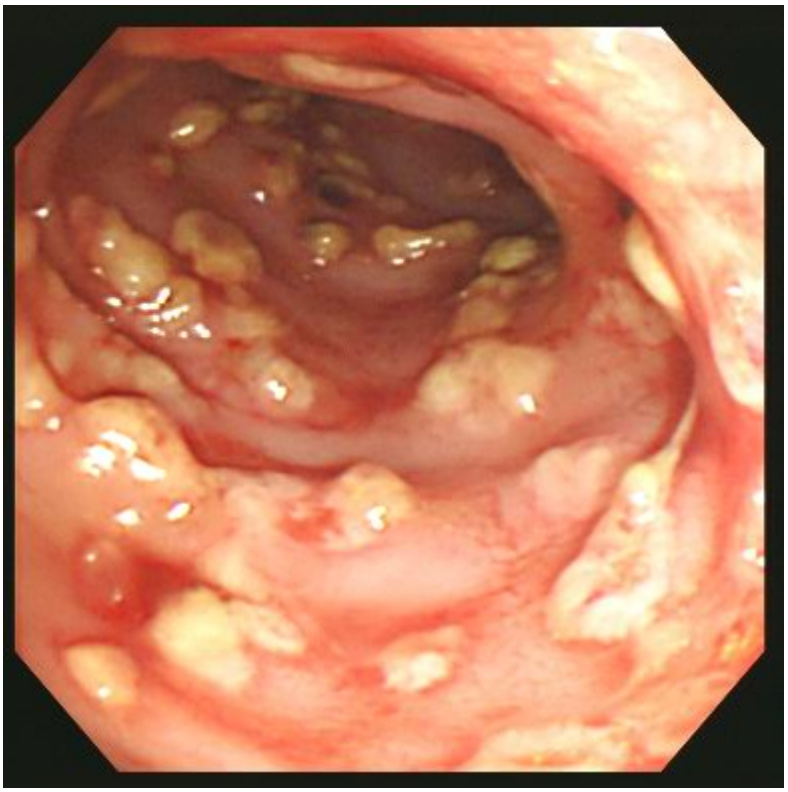
2)Gritzmann N. Hollerweger A. Macheiner P. Rettenbacher T. : “**Transabdominal sonography of the gastrointestinal tract.**” *European Radiology. 12(7):1748-61, 2002 Jul.*

Abstract: Like other cross-sectional imaging methods, transabdominal sonography is increasingly used for evaluation of gastrointestinal diseases. The potentials and limitations of sonography in evaluation of the gastrointestinal tract are discussed. Transabdominal sonography proved to be of clinical value in assessment of appendicitis, diverticulitis, bowel obstruction, chronic inflammatory bowel diseases, intussusception and infantile hypertrophic pyloric stenosis. The sonographic morphology of the most common gastrointestinal diseases is discussed. In experienced hands sonography can be used as primary imaging in several gastrointestinal diseases. The gastrointestinal tract should be included in the sonographic examination of the abdomen, especially if symptoms could be related to the intestine.

圖一：腹部超音波檢查發現乙狀結腸部份腸壁變厚



圖二：大腸鏡檢發現在乙狀結腸部份，黏膜發紅腫脹流血，伴隨許多大大小小的潰瘍及黃色的偽膜



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直腸惡性黑色素瘤
RECTAL MALIGNANT MELANOMA

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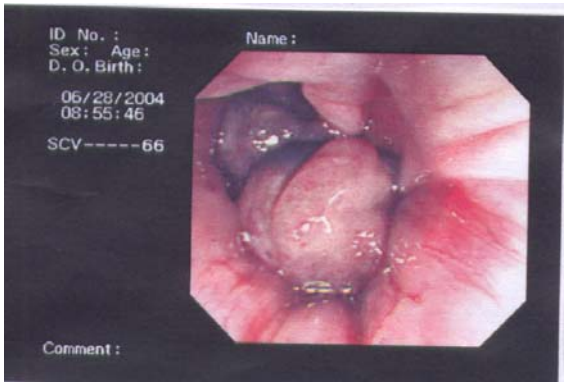
病例報告

張女士，45 歲女性，因近兩三個月來解血便，肛門疼痛和裏急後重到門診來求診。病人過去無糖尿病或高血壓等疾病。在門診的肛診檢查發現直腸腫瘤。大腸纖維鏡檢查發現直腸腫瘤。住院之後理學檢查：全身皮膚及眼睛正常，無局部淋巴腺腫，生化檢查：WBC：7900　Hb：12.0　CEA： 0.9　GOT/GPT：16/20　BUN/Cr：7/0.8　Na/K/Cl：139/3.8/103，骨骼掃瞄無轉移，骨盤腔電腦斷層檢查正常。病人住院後第二天接受手術，經由肛門行廣範局部切除手術，手術的病理報告顯示惡性黑色素瘤。



討論

黑色素瘤是從黑色素細胞惡性變形所形成。黑細胞是生產黑色素的細胞。黑色素瘤的好發部位：最常發生於皮膚及眼睛，而偶爾亦可見於口腔，食道，肛門，陰道，腦膜。肛門直腸是第三常好發黑色素瘤的地方，佔所有黑色素瘤的 0.2-0.7%。在所有肛門直腸區域的惡性腫瘤中，黑色素瘤只佔了 0.2-0.8%。 直腸出血是黑色素瘤病人最主要的主訴。發病的平均年齡為 60-70 歲間。身體其他部位的惡性黑色素瘤常常會轉移到消化道，故詳細的皮膚和眼睛檢查來排除癌症原發位子是相當重 要的。在初次被診斷患有黑色素瘤的病人中，有 20-60%病人已有局部淋巴腺或遠處轉移。遠處轉移最常見的地方包括：肝臟，肺臟和骨骼。整體黑色素瘤病人五年存活率 6-20%，但若合併轉移，五年存活率是接近 0%。手術切除是唯一較有效的治療方法。大部分專家建議以廣範局部切除手術唯主，唯有在較大的病灶時，才實行腹腔及會陰切除手術（APR : abdominoperineal resection），放射線及化學治療效果不佳。病人術後須密切門診追踪檢查及治療。

參考資料 ：

Anorectal melanoma
Indian Journal of Coloproctology. 1999 Dec; 14: 17-8
Khanna AK; Kumar P; Shukla PK
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ABSTRACT : Anorectal melanoma is rare malignancy with poor prognosis. They may be misdiagnosed as haemorrhoids and only diagnosed on histopathological examination of the excised specimen. This study includes six patients of anorectal melanoma encountered in last 6 years (1992-1997). Bleeding per rectum was the commonest symptoms, other symptoms being pain and pruritus ani. Rectal examination revealed mass in all patients and two were misdiagnosed as thrombosed piles. Wide local excision was done in 3 patients and abdominoperineal resection (APR) in one patient. Common sites of distant metastasis were liver and lung. Inguinal and pelvic metastasis were present in two patients.